321 223 024-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409513
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 4 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding Ida.

4. **FULL NAME OF CHILD** Helen Amuth Chaney

5. Date of Birth of Child (Month, day, year) Nov 23, 1910

6. Sex female

7. Twin or ~~Triplet~~

If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Jones Chaney
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Zanesville Ohio (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Lillian Belton
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Chicago Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Santa Clara }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 34 years, and that Dr. E. F. Carey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth B. Chaney Signature

Los Gatos California P. O. Address

Subscribed and sworn to before me this 21 day of August 1945

(SEAL)

, Notary Public, residing at Los Gatos Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by , Registrar

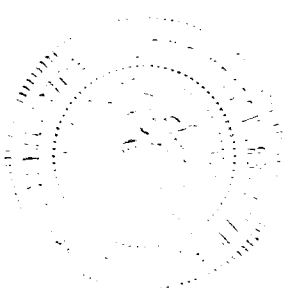
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239 206 014 299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409540
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Star, Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Star
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Iva Maude Strauchon

5. Date of Birth of Child (Month, day, year) Jan 10-1910

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Jay Strauchon
11. Color or Race Wh
12. Age at time of THIS birth 28 yrs.
13. Birthplace Branford, Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Lenora Birch
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Viola County, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lucy Lenora Strauchon (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Charlotte Birch (deceased) M.D. Midwife Address Deceased Date

AFFIDAVIT

State of Idaho
County of Valley } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Charlotte Birch (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy L. Strauchon Signature

Box 83 P. O. Address

Subscribed and sworn to before me this 17th day of August, 1945.

(SEAL) W. D. Tremmell Probate Judge, Notary Public, residing at Cascade

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 23 1945

FEB 7 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar ~~for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-121029-582

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409546
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATHA (b) City POTLATCH
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: BORN AT HOME
   (e) Mothers stay **BEFORE** delivery: (approx) In **THIS** county 1 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County LATHA
   (c) City POTLATCH
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) POTLATCH, IDAHO

4. **FULL NAME OF CHILD** JOHN LEANDER BAKER

5. Date of Birth of Child (Month, day, year) MARCH 21, 1910

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN WILLIAM BAKER
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace VARMLAND, SWEDEN (City or town) (State or foreign country)
14. Exact Occupation MILLWRIGHT
15. Industry or Business LUMBERING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET ELIZABETH NYSTROM
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace NORLAND SWEDEN (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (BOTH DOCTOR AND ATTENDING NURSE DECEASED) (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of OREGON
County of BENTON } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 35 years, and that DR. (UNKNOWN) (First name) THOMPSON (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Margaret E Baker Signature

234 N 29th ST. CORVALLIS, OREGON Address

Subscribed and sworn to before me this 14th day of August 1945.

(SEAL)

Margaret E. Baker Notary Public, residing at Corvallis, Oregon

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES DEC. 29, 19[illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by [illegible] Registrar

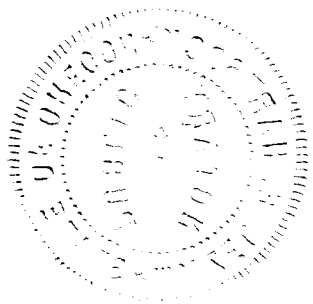
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-216-029-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409562
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none Home
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Josephine Marie Hall

5. Date of Birth of Child (Month, day, year) April 16, 1910

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis E. Hall
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Moscow, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zelma Longstreet
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Pullman, Wash. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of ~~birth and~~ including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for life years, and that W. A. Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zelma E Hall Signature
332 N. Montana St. Butte, Mont. P. O. Address

Subscribed and sworn to before me this 24th day of August, 1945.

(SEAL) Esther E. Sanders, Notary Public, residing at Eugene, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by [signature] My comm. exp. 1/17/49 Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1945

MAR 21 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

845 216 016 685

409602

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409602
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion, Ida

4. **FULL NAME OF CHILD** Julia Glenn Hunter

5. Date of Birth of Child (Month, day, year) June 6, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Estel Hunter
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Virden (City or town) Illinois (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Lois Wheeler
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Steamboat Rock (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 35 years, and that Dr. Story (First name) ____ (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lois W. Hunter Signature

1661 Albion, Boise, Ida P. O. Address

Subscribed and sworn to before me this 20 day of September, 1945.

(SEAL) ____, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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409606

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409606
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Blanchard
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In THIS county 7 years 6 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Blanchard
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blanchard, Ida

4. **FULL NAME OF CHILD** Ernest Jay Rusho

5. Date of Birth of Child (Month, day, year) Aug 20, 1910

6. Sex Male

7. Twin ~~or~~ ~~Triplet~~ If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Earl Joseph Rusho
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ord (City or town), Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Rosetta Jackson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace La Valle (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of silver
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Ida (First name) Burns (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Susie Rosetta Rusho Signature

..... P. O. Address

Subscribed and sworn to before me this 4th day of Oct 1945.

(SEAL)

Notary Public, residing at Blanchard

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

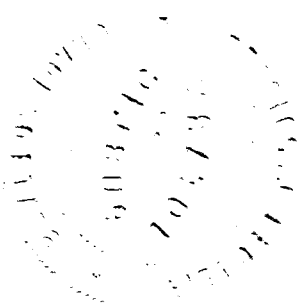
Received for filing on OCT 4 1945 by ..... Registrar

OCT 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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#409614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409614
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. Rt 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. Rt 1
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marguerita Christina Nelson

5. Date of Birth of Child (Month, day, year) January 17, 1910

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas W. Nelson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace St. Joseph (City or town), Missouri (State or foreign country)
14. Exact Occupation Laborer - Railroad Company
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie G. Sullivan
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Callahan (City or town), California (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that Bean (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Marie G. Nelson Signature
910 N. 23rd St. Boise P. O. Address

Subscribed and sworn to before me this 9th day of October, 1945.

(SEAL) Harry W. Poulson, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 222 033 695

409641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Rexburg
   (c) Street Address or R.F.D. No. R.F.D. #1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 8 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Rexburg
   (d) Street Address or R.F.D. No. R#1
   (e) How long has **MOTHER** lived in Idaho? 4+ yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Gladys Magdalena Walz

5. Date of Birth of Child (Month, day, year) Dec. 22, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Conrad Walz
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Waldorf (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business County Assessor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Wieter
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Barsinghausen (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Madison }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 34 years, and that Magdalena (First name) Walz (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Walz Signature

Rexburg Rt. 1 Idaho P. O. Address

Subscribed and sworn to before me this 1st day of September, 1945.

(SEAL)

John C. Porter, Notary Public, residing at Rexburg, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1945 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-17-5604-445

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 409657
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City 8 MILE PRECINCT
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At farm dwelling
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years + months + days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City 8 Mile Precinct - Rural
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs. + Bear Lake County Idaho

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** WILLIAM FLOYD FOSTER

5. Date of Birth of Child (Month, day, year) NOV. 25 1910.

6 Sex MALE

7. Twin or Triplet O If so—born 1st, 2nd, 3rd O

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CHARLES E. FOSTER
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oxford Idaho (City or town) (State or foreign country)
    2/6/1875.
14. Exact Occupation Rancher
15. Industry or Business Cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NETTIE MUNRO
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Franklin County Idaho, (City or town) (State or foreign country)
    11/21/1876.
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nettie Munro Foster (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant ~~Certificate~~ DR. ELLIS KACKLEY NOW DECEASED M.D. ~~Midwife~~ Address Prior To Decease SODA SPRINGS, IDAHO Date OF THIS DATA. 8-20-45

AFFIDAVIT

State of Idaho
County of Caribou } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the ~~undersigned~~, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 34 3/4 years, and that Dr. Ellis Kackley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× nettie munro Foster Signature

SODA SPRINGS, IDAHO P. O. Address

Subscribed and sworn to before me this 20th day of August, 1945

(SEAL) L. B. Gardner, Notary Public, residing SODA SPRINGS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 8 1945 by Mary Allen, Registrar

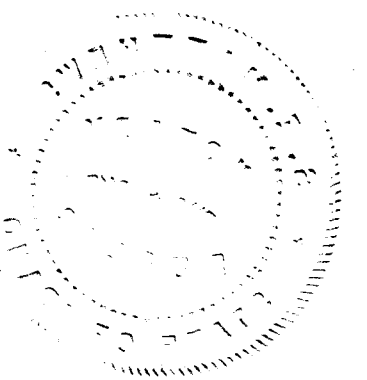
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-21-0022-281

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409676
Local Reg. No.
Reg. Dist. No.

SEP 10 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Bates
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Bates
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bates Ida

4. **FULL NAME OF CHILD** Ora Fern Pate

5. Date of Birth of Child (Month, day, year) 23 Aug 1915

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar Greenwood Pate
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Union S L Co Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Rosella Sharp
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace West-Jordan S L Co Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business later yrs Rug Weaver

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Salt Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Jane (First name) Ellis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada R. Pate Signature
R.D. #1, Midvale, Utah P. O. Address

Subscribed and sworn to before me this 8th day of September, 19 45

(SEAL) Bess G. Bagley, Notary Public, residing at Midvale, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1945 by Mary Tyler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-204001-4445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409691
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. 240 E. Jefferson St.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City BOISE
   (d) Street Address or R.F.D. No. 240 E. Jefferson
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE, IDAHO

4. **FULL NAME OF CHILD** JOANNA MARIA ALLEN

5. Date of Birth of Child (Month, day, year) 12-4-1910

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ARTHUR HENLY ALLEN, JR.
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Boulder (City or town) Colorado (State or foreign country)
14. Exact Occupation Reporter
15. Industry or Business Local Newspaper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL MAY DUNCAN
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Walnut (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of King } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 & 282/365 years, and that Dr. (First name) Tyson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Duncan Allen Signature

1620 No 45th Seattle Wash P. O. Address

Subscribed and sworn to before me this 11 day of September, 1945.

(SEAL) H. C. Finkbeiner, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

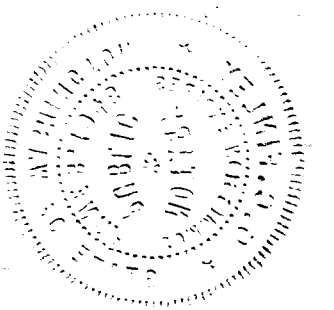
Received for filing on SEP 14 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



389-20-004-219

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410778
Local Reg. No.
Reg. Dist. No.

SEP 24 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No. City
   (d) Name of Hospital or Maternity Home: Not Home Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No. City
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Ida.

4. **FULL NAME OF CHILD** Ella Vernonna Christensen

5. Date of Birth of Child (Month, day, year) 10 April 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew E. Christensen
11. Color or Race Danish
12. Age at time of THIS birth 26 yrs.
13. Birthplace Hjsler, Viborg Amt. Den. (City or town) (State or foreign country)
14. Exact Occupation For Railroad Co
15. Industry or Business Boiler Maker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bethiah Barnes
17. Color or Race White English
18. Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake City - Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Fremont }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr. De Orr Poynter (First name) (Last name), who attended this birth dec., or not located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Andrew E. Christensen Signature

St. Anthony, Idaho. P. O. Address

Subscribed and sworn to before me this 15 day of September, 1945

(SEAL) [illegible], Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 5 2016

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-219-014-359

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410785
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home: Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 5 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. Star Route
   (e) How long has **MOTHER** lived in Idaho? 2 ½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** VERNICE MAE OLSON

5. Date of Birth of Child (Month, day, year) 8, 19, 1910

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** MOUNIE OLSON
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Smoland (City or town) Sweden (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BLANCHE MAE CHRISTENSEN
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Rochester (City or town) Minn (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Canyon Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr. O. H. Avery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mounie Olson Signature
350 3rd Ave. N. Payette P. O. Address

Subscribed and sworn to before me this 21 day of September, 1945.

(SEAL) Helen L. Brown, Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1945 by Mary Felder, Registrar

SEP 2 6 1945

MAY 1 0 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-016-013-315

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 13 1945

State File No. 410798
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City ---
   (c) Street Address or R.F.D. No. ---
   (d) Name of Hospital or Maternity Home: own residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City near Alpha
   (d) Street Address or R.F.D. No. ---
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Alpha Lorraine Atkin

5. Date of Birth of Child (Month, day, year) 2/16/10

6. Sex Female

7. Twin or Triplet --- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edward Atkin
11. Color or Race American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Omego (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Charlotta Cantrall
17. Color or Race American
18. Age at time of THIS birth 22 yrs.
19. Birthplace Susanville, California (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Valley } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 45 years, and that Adah (First name) Cantrall (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Atkin Signature

Alpha, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of September, 1945

(SEAL)

Thomas A Deeney, Notary Public, residing at Cascade, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mabel Fields, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

794-131-028-918

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 410821
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 906 Front St.
   (d) Name of Hospital or Maternity Home: Home Address
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 906 Front Street
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho.

4. **FULL NAME OF CHILD** RAY GIMBLE

5. Date of Birth of Child (Month, day, year) Mar. 31, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy (9)

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Harry Stenson Gimble
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Waverly (City or town) Washington (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ESSIE RAY
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Missoula (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by HARRY (First name) GIMBLE (Last name) who is related as Father. (Mother, etc.)

25. Attendant's **OWN** signature John O Wood M.D. ~~Midwife~~ Address Coeur d'Alene Ida. Date Sept 18 45

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Mabel Fields, Registrar

SEP 2 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

564-229-042-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410835
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Filer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? All 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer Idaho

4. **FULL NAME OF CHILD** Marian Wenna Young

5. Date of Birth of Child (Month, day, year) 4-29-1910

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Marian Wallace Young
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Escalante Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Wenna Buckelhaupt
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Medical Lake Washington (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child first (b) ~~Born alive and~~ now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 1a M. on the date and at the place stated above, and that personal particulars were furnished by Stella (First name) Young (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. A. Newberry M.D. ~~Midwife~~ Address Twin Falls Ida Date 5/1/10

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 4 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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m. 792-114-002-299

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410839
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Goodrich
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Goodrich
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goodrich, Idaho

4. **FULL NAME OF CHILD** Floyd William Gibbs

5. Date of Birth of Child (Month, day, year) Sept. 14, 1910

6. Sex Male

Twin or Triplet No If so—born 1st, 2nd, 3rd /

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Eads Gibbs
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Dalton City (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie May Lucky
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Prague (City or town) Bohemia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Mrs. (First name) Anderson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Mary Gibbs Signature

603 E. 7th St. Ellensburg, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of September, 1945

(SEAL) M. M. Wangaman, Notary Public, residing at Ellensburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-226-014-951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410913
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. Gen Delivery
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No. Gen Delivery
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Virginia Louise Wilkins

5. Date of Birth of Child (Month, day, year) 2-26-1910

6. Sex Female

7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Franklyn Wilkins
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Coffee County, Alabama (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business - - -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Catherine Reading
17. Color or Race White
18. Age at time of THIS birth ~~18~~ 17 yrs.
19. Birthplace Holiday, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that ____ (First name) ____ (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise C. R. Geiger Signature

935 E. Artka, El Monte, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of October, 1945.

(SEAL) Mary L. Taylor, Notary Public, residing at El Monte, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1945 by Mary Taylor, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 21 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-103-007-795

411949

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411949
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 715 So. Arthur
   (d) Name of Hospital or Maternity Home: None-Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 715 So. Arthur
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** Glenn Conrad Rose

5. Date of Birth of Child (Month, day, year) Jan. 3, 1910

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Rose
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Wilton, Iowa (City or town) (State or foreign country)
14. Exact Occupation Tailor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Bertha Gremmels
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sioux City, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Dr. O. B. Steele (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Rose Signature

643 So. Arthur, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of October, 1945

(SEAL) ____, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho: see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires January 10, 1949.

Received for filing on OCT 27 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795 - 201-322-239

411957

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: residents
(e) Mothers stay BEFORE delivery: In THIS county years 20 ~~months~~ ~~days~~

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Marysville, Ida

4. FULL NAME OF CHILD Edna Mae Green

5. Date of Birth of Child (Month, day, year) July 1, 1910

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chester Green
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Preston, Idaho (City or town) (State or ~~foreign country~~)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Mae Strong
17. Color or Race White
18. Age at time of THIS birth ___ yrs.
19. Birthplace ___ (City or town) Nebraska (State or ~~foreign country~~)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) ___ (Last name) who is related as ___ (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ___ } ss.
County of ___ }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Doctor (First name) Young (Last name), who attended this birth deceased (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Edith Green Mangum Signature
Shelley Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August 1945

(SEAL) N. L. Brewink, ~~Notary Public~~, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in ~~Idaho~~ ~~see Sec. 17-1-4~~ Idaho Code Annotated.) By Grace McIntosh Deputy

Received for filing on OCT 27 1945 by Mabel Felder Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

652-119-028-719

411963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 411963
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City ATHOL
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City ATHOL
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME as ABOVE

4. **FULL NAME OF CHILD** CHARLES WESLEY WEBSTER

5. Date of Birth of Child (Month, day, year) Jan. 19-1910

6. Sex MALE

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FAY HOWARD WEBSTER
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace CASSADAGA, N.Y. (City or town) (State or foreign country)
14. Exact Occupation BUTCHER
15. Industry or Business MEAT MARKET

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NINA BELLE PARKER
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cherry Creek, N.Y. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of New York
County of Chautauqua } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that DR. DRENNEN (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-ed under Chapter 139, 1937 Session Laws.

Nina Belle Webster Signature

CASSADAGA, P. O. Address

Subscribed and sworn to before me this 17 day of October, 1945

(SEAL) Clarence H. Ames, Notary Public, residing at CASSADAGA, N.Y.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mary Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1975

OCT 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

156-159-011-763

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412002
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BOUNDRY (b) City BONNERS FERRY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BOUNDRY
   (c) City BONNERS FERRY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) ST. LOUIS MO.

4. **FULL NAME OF CHILD** EDWARD VERNON JEFFRIES

5. Date of Birth of Child (Month, day, year) APRIL 27, 1910

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN WILLIAM JEFFRIES
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace ST. LOUIS MISSOURI (City or town) (State or foreign country)
14. Exact Occupation CIGAR STORE PROP.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MATILDA TILLIE POLZIN
17. Color or Race WHITE
18. Age at time of THIS birth 21 yrs.
19. Birthplace MARSHALLTOWN IOWA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35½ years, and that DOC. ESHER R. FRY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John W. Jeffries Signature
Bonners Ferry P. O. Address

Subscribed and sworn to before me this 26TH day of October, 1945.

(SEAL) PROBATE JUDGE, Notary Public, residing BONNERS FERRY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

41506

NOV 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-112-035-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412014
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Carl William Kollenborn

5. Date of Birth of Child (Month, day, year) June 12 1940

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edgar Kollenborn
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Jerseyville (City or town) Illinois (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary E. Swift
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Green County (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 36 years of age, that I have known this person for 36 years, and that Bert Wayman (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Edgar Kollenborn Signature
Route 3 Box 61 Everett Wash. P. O. Address

Subscribed and sworn to before me this 30 day of Oct 1945.

(SEAL) [signature], Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

394-227001-291

413825

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413025
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1516 N. 7th St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rea
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rea, Idaho

4. **FULL NAME OF CHILD** Elizabeth Marjorie Trude

5. Date of Birth of Child (Month, day, year) 10 - 27, 1910

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Charles Trude
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Vale, South Dakota (City or town) (State or foreign country)
14. Exact Occupation RANCH MANAGER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther May Kratz
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace HILLTOWN, PENNSYLVANIA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Esther (First name) Trude (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. M. Taylor M.D. ~~Midwife~~ Address Boise Idaho Date Nov. 28-'45

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Dr. (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 0 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-220-036955

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413051
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 39 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Margaret Ellen Thomas

5. Date of Birth of Child (Month, day, year) Nov. 20, 1910

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph H. Thoma s
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily M. Rees
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9P M. on the date and at the place stated above, and that personal particulars were furnished by Emily M (First name) Thomas (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Oneida } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 35 years, and that Mrs. Rachel Williams (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 39, 1937 Session Laws.

Emily M. Thomas Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of November, 1945.

(SEAL) , Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

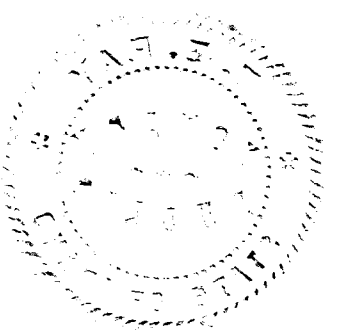
NOV 26 1945

OCT 23 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



192-206-008-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 413084

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Helmina Anson			2. Date Of Birth (month) July (day) 6 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Horseshoe Bend	
FATHER	6. Full Name of Father: Julius Anson			7. State or Country of Father's Birth: Falk, Idaho	
MOTHER	8. Full Maiden Name of Mother: Letha Smidt			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ethel Helmina Anson	11. Present Address of Registrant: Renton - Seattle, Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: October 5 1960		12. Signature of Notary: Dorothy Buchanan	13. Notary Commission expires: June 29 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Bureau of the Census	Date Issued: -----	Date Orig. Entry: Dec. 5, 1936
	Date of Birth: July 6,1910	Birth Place: Horshoe Bend,Ida.	Full Name of Mother: Letha Christine Smidt	Name of Father: Julius Anson	
SUPPORTING RECORD 2.	Type of Document: certified copy of own childs birth certificate		By whom issued and signed: King County Washington,Vol. #1941,Reg.#1336	Date Issued: Mar.6,1956	Date Orig. Entry: Child born Mar.15,1941
	Date of Birth: age 30	Birth Place: Horse Shoe Bend, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: atatment regarding hospital records		By whom issued and signed: Seattle General Hospital,Seattle,Wash.E.A.Hill,Admin.	Date Issued: Sept.7,1960	Date Orig. Entry: admitted May 27,1947
	Date of Birth: July 6,1910	Birth Place: Idaho	Full Name of Mother: Leetha Smidt	Name of Father: Julius Anson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Penny L. Wing	Date Filed: Oct. 10, 1960

FORM BH 56067

413084 413084

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413084
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Idaho Hot Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ethel Helmina Lunson

5. Date of Birth of Child (Month, day, year) July 6 1912

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Julius Lunson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Falk (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lelia Smith
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Rosa Smith (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lelia Lunson Signature

Rosa Star Route Send P. O. Address

Subscribed and sworn to before me this 5th day of December, 1945.

(SEAL) Mabel Fields, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 5 - 1945 by Mabel Fields, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-109042-245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413098
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 521 5th Ave. North
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 521 5th Ave.N.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** ALFRED JAMES VAN TASSEL

5. Date of Birth of Child (Month, day, year) 8/9/1910

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOSEPH HENRY VAN TASSEL
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kingston, Michigan (City or town) (State or foreign country)
14. Exact Occupation Credit Manager
15. Industry or Business C. W. & M.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SADIE McELDOWNEY BUNCLARK
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Flint, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum 1% Nitrate of silver
23. Number of children of this mother: (a) At time ~~of birth~~ and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 35 years, and that Dr. Lydia Crowe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie B. VanTassel Signature

64 Stratford Road, Berkeley 8, Calif. P. O. Address

Subscribed and sworn to before me this 28th day of November, 1945.

(SEAL) Milo Cagle, Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 19 1945

263-119 040-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 413121
Reg. Dist. No. 140

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Providence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Henry Ferdinand Kottkey Jr.
5. Date of Birth (Month, day, year) Aug-19-1910
6. Sex M.
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Henry Kottkey
11. Color or Race W.
12. Age at time of THIS birth 41 yrs.
13. Birthplace Germany (City or Town) (State or foreign country)
14. Exact Occupation Forest Service.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Matthey.
17. Color or Race W.
18. Age at time of THIS birth 21 yrs.
19. Birthplace Switzerland (City or Town) (State or foreign country)
20. Exact Occupation Hw.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Kottkey (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 1 0 1945 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature H. McWeely M.D. (D.O., Midwife, etc.)
and address Wallace Ida Date

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

DEC 1 1 1914

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

415-18 004-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 414178
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Twenty yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Grove McKeith Dalrymple

5. Date of Birth of Child (Month, day, year) 12/18 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mark Dalrymple
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wardboro, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Hansen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Bennington, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy years of age, that I have known this person for Thirty-five years, and that Dr. D'Orr Poynter (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

Montpelier, Idaho
P. O. Address

Subscribed and sworn to before me this 22nd day of December, 19 45

(SEAL)

Notary Public residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1946 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-20-009-253

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415287
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sand Point
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sand Point
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Sand Point Ida

4. **FULL NAME OF CHILD** Louise Genieve Marley

5. Date of Birth of Child (Month, day, year) April 1,1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Verne L. Marley
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Albert Lea, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Railroad Brakeman
15. Industry or Business Railroading

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie A. Becker
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace St. Paul, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California } ss.
County of Butte }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie A. Marley Signature

Rt 2 Box 306, Paradise, Calif. P. O. Address

Subscribed and sworn to before me this 12th day of January, 1946.

(SEAL) Elaine B. Hamburger, Notary Public, residing at Paradise, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1946 by Mary Fylan, Registrar

MAY 29 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 22 1949

4-18-120-016-141

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 41531
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Fathers Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 3 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Ida.

4. **FULL NAME OF CHILD** Bernard Lamont Dahlquist

5. Date of Birth of Child (Month, day, year) May 20, 1940

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Albert Dahlquist
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oakley, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Adams
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Oakley, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.).

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Utah
County of Morgan } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Dr. Ernest P. Oldham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence A. Shaesbray Signature

Morgan Utah P. O. Address

Subscribed and sworn to before me this 24 day of January, 1946

(SEAL) A. C. Welch, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1946 by Mabel Miller, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 25 19

799-208-018-443

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 11535

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Orofino
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years x months x days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Orofino
   (d) Street Address or R.F.D. No. x
   (e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Orofino, Id

4. **FULL NAME OF CHILD** Beauna Esther Grimm

5. Date of Birth of Child (Month, day, year) 4-8-1910

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August G. Grimm
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Carver County, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma F. Muller
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Syracuse, New York. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 9. (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that Mrs. Ella Murphy (First name) (Last name), who attended this birth cannot be located further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma F. Grimm Signature

1713-G-Street, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1946

(SEAL) C. R. Hunsaker, Notary Public, residing at Lewiston, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-104-021-417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415324
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Ida.

4. FULL NAME OF CHILD Darrel William Phillips

5. Date of Birth of Child (Month, day, year) July 4 - 1910

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William S Phillips
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Brigham City Utah (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Grocery

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Vay Maxfield
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Murray Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr Allen R Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William S Phillips Signature
Box 95 - Eden Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Jan, 1946

(SEAL) Ed W. Little Justice of the Peace, ~~Notary Public~~, residing at Eden, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has~~ occurred subsequent to ~~such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-117-020-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415337
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mtn. Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mtn. Home
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clarence Albert Herder

5. Date of Birth of Child (Month, day, year) Sept. 17, 1910

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gustave Albert Herder
11. Color or Race W.
12. Age at time of THIS birth 42 yrs.
13. Birthplace Cascade (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Merchant.
15. Industry or Business Selling Furniture

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Friar
17. Color or Race W.
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ladonia (City or town), Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 35 years, and that Dr. Mather (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gustave Albert Herder Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of January 1946

(SEAL) C. H. Higer, Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1946 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

241-135-020-35½

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 45346
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Elmore (b) City Mt. Home
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mountain Home
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same Home Idaho

4. **FULL NAME OF CHILD** Theodore, Lewis Durain

5. Date of Birth of Child (Month, day, year) Nov 25-1940

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Melvin Collins Durain
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Red Bluff California (City or town) (State or foreign country)
14. Exact Occupation Wool grower
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Maud Lewis
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Pine Valley California (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Elmore }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for Since Birth years, and that Pa B W Mother (First name) (Last name), who attended this birth Released (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Melvin Collins Durain Signature

5511 Fairview Ave Oakland-11 P. O. Address

Subscribed and sworn to before me this 25th day of January, 1946.

(SEAL) A. F. Peterson, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

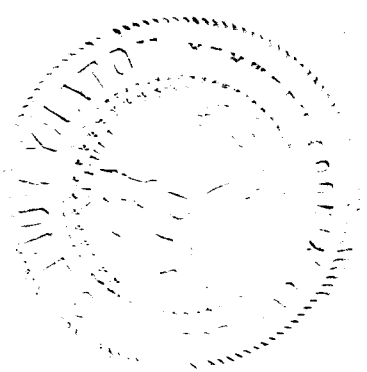
Received for filing on FEB 1 1946 by Mary Felder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



494-720-004-551

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415350
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Wardboro
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Wardboro
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardboro Idaho

4. **FULL NAME OF CHILD** Kenneth Henry Dimick

5. Date of Birth of Child (Month, day, year) Jan. 20, 1910

6. Sex Male

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Francis Alma Dimick
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Bloomington (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Celia Alice Evans
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Kaysville (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho, County of Bear Lake } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 14 years of age, that I have known this person for 36 years, and that De Orr (First name) Painter (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Dimick Signature

Montpelier, Ida. P. O. Address

Subscribed and sworn to before me this 30th day of January, 1946

(SEAL)

Notary Public, residing at Montpelier Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 4 1946 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292-122-020-681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mothers stay BEFORE delivery: In THIS county years 5 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. Unknown
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Mountain Home Idaho

4. FULL NAME OF CHILD Clyde Allen Bisbey

5. Date of Birth of Child (Month, day, year) 3--22--1910

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Allen Bisbey
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Del Norte (City or town) Colorado (State or foreign country)
14. Exact Occupation Electrical Worker
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Alice Wyatt
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Doctor did not specify.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since birth years, and that Dr. [illegible] (First name) Mather (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Allen Bisbey Signature

P. O. Address

Subscribed and sworn to before me this 25th day of January 1946

(SEAL) [illegible], Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

867-114-023-597

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415357
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home City of Emmett
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho

4. **FULL NAME OF CHILD** Frank Leslie Hopkins

5. Date of Birth of Child (Month, day, year) Dec 14-1910

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Floyd Hopkins
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Cortland (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Fruit Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucretia Garfield Eighmey
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Eagle Center (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child V. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Minnesota
County of St Louis } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that Doctor (First name) Clark (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucretia Garfield Hopkins Signature

820 - 8th ave W Duluth Minn P.O. Address

Subscribed and sworn to before me this 1st day of February, 1946

(SEAL) ____, Notary Public, residing at Duluth Minn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1946 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 415361
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wardner
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wardner
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 ½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Wardner, Id

4. **FULL NAME OF CHILD** Loretta Shannon

5. Date of Birth of Child (Month, day, year) May 8, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Francis Shannon
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wilkesbarre, Penn. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Caledonia Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Caroline Webster
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace St. Paul, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha Shannon (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature I. R. Mason M.D. Midwife Address Kellogg, Ida Date 1/28-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1946 by Mary Fuller, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-207-205-512

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416341
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City ST. MARYS
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ST. Benewah
   (c) City ST MARYS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** HARRIET ROBERTA STOKES KESTER

5. Date of Birth of Child (Month, day, year) FEB 7 1910

6. Sex FEMALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROBERT LIVINGSTON KESTER
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace PHILADELPHIA (City or town) (State or foreign country)
14. Exact Occupation REST HOME PROP.
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** WINNIE WINAFERD HUBBART
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace SEATTLE WASH (City or town) (State or foreign country)
20. Exact Occupation REST HOME PROP.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California } ss.
County of Santa Cruz }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that GREER (First name) M.D. (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert L Kester Signature

129 Mission St. Santa Cruz P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1945.

(SEAL) Elsie M. Hyrup, Notary Public, residing at Santa Cruz, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 19[illegible] by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-224-032-895

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 416353
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No. Wyoming Street
(d) Name of Hospital or Maternity Home: parents' residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No. Wyoming Street
(e) How long has **MOTHER** lived in Idaho? 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Ida

4. FULL NAME OF CHILD Helen Thompson

5. Date of Birth of Child (Month, day, year) Dec. 24, 1910

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Anson Emor Thompson
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Madison, Indiana (City or town) (State or foreign country)
14. Exact Occupation Undertaker & Merchant
15. Industry or Business Furniture & Undertaking

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Bertha Hinds
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Atkinsons Mills, Pa. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 35 years, and that L. C. (First name) Cary (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha H. Thompson Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 1946

(SEAL) Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1946 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 6 1978

MAR 12 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569-826-003-119

417322

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 818 N. Arthur
   (d) Name of Hospital or Maternity Home: at residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 818 N. Arthur
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho.

4. **FULL NAME OF CHILD** Evelyn Marie Norman

5. Date of Birth of Child (Month, day, year) 3-26-1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eric Oscar Norman
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Jemtland (City or town) Sweden (State or foreign country)
14. Exact Occupation RR Conductor
15. Industry or Business UP Railroad Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Margaret Jarboe
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cheyenne, Wyoming USA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 36 years, and that Dr. O. B. Steeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E O Norman Signature

537 West Whitman, Pocatello, Ida. Address

Subscribed and sworn to before me this 15th day of March, 1946

(SEAL)

Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mary Ellen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 5 1948

363-214-030 -363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 417331
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No. RT 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No. R T 1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon Idaho

4. **FULL NAME OF CHILD** Nellie Virginia Cockrell

5. Date of Birth of Child (Month, day, year) March 14, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles W Cockrell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Salmon (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Viola Coles
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dodgeville (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Lemhi } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Mrs Nannie Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Viola Cockrell Signature

Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 1946

(SEAL) W W Simmonds, Clerk of the District Court.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 5 1946

246-216-003-255

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417340
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No North Pocatello
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county yes years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. North Pocatello
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lova Ellen Brown

5. Date of Birth of Child (Month, day, year) Sept 16th 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred J Brown
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Kansas City (City or town) Kansas (State or foreign country)
14. Exact Occupation Brick Layer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** La Vangie McBenton
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Wyoming
County of Carbon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that Mrs Bird (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mrs La Vangie McBenton Brown Signature
510½ Hugus St., Rawlins, Wyoming P. O. Address

Subscribed and sworn to before me this 25th day of March, 1946

(SEAL)

Notary Public, residing at Rawlins, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 5 1948

437-204-016-395 MAR 27 1946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City View Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City View
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Violet Anona McClendon [redacted]
5. Date of Birth of Child (Month, day, year) Mar 4, 1910
6 Sex Girl
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Seaburn Howard McClendon
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Texas. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vivian Maud Trees
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Trail Creek Colo. (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2, (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Unknown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Vivian Maud Allen Signature
2200 N. 9th St Boise P. O. Address

Subscribed and sworn to before me this 15th day of March, 1946.
(SEAL) Margaret A. Williams, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 4 1946 by Mary Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

5 1948

154-111-009-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 417361
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Wrencoe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Wrencoe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Elton Anderson
5. Date of Birth of Child (Month, day, year) June 11, 1910
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert James Anderson
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Anderson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Lake Crystal Minn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Mrs. Emma Rhuberg (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Both parents surname were "Anderson"

George Anderson Signature
National, Wash P. O. Address

Subscribed and sworn to before this 8th day of April, 1946
(SEAL) Louis Rexrock Notary Public, residing at National Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-202036 469

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 18389
Local Reg. No. 418389
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Pleasant View
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At own home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City ~~Plead~~ Pleasant View
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 76 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pleasant View Idaho

4. **FULL NAME OF CHILD** Emma Vera Jones

5. Date of Birth of Child (Month, day, year) Dec. 2, 1910.

6. Sex Famale

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum William Jones
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Malad RFD 2 (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Morse
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Samaria, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer's Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Oneida }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 35 years, and that D. C. Ray (First name) (Last name), who attended this birth is not available (Is now deceased) (Cannot be found) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Morse Jones Signature

Malad, Idaho RFD 1 P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1946.

(SEAL) Edward Nozley. , Notary Public, residing at Malad, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1946 by Mabel Fielder, Registrar

APR 25 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666 113 030-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418413
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Private home of Wm O. Cemell
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 11 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Musgrave Creek,r.f. stage
   (d) Street Address or R.F.D. No. stage
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) same as

4. **FULL NAME OF CHILD** John Albert Wood

5. Date of Birth of Child (Month, day, year) mother May 13, 1910

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Albert Wood
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ivy, Albemarle Co. Va. (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Laswell
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mexico, Audrian Co. Mo (City or town) (State or foreign country)
20. Exact Occupation teacher
21. Industry or Business teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that Dr. W.C. Whitwell, Salmon, Idaho (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Laswell Wood Signature

422 N. 7th Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1946.

(SEAL) ____, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1946 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

599-219009-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418417
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Bonners Ferry
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Private Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No. Rt 1
   (e) How long has **MOTHER** lived in Idaho? 3 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Great Falls Montana

4. **FULL NAME OF CHILD** Helen Mary E Pratt

5. Date of Birth of Child (Month, day, year) May 19 1910

6. Sex Female

7. ~~Twin~~ or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Welsh Erratt
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Auburn Ontario (City or town) (State or foreign country) Canada
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Reinhart
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Newcomerstown Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Province of Alberta } ss.
County of Canada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 35 years, and that Dr Frey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Josephine Erratt Signature

Canada P. O. Address

Subscribed and sworn to before me this 27th day of April, 1946

(SEAL) ____, Notary Public, residing at Lethbridge Alberta - Canada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1946 by ____, Registrar

My com. expires 31st Dec 1946

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 4 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-103004-79

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418419
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City Montpelier
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 36 years 3 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Montpelier
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier

4. **FULL NAME OF CHILD** Stanley Jacob Jones

5. Date of Birth of Child (Month, day, year) 8-3-1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Arthur Jones
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Layern Pratt
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. ~~Number of children of this mother:~~ (a) ~~At time of birth and including this child~~ 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 35 years, and that Nelle Jones Gooch (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws of Idaho.

NOTARY PUBLIC IDAHO
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1949

Nelle Jones Gooch Signature

P. O. Address

Subscribed and sworn to before me this 27 day of April, 1946.

(SEAL) Ken Adams, Notary Public, residing at Montpelier

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1946 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local [illegible] for reports to the Director of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

841 103 801-841

418445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No South Boise
   (d) Name of Hospital or Maternity Home: Fry Wild At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years 8 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No South Boise
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Cornelious Howard Quast

5. Date of Birth of Child (Month, day, year) Feb 3rd 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Nicholas Quast
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace — (City or town) Germany (State or foreign country)
14. Exact Occupation Clerk - Golden Rule Store
15. Industry or Business Deceased

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Quast
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Lincoln (City or town) Neb. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Quast (Last name) who is related as Mother (Mother, etc.) Dr. deceased

25. Attendant's **OWN** signature — M.D. Midwife — Address Dr Beck — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 36 years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Quast Signature

P. O. Address

Subscribed and sworn to before me this 9th day of May, 1946.

(SEAL) M. O. Ramsey, Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1946 by Mary Helen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 4 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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897-203-001-897 418503 **418503**

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1608 N. 26
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida. (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1608 N. 26
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Helen Florence Higgins

5. Date of Birth of Child (Month, day, year) Oct. 3, 1910

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Harris Higgins
11. Color or Race white
12. Age at time of THIS birth 60 yrs.
13. Birthplace Rutland, Vt. (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Florence Higgins Thompson
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Delaware Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Jennie F. (First name) Higgins (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M. Dallaway M.D. Address 308 State, Boise Ida. Date 4-26-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1946 by Mabel Holden, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1971

JUN 17 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-204009-239 418507

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 418507
Local Reg. No. 418507
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sandpoint
   (c) Street Address or R.F.D. No. Alder & 6th
   (d) Name of Hospital or Maternity Home: Page Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 2 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. Alder & 6th
   (e) How long has **MOTHER** lived in Idaho? 6 yrs. Idaho

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Idaho

4. **FULL NAME OF CHILD** Ethyl Marion Bliss

5. Date of Birth of Child (Month, day, year) March 4, 1910

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Walter Bliss
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Wausau, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Decorator
15. Industry or Business Wallpaper & Paints

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Maude Bliss
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Manistee, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife Address _____ Date _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonner } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 36 years, and that R. W. (First name) Patterson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Maude Bliss Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of June, 1946

(SEAL) Earl E. Olson Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1946 by _____, Registrar

JUN 2

DELAYED REGISTRATION LAW

(1957 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1961 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-218002-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419506
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Indian Valley
   (c) Street Address or R.F.D. No. ----------
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months - - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Indian Valley
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 5Mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** DOROTHY JANE MORSE

5. Date of Birth of Child (Month, day, year) 11-18-1910

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** D. Morse
11. Color or Race W
12. Age at time of THIS birth 33 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Working man

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Ware
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Eugene, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children ~~of this mother~~: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Nez Perce }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Frank Brown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Weber Signature

320-15th-St Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of May, 1946

(SEAL) C. P. Hinkle, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-125028 415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419569
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Earl. Franklin. Masten.

5. Date of Birth of Child (Month, day, year) Aug. 25th 1910

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Frank Masten
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Saratoga (City or town) Mo. (State or foreign country)
14. Exact Occupation Poultryman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Davis
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Livingston (City or town) Iowa (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born-alive (Born alive, stillborn) at 2.35 A.M. on the date and at the place stated above, and that personal particulars were furnished by W. Frank. Masten (First name) (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that Dr. Max Horland (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. F. Masten Signature
Route #1 Greenacres Wash. P. O. Address

Subscribed and sworn to before me this 8th day of June, 1946.

(SEAL) Jean S. Landa, Notary Public, residing at Opportunity Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1946 by Mary Helder, Registrar

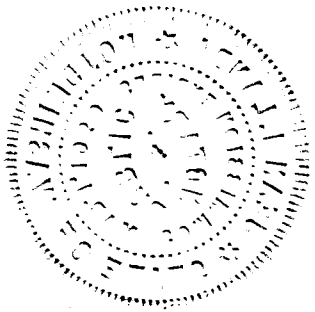
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 14 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



269 225013-155

419628 419628

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419628
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Camas (b) City Manard
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Camas
   (c) City Manard
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Manard, Idaho

4. **FULL NAME OF CHILD** Minnie LaVera Borup ~~Larsen~~

5. Date of Birth of Child (Month, day, year) Dec. 25, 1910

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David John Borup
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Goshen (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Jensen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Manti (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Mrs. Annie Thurber (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie J. Borup Signature

3000 12th Ave So., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of July, 1946.

(SEAL) E. P. Larsen, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1946 by Mary Filer, Registrar

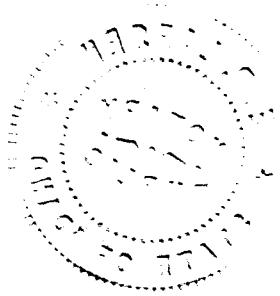
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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419630

419630

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City ROCKLAND
   (c) Street Address or R.F.D. No. GEN. DELIVERY
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County POWER
   (c) City ROCKLAND
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) ROCKLAND, IDA.

4. **FULL NAME OF CHILD** WILDA FERN ROBINSON

5. Date of Birth of Child (Month, day, year) July 25 1910

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HENRY LAWRENCE ROBINSON
11. Color or Race WHITE
12. Age at time of THIS birth 20 yrs.
13. Birthplace ROCKLAND (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FERN PECK
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace BLUFFDALE (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including ~~this child~~ 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by FERN P. ROBINSON (First name) (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of POWER } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that SARAH (First name) LASLEY (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Fern Robinson Signature

Rockland, Ida. P. O. Address

Subscribed and sworn to before me this 29th day of June, 1946.

(SEAL) Robert L. [illegible], Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 5 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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419634

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419634
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Elizabeth Christina Weick

5. Date of Birth of Child (Month, day, year) October 7, 1940

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Herman Weick
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Fritz
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Caroline (First name) Weick (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature C W Raley M.D. ~~Midwife~~ Address Caldwell Idaho Date July 8 46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 220023 867 419652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419652
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Selina Grace Morehouse

5. Date of Birth of Child (Month, day, year) Feb 20, 1910

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Ora Morehouse
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Loveland (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Clarkia Hopper
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Challis (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that [illegible] (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. O. Morehouse Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of August 1946
(SEAL) Mabel Felder, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2 1946 by Mabel Fel[illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

625-117 016-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420664
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 336 N Normal Ave
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 1 years 4 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 336 N Normal Ave
(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Burley Ida.

4. FULL NAME OF CHILD William Dickey Oberholtzer

5. Date of Birth of Child (Month, day, year) Sept 17-1910

6 Sex Boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Monroe Oberholtzer

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Lewis (City or town) Iowa (State or foreign country)

14. Exact Occupation Banker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Frances Dickey

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Farragut (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr J M Minter (First name) (Last name), who attended this birth X deceased 1916 (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen D Oberholtzer Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me this 26 day of June, 1946
(SEAL) Henry W. Tuckey, Notary Public, residing at Burley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1967

DEC 14 2006

JUN 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 210040-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420665
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City Blackbear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay BEFORE delivery: 2 years Approx.
In THIS county Same years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Blackbear
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackbear

4. FULL NAME OF CHILD Jewel Evelyn Gilbert

5. Date of Birth of Child (Month, day, year) July 10, 1910

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alexander Gilbert
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Morgan
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Usual
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Kansas
County of Butler } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I ~~am~~ was the Guardian (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 36 years, and that Unknown (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. M. Lickrell Signature
Rose Augusta Kans P. O. Address

My Com. exp. 2-25-47.

Subscribed and sworn to before me this 22 day of June 1946.

(SEAL) [signature], Notary Public, residing at El Dorado, Ks.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Aug 7 1947

JUN 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-122 015 296

420666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Caribou (b) City Soda Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Caribou Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Caribou
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Soda Springs Ida.

4. **FULL NAME OF CHILD** Stemath Owen Root

5. Date of Birth of Child (Month, day, year) May 22, 1910

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Delbert Root
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delphia Bronson
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Huntsville Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Delphia Root (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Caribou } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 36 years, and that Dr. Ellis Rackley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Delphia Root Signature

Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of June, 1946.

(SEAL) Lee Franklin, Notary Public, residing at SODA SPRINGS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 28 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

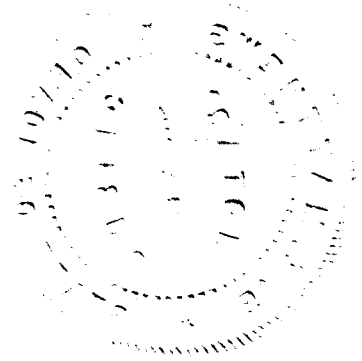
SEP 20 1967

JUN 30 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-228003-862

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420669
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Julia Evelyn Williams

5. Date of Birth of Child (Month, day, year) 3-28-10

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Geo. Williams
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Tilda Hokmann
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:1 P. M. on the date and at the place stated above, and that personal particulars were furnished by Tilda Williams (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the friend (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 25 years, and that Edna (First name) Meitzenheimer (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edna Meitzenheimer Signature

364 S. 2nd P. O. Address

Subscribed and sworn to before me this 28th day of June 1946

(SEAL)

R. B. Olson, Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1946 by Mary Felder, Registrar

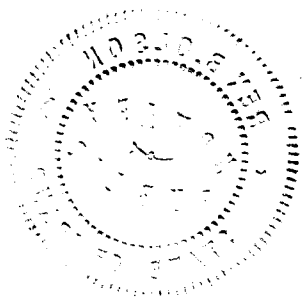
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



463-214 032-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420689
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding - Ida

4. **FULL NAME OF CHILD** Hazel Laverna Dotson

5. Date of Birth of Child (Month, day, year) June 14-1910

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Richard Dotson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Walnut Grove, Mo. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Frances Dotson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Hudson So. Dak. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth years, and that J. E. (First name) Carey (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Mrs Etta F. Dotson Signature
Meth Bend Wash P. O. Address

Subscribed and sworn to before me this 2 day of July, 19 46.

(SEAL) C. J. Reed, Notary Public, residing at Meth Bend Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 1946 by Molly Fielder, Registrar

JUL 9 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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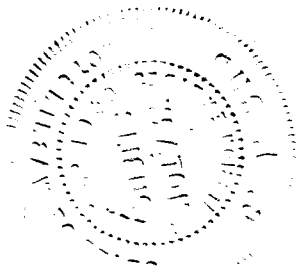

453-22-036 343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420700
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Riverdale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ona Luthy Mecham

5. Date of Birth of Child (Month, day, year) Apr. 21, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arnold Smart Mecham
11. Color or Race American
12. Age at time of THIS birth 22 yrs.
13. Birthplace Riverdale, Idaho (City or town) (State or foreign country)
14. Exact Occupation Car Inspector
15. Industry or Business Union Pacific RR Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Jennie Luthy
17. Color or Race American
18. Age at time of THIS birth 20 yrs.
19. Birthplace Logan (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Mrs. Judson Folman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laurel R. Mecham Signature

516 13th Ave. So., Nampa, Idaho. P. O. Address

Subscribed and sworn to before me this 6th day of July, 1946

(SEAL) G. H. Budell, Notary Public, residing at Nampa, Ida.

My Commission Expires April 26, 1949

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1946 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1972

JUL 9 1946

APR 9 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-126-035-693

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421887
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nezperces (b) City Forest
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1/4 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nezperce
   (c) City Forest
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho.

4. **FULL NAME OF CHILD** George Neal Miller

5. Date of Birth of Child (Month, day, year) Dec. 26 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Oscar Miller
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Loc. Oregon. (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Rancher.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Geneva Beatrice Wilson
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Forest Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Dec 26 (Born alive, stillborn) at Forest Idaho on the date and at the place stated above, and that personal particulars were furnished by Rose A Wilson (First name) (Last name) who is related as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of }
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 72 years of age, that I have known this person [redacted] 36 years, and that W. B. Blake, M.D (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Rose A Wilson Signature

Lapwai Ida. P. O. Address

Subscribed and sworn to before me this 29 day of July, 1946

(SEAL) J. A. Whyte, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by Mary Fagan, Registrar

AUG 1 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

354-207-028-495

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AUG 7 1946

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421910
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootani (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Kootani years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootani
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Minnabel Lemke

5. Date of Birth of Child (Month, day, year) Dec 9 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman Carl Lemke
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Millwrite
15. Industry or Business Oregon Pulp Paper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Belle Diehl
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kirksville Mo (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Oregon
County of Marion } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Belle Lemke Signature
335 N Summer P. O. Address

Subscribed and sworn to before me this 5th day of August, 1946

(SEAL)

Notary Public, residing at Salem

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the State of Oregon.
My Commission Expires March 10, 1948

Received for filing on AUG 9 1946 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-124 001-342

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census AUG 17 1946

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 421958
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BEAR LAKE (b) City MONTPELIER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State [redacted] WYO. (b) County [redacted]
   (c) City Cokeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 Mos.

3. **RESIDENCE OF FATHER** (city, state) Cokeville Wyo.

4. **FULL NAME OF CHILD** VERN ARCHIE BANKS

5. Date of Birth of Child (Month, day, year) Sept. 24-1910

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WILLAM CORNELIUS BANKS
11. Color or Race WHITE
12. Age at time of THIS birth 46 yrs.
13. Birthplace [redacted] Tooele UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZA ANN TUBBS
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace WEBBER UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Vern Archie Banks (First name) (Last name)

who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Montpelier Ida Date 7/24/46

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that Dr. H. H. King (First name) (Last name), who attended this birth Montpelier (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Ann Tubbs Banks Signature

Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 17 day of August, 1946.

(SEAL) [redacted], Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [redacted] by AUG 22 1946, Registrar

AUG 22 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-230-014-386

DELAYED BIRTH CERTIFICATE

421964

United States Department of Commerce Bureau of the Census

AUG 12 1946

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

State File No. 13

Local Reg. No. 5-330

Reg. Dist. No.

1. PLACE OF BIRTH:
   (a) County CANYON (b) City PAYETTE
   (c) Street address or R. F. D. No. ----------
   (d) Name of Hospital or Maternity Home: NONE
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home 0 Days
   In THIS County 2 years --- months --- days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State IDAHO (b) County PAYETTE
   (c) City PAYETTE
   (d) Street address or R. F. D. No. GEN. DEL
   (e) How long has MOTHER lived in Idaho? 2 yrs.
   (f) Mother's mailing address (for registration notice): GENERAL DELIVERY PAYETTE, ID
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAZEL LaVELLE KIRK*

5. DATE OF BIRTH (Month, day, year) Apr 30, 1910

6. Sex FEMALE

7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy 9

9 Legitimate? [redacted]

FATHER OF CHILD

10. FULL NAME ERNEST L.KIRK

11. Color or Race WHITE

12. Age at time of THIS birth 28 yrs.

13. Birthplace HEPPNER (City or Town) OREGON (State or foreign country)

14. Exact Occupation HARNESS MAKER

15. Industry or Business HARNESS MAKING

MOTHER OF CHILD

16. FULL MAIDEN NAME NELLIE M.THORP

17. Color or Race WHITE

18. Age at time of THIS birth 25 yrs.

19. Birthplace JEWELL COUNTY (City or Town) KANSAS (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOMEMAKING

22. Was a standard serological test for syphilis performed? Yes --- No No Approximate date [redacted]

23. Name prophylactic used to prevent Ophthalmia Neonatorum 10 % Neo-Silvol Solution

24. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1.
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4.00 PM on the date and at the place stated above, and that personal particulars were furnished by NELLIE M KIRK (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

27. (a) 8/9/46 (Date received) (b) J C Woodward (Registrar's signature)

26. Attendant's OWN signature J. C. Woodward, M. D. (D.O., Midwife, etc.)

and address PAYETTE, ID Date 8/9/46

28. Given name added on ..... by ..... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 22 19

NOV 19 1948

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

815-204-036-366

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421965
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Franklin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Franklin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin

4. **FULL NAME OF CHILD** Thorah May Hansen

5. Date of Birth of Child (Month, day, year) May 4th 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Hebes Hansen
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Cass Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Lowe
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None was used
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Oneida }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Thorah May (First name) Hansen (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Lowe Hansen Signature

Hansen, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of August, 19 46.

(SEAL)

Gordon P. Jensen, Notary Public, residing at Roberts, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

AUG 22 1946

Received for filing on ____ by ____, Registrar

AUG 22 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

385-229-022-255

SEP 6 1946

421987

421987

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county 8 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address (for registration notice): Velma Sidoway
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Velma Lucile Cherry

5. DATE OF BIRTH (Month, day, year) 9 Nov 1946

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 12

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas Cherry

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Richmond (City or Town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Jane Bennett

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Preston Idaho (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Nancy Cherry (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 9 1946 (Date received) (b) Mabel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature E. L. Hargis M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 9-8-46

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 9 1948

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

316-210-003-294

422002

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 422002
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1100 No. Arthur
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Spencer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Myra Christina Lawson

5. Date of Birth of Child (Month, day, year) Sept 10, 1910

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Lawson
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ann Biddle
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Dr. Steeley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Lawson Signature

P. O. Address

Subscribed and sworn to before me this 4th day of October 1946

(SEAL) Mabel Felder, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1946 by Mabel Felder, Registrar

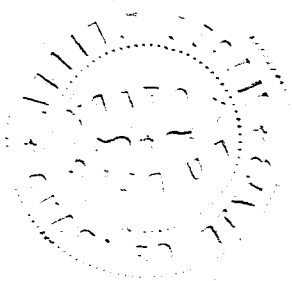
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-207025-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423251

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Stites, Ida.

4. FULL NAME OF CHILD Mabel Dolores Scott

5. Date of Birth of Child (Month, day, year) Oct. 7, 1910

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Byron Davis Scott
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Black Creek, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margarette Brown
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Blooming Prairie, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Linn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Dr. Busey (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margarette Scott Signature

Lebanon, Oregon P. O. Address

Subscribed and sworn to before me this 20th day of August, 19 46

(SEAL)

Notary Public, residing at Lebanon, Ore.

(Note: Perjury is punishable as a felony [illegible] Sec. 17-914, Idaho Code Annotated.)

My Commission expires: Nov. 1, 1947

Received for filing on SEP 5 1946 by Registrar.

SEP 6 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-227042-414

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

AUG 26 1946

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423264
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Twin Falls
   (c) City
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ethel Bookman Robinson

5. Date of Birth of Child (Month, day, year) 9/27/1910

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Swithin Chandler Robinson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Pleasant Hill Newcastle Co. Delaware (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Ruffin Madison
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Chesterfield Co. Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Royston (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Swithin Chandler Robinson Signature

1114 Derby St. Berkeley 2, Calif. P. O. Address

Subscribed and sworn to before me this 22d day of August, 1946.

(SEAL) Norma M Abnett, Notary Public, residing at Oakland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1946 by John W Wright Registrar

SEP 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

956-114035-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423280
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Leland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Leland,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jesse Harry Heffel

5. Date of Birth of Child (Month, day, year) Feb. 14, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Stewart Heffel
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Woodard
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for always years, and that Dr. Rothwell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Heffel Signature

Kendrick, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of September, 1946

(SEAL)

Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-220-029-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423283
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. Route #1.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 11 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. Route #1.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) TROY, IDAHO

4. **FULL NAME OF CHILD** Margaret Eliza Clemm

5. Date of Birth of Child (Month, day, year) JUNE 20, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Walter Clemm
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Biblegrove (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lyda Glydas Trout
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Troy (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for all her life years, and that Dr. J. M. Olson (First name) (Last name), who attended this birth cannot be located (Is deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Walter Clemm Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of September, 1946.

(SEAL) M. Robinson, Notary Public, residing at Troy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-124 003 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423290
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Robin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Robin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Robin, Idaho

4. **FULL NAME OF CHILD** Willie Lorenzo Chatterton

5. Date of Birth of Child (Month, day, year) Dec 24, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum James Chatterton
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Richmond, (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Smith
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace London, (City or town) Middlesex England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Nancy Insley of Robin, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Chatterton Signature
HAGERMAN, P. O. Address

Subscribed and sworn to before me this 29th day of June, 1946.

(SEAL) Van A. Hoffman JUSTICE OF THE PEACE Notary Public, residing at Hagerman.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filled with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

State File No. 424578
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boundary (b) City Bonners Ferry
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In THIS County ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City Bonners Ferry
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (for registration notice):
Bonners Ferry (Street or R. F. D.) Idaho (Postoffice)

3. RESIDENCE OF FATHER (If same as mother, say same) Same Idaho

4. FULL NAME OF CHILD George W. Meyers

5. DATE OF BIRTH (Month, day, year) Jan 18 - 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy [redacted]

FATHER OF CHILD

10. FULL NAME George Meyers

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Washington (City or Town) (State or foreign country)

14. Exact Occupation Clerk

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Agnes St. John

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Washington (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date .....

23. Name prophylactic used to prevent Ophthalmia Neonatorum .....

24. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by George Meyers (First name) (Last name), who is related to this child as Father. (Mother, etc.)

27. (a) SEP 24 1910 (Date received) John W. Wright (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

29. Attendant's OWN signature E E Fry, M. D. (D.O., Midwife, etc.)
and address Bonners Ferry Date 1/18/1910

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filed out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

DELAYED

JAN 28 1947

R. M. BOWELL, M. D.
BONNERS FERRY, IDAHO

No Money Enclosed

SEP 23 1946

AFFADAVIT

Dr. R.M.Bowell, being dult sworn deposes;-

That the attached copy of birth certificate of George Mc Meyers, is a true and correct copy made from the original records of the late Dr. E.E.Fry, attending physician. Subscribed and swórn to before me, a notary public in and for the State of Idaho, this 21 day of September 1946.

R M Bowell M. D.

State of Idaho

County of Boundary
Subscribed and sworn to before me this 21st. day of Sept., 1946.

Ann Nally
Notary public.

Notary Public for the State of Idaho
residing at Bonners Ferry, Idaho.
My Commission Expires Aug. 1, 1947

AFFIDAVIT

Dr. R.L.Howell, being duly sworn deposes:

That the attached copy of birth certificate of George [illegible] Meyers, is a true and correct copy made from the original records of the Late Dr. G.E.Fry, attending physician. Subscribed and sworn to before us, a notary public in and for the State of Idaho, this [illegible] day of September 1946.

[illegible]

Notary Public.

366-11-016-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 425972
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Ida.

4. **FULL NAME OF CHILD** Kales Eldon Lowe

5. Date of Birth of Child May 17, 1910 (Month, day, year)

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sylvester Tucker Lowe
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Almo, Idaho (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Henrietta Petesch
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Chicago, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. J. C. Patterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. T. Lowe
Signature

Burley, Idaho
P. O. Address

Subscribed and sworn to before me this 1st day of October 1946

(SEAL) Kales E. Lowe, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-10 4 c a -249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 425976
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 413 O'farrell St.
   (d) Name of Hospital or Maternity Home: None - Born at Home
   (e) Mothers stay BEFORE delivery: In THIS county 6 years 10 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 413 O Farrell St
   (e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Calvin Burk Wiedrick

5. Date of Birth of Child (Month, day, year) March 4, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reuben James Wiedrick
11. Color or Race W
12. Age at time of THIS birth 42 yrs.
13. Birthplace Townsend, (City or town) Canada (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Burk
17. Color or Race W
18. Age at time of THIS birth 40 yrs.
19. Birthplace Hartford (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Oz Nos 1ct.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah E Wiedrick (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature John Roach M.D. Midwife Address Boise Ida Date 10-11-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by John A Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-22 col 4-843

425977

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. Jordan Valley Stage
   (d) Name of Hospital or Maternity Home: None - Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. Jordan Valley Stage
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Nova Lola Whittig

5. Date of Birth of Child (Month, day, year) Aug. 26 1910

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Don Albert Whittig
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Andover (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Hutton
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Andover (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by Florence Whittig (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature C. W. Staley M.D. ~~Midwife~~ Address Caldwell Idaho Date 10-11-46

AFFIDAVIT

State of
County of ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 11 1969
MAY 25 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which~~ has occurred ~~subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-101003-236

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426035
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City McCammon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City McCammon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Theodore Roosevelt Harkness

5. Date of Birth of Child (Month, day, year) June, 1, 1910

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry O. X Harkness
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Norwalk. (City or town) Ohio (State or foreign country)
14. Exact Occupation Merchant and Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Scott
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Penna. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 36 years, and that Cooper (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sarah Scott Harkness Signature

McCammon, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of October, 1946

(SEAL)

Notary Public, residing at McCammon, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 1 1946 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-207-030-458

426112

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426112
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) City SALMON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: MAXFIELD MATERNITY HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 4 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEMHI
   (c) City SALMON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1/3 yrs.

3. **RESIDENCE OF FATHER** (city, state) SALMON, IDA.

4. **FULL NAME OF CHILD** GLENDA ARLEA STEWART

5. Date of Birth of Child (Month, day, year) JAN. 7, 1910

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN MURDO STEWART
11. Color or Race CAUCASIAN
12. Age at time of THIS birth 30 yrs.
13. Birthplace GLASGOW (City or town) SCOTLAND (State or foreign country)
14. Exact Occupation PAINTING CONTRACTOR
15. Industry or Business CONSTRUCTION

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAYME LOUISE MEYERS
17. Color or Race CAUCASIAN
18. Age at time of THIS birth 26 yrs.
19. Birthplace CINCINATI (City or town) OHIO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth~~ and including ~~this child~~ 2 (b) ~~Born alive and now living~~ 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of CALIFORNIA
County of SAN BERNARDINO } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that DR. - - - - - - MURPHY (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mayme Louise Meyers Stewart — Signature

1410 BROADWAY NEEDLES, CALIF. — P. O. Address

Subscribed and sworn to before me this 30TH day of OCTOBER, 1946

(SEAL) Paul H. O'Farrell — Notary Public, residing at NEEDLES

My Commission Expires November 16, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1946 by John A Wright Registrar

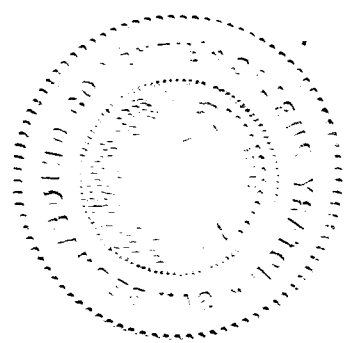
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165-224-011-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

State of Idaho

~~State File~~ No. 427539
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boundary (b) City Bonners Ferry
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** County ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
(a) State Idaho (b) County Boundary
(c) City Porthill
(d) Street address or R. F. D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (for registration notice): Porthill Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (If same as mother, say "Same") Porthill Ida

4. FULL NAME OF CHILD Katherine Marie Rath

5. DATE OF BIRTH (Month, day, year) July 29-1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

[redacted]

FATHER OF CHILD

10. FULL NAME Wm E. Rath

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Illinois
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine H. Johnson

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Illinois
(City or Town) (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business Home

22. Was a standard serological test for syphilis performed? Yes ..... No ..... Approximate date .....

23. Name prophylactic used to prevent Ophthalmia Neonatorum .....

24. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living .....
(c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was Female born alive at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Katherine Rath (First name) (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) NOV 22 1946 (Date received) John W Wright (Registrar's signature)

28. Given name added on ..... by .....
(Registrar's signature)

26. Attendant's OWN signature E E Fry, M. D.
(D.O., Midwife, etc.)
and address Bonners Ferry Date 7/29/1910

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication:.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury?.....

Describe: .....

(e) Signature of Physician:

.....

DELAYED

R. M. BOWELL, M. D.
BONNERS FERRY, IDAHO

OCT 11 1946

AFFADAVIT

I hereby certify that the attached copy of birth certificate of Katherine Marie Rath is a true and correct copy made from the original record of the late Dr E.E.Fry, attending physician.

R M Bowell

State of Idaho
County of Boundary

Subscribed and sworn to before me, a notary public, in and for the State of Idaho this 9 day of Oct I946

J A McNally
Notray public

[illegible] public for the State of Idaho.
[illegible] Bonners Ferry, Idaho.
My [illegible] [illegible] 1, 1947

DEC 15 1967

R. M. BOWELL, M. D.
BONNERS FERRY, IDAHO

OCT 23 1946

OCT 11 1946

AFFIDAVIT

I hereby certify that the attached copy of birth certificate of Katherine Marie Nath is a true and correct copy made from the original record of the late Dr. [illegible], attending physician.

[signature]

State of Idaho
County of Boundary

Subscribed and sworn to before me, a Notary public, in and for the State of Idaho this 9 day of Oct 1946

[signature]
Notary public

113-227 & 35-266

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427547
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 1706 - 7 Aves
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: Nez Perce Co. In **THIS** county 40 years 14 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Nez Perce Co
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 1706 - 7 Aves
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston Ida

4. **FULL NAME OF CHILD** Christene Teeleen Jacks

5. Date of Birth of Child (Month, day, year) Sept 27 - 1910

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Soloman Jacks
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Lewiston (City or town) Ida (State or foreign country)
14. Exact Occupation Farmer & Assessor
15. Industry or Business of Nez Perce Co Ida.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Leah Book
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mandan (City or town) N. Dakota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) Book (Last name) who is related as Grandmother (Mother, etc.) Reg. Dr. Assessor Lewiston (deceased)

25. Attendant's **OWN** signature Minnie C. Book M.D. Midwife Address Clearwater Date Sept 28

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on OCT 10 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-214-009-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427567
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ?Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home of Mother
(e) Mothers stay **BEFORE** delivery: In **THIS** county One years --- months --- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Bonner
(c) City SAND POINT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? TWO yrs.

3. **RESIDENCE OF FATHER** (city, state) SAND POINT IDAHO

4. **FULL NAME OF CHILD** RUTH CHARLOTTE FRANCE

5. Date of Birth of Child (Month, day, year) Nov. 14, 1910

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd child

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** MOSE FRANCE
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Necedah, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAY BULLIS
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Germantown, (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of Clackamas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that Doctor and nurse deceased. (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May France Signature

7015 SE ~~Sheridan~~ Sherrett St., Portland, Oregon P. O. Address

Subscribed and sworn to before me this 30th day of November, 1946.

(SEAL) John E. [illegible], Notary Public, residing at Canby, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm Expires 2/8/1949

Received for filing on DEC 12 1946 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1946

~~DEC 16 1946~~

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-114006-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 429035
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 months

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** Peretti, Joseph Charles

5. Date of Birth of Child (Month, day, year) Feb. 14, 1910

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bonifacio Peretti
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Borgiallo (City or town) Italy (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dominica Poletto
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cuorgne (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of MONTANA
County of CASCADE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 36 years, and that the doctor (First name) ____ (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Domenica Maria Peretti Signature

815-7th Ave. So. Great Falls, Montana P. O. Address

Subscribed and sworn to before me this 30 day of December, 1946

(SEAL) Dore Ingmon, Notary Public, residing at Great Falls

NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana
My Commission Expires May 31, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1947 by John W Wright, Registrar

JUN 30 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

334 231 001 -449

430461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430461
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1011 Reseguie St.
   (d) Name of Hospital or Maternity Home: Residence of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 7 months 29 days.

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1011 Reseguie St.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Lucille LaVerta Cluster

5. Date of Birth of Child (Month, day, year) March 31, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Edwin Cluster
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pleasenton (City or town) Nebraska (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Boise City Fire Department

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Catherine Murphy
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Castalia (City or town) South Dakota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Cluster (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Fred A. Tillery M.D. Midwife Address Boise, Idaho Date 1/24/47

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1947 by John H. Knight, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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395 101 028 251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430467
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison Idaho

4. **FULL NAME OF CHILD** Victor Lincoln Lindquist

5. Date of Birth of Child (Month, day, year) June 1st 1910

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Lindquist
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Minnesota (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Anna Brantley
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Daniel City (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha ann (First name) Lindquist (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

Prov. of Alberta Canada } ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 36 years, and that Dr. (First name) Busby (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha ann Lindquist Signature

Brant Alta P. O. Address

Subscribed and sworn to before me this 26th day of October 1946

(SEAL)

Commissioner of Oaths Notary Public, residing at Brant Alberta

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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28 1947

113-214022-613

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 430482
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Plano
   (c) ~~Street Address~~ or R.F.D. No. R.3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Plano
   (d) ~~Street Address~~ or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state) Plano Ida

4. **FULL NAME OF CHILD** Jeneva Rebecca Jackson

5. Date of Birth of Child (Month, day, year) Feb. 14-1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert William Jackson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Paradise Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Welch
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace West Weber Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 75 years, and that Midwife (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edyth Jackson Signature
Route #2 Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 19 47

(SEAL) Elizabeth Burton, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313-B022-313

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 430494
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Rigby
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 5 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Rigby
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Stephen Call Later

5. Date of Birth of Child (Month, day, year) October 13, 1910

6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Samuel Later
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Harrisville, Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloe Cornelia Call
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Rigby, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 9 (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lewis S. Later (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Mary Ellen Call (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chloe Call Later Signature

Rigby Idaho Box 183 P. O. Address

Subscribed and sworn to before me this 27 day of January, 1947

(SEAL) Terry Gwinn Notary Public, residing at Rigby Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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FEB 5 1947

265-207028-354

430498

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Kootenai (b) City Rathdrum
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay BEFORE delivery: In THIS county 7 years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No. 1
   (e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Idaho

4. FULL NAME OF CHILD Emma Carolyn Elizabeth Boekel

5. Date of Birth of Child (Month, day, year) 2-7-1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Frederick Boekel
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Albertshausen (City or town) Wurtemberg (State or foreign country) Germany
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Karoline Christine Leder-er
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Neckarwestheim (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't remember name of eye drops.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 36 years, and that Dr. Frank Weng (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline C. Boekel Signature

Rathdrum, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of January, 1947.

(SEAL) Esther L. Johnson Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1947 by John W. Wright, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 5 1947

546-231 010-559

United States Department of Commerce Bureau of the Census

FEB 1

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430519
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) ~~Street Address~~ or R.F.D. No. #1
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) ~~Street Address~~ or R.F.D. No. #1
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Esther Irene Edwards

5. Date of Birth of Child (Month, day, year) May 31, 1910

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Victor Edwards
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace London, England (City or town) (State or foreign country)
14. Exact Occupation Sheep Ranch Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Neilsen
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Espjard, Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Colorado } ss.
County of Morgan }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 55 years, and that Dr. Cline (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Edwards Signature

R.F.D. #1, Ft. Morgan, Colo P. O. Address

Subscribed and sworn to before me this 6th day of February, 19 47

My commission expires 4-25-1950 (SEAL) Wonder Smith, Notary Public, residing at Ft. Morgan, Col

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-110-008-455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 430521
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Horseshoe Bend
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 2 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Boise
   (c) City Horseshoe Bend
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) Horseshoe Bend

4. **FULL NAME OF CHILD** Kelley Loyal Tarter

5. Date of Birth of Child (Month, day, year) Feb. 10, 1910

6. Sex MALE

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Lee Tarter
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marilla Denney
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of ADA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 37 years, and that MRS PERRY FRY (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Winnifred Ulmer Signature
2015 N 16th Boise Ida P. O. Address

Subscribed and sworn to before me this 7 day of February, 1947

(SEAL) Margaret M. Pers Notary Public, residing at Meridian, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1947 by John W Wright, Registrar

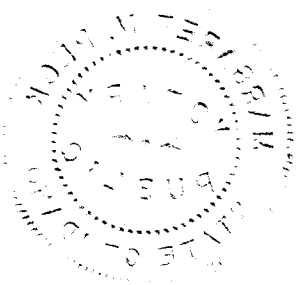
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253 22 042 847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City HANSON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County TWIN FALLS
   (c) City HANSON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) HANSON IDAHO

4. **FULL NAME OF CHILD** LOIS IRENE ~~[illegible]~~ KELLOGG

5. Date of Birth of Child (Month, day, year) APRIL 12, 1910

6. Sex FEMALE

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 MO.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** MERTON WILLIAM KELLOGG
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace WALNUT GROVE (City or town) MINN. (State or foreign country)
14. Exact Occupation RANCH MANAGER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORENCE ELLA HUGHES
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace SWEETWATER (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10: p M. on the date and at the place stated above, and that personal particulars were furnished by Florence E. Kellogg (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of CALIFORNIA } ss.
County of LOS ANGELES }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 37 years, and that UNKNOWN (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence E. Kellogg Signature

948 E. Third St. Long Beach P. O. Address

My Commission Expires Oct. 29, 1948

Subscribed and sworn to before me this 12th day of February, 1947

(SEAL) Charles G. Sullivan, Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-218076962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430545
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Rigby, Idaho
   (c) Street Address or R.F.D. No. R. F. D. #3
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Rigby, Idaho
   (d) Street Address or R.F.D. No. R.F.D. #3
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Muriel Louise Zobell

5. Date of Birth of Child (Month, day, year) 7/18/10

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ephraim A. Zobell
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Provo, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Davis Zobell
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Provo, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by X Stella (First name) Davis Zobell (Last name)

who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Davis Zobell Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 1947.

(SEAL) [illegible] Notary Public, residing at [illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-22 028-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg.
Reg. Dist. 430546

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City St. Joe
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City St. Joe
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Joe - Idaho.

4. **FULL NAME OF CHILD** Marguerite Iris McKirk

5. Date of Birth of Child (Month, day, year) May-22-1910

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur James McKirk
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Spokane (City or town) Washington (State or foreign country)
14. Exact Occupation Employee of Potlatch Lumber Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nell E. Crume
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Brownsville (City or town) - Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Montana } ss.
County of Cascade }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 36 years, and that The Doctor (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur James McKirk Signature

P. O. Address

Subscribed and sworn to before me this 10th day of February, 1947

(SEAL)

D. L. Beaumont Notary Public, residing at Great Falls, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1947 by John W Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1947
APR 27 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-125042-785

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430551
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl, Idaho

4. **FULL NAME OF CHILD** Harry Ivan Schetter

5. Date of Birth of Child (Month, day, year) May 25, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7½ Mo. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Fitzwilliam Schetter
11. Color or Race Caucasian
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sonoma, California (City or town) (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Marie Phelps
17. Color or Race Caucasian
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pocatello, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 7:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Anna Schetter (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. F. Murphy M.D. ~~Midwife~~ Address Twin Falls Ida. Date 2-27-47

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1947 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-204-043-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 431989
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City BOISE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mothers stay BEFORE delivery: In THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Hulda Katarina Waine

5. Date of Birth of Child (Month, day, year) 4th May 1910

6 Sex Female

7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Waine
11. Color or Race Finlander
12. Age at time of THIS birth 46 yrs.
13. Birthplace Jurva, Vaasan Laoni, Finland (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katarina Nevala
17. Color or Race Finlander
18. Age at time of THIS birth 45 yrs.
19. Birthplace Paavola Oulunlaani Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

~~State of~~ Province of Alberta
County of Athabasca } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 36 years, and that Mr Henry MAKI (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew R. Waine Signature
Rich Lake alta P. O. Address

Subscribed and sworn to before me this 4th day of March 1947
(SEAL) Michael Maccagno, Notary Public, residing at Loc La Biche
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 8 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-119-044-212

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433356
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Idaho

4. **FULL NAME OF CHILD** William Nathan Blank

5. Date of Birth of Child (Month, day, year) AUGUST 19, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward William Blank
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cove, (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Bell Basinger
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cambridge, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon, County of Baker } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. Elliott (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Bell Blank signature

2633 5th, Baker, Oregon P. O. Address

Subscribed and sworn to before me this 25th day of March, 1947

(SEAL) Loyd Lea Notary Public, residing at Baker, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) MY COMMISSION EXPIRES JAN. 31, 1951

Received for filing on APR 4 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent~~ to such date, ~~such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-122-014-689

APR 14 1947

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 433443
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. R.F.D. 1
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay BEFORE delivery: In THIS county 5 years 1 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. R.F.D. 1
   (e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Elmer Clinton Hallberg

5. Date of Birth of Child (Month, day, year) Apr. 22-1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Neals Peter Hallberg
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Livestock buyer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Smithson Whitt
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Radford Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business School Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Washington } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 36 years, and that J. F. Murry (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna S. Hallberg Signature

Midvale Idaho P. O. Address

Subscribed and sworn to before me this 11th day of April, 1947. Ida

(SEAL) J. F. Goodnight, Notary Public, residing at Midvale Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 14 1947 by John A Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-122035-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434867
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZPERCE (b) City CAMERON
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County NEZPERCE
   (c) City CAMERON
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) CAMERON, Ida.

4. **FULL NAME OF CHILD** CARL HENRY GEORGE FINKE

5. Date of Birth of Child (Month, day, year) APRIL 22 1910

6. Sex MALE

7. Twin or Triplet If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** GEORGE HENRY FINKE
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace HANOVER (City or town) GERMANY (State or foreign country)
14. Exact Occupation MINISTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** DELLA TANKE
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace HANOVER (City or town) GERMANY (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by IDA O. (First name) SILFLOW (Last name) who is related as NONE (Mother, etc.)

25. Attendant's **OWN** signature Mrs Ida O Silflow M.D. Midwife Address CAMERON, IDAHO Date 4-19-47

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1947

APR 19 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-226-001-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 8 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 434917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian Ida.

4. **FULL NAME OF CHILD** Nancy Elinor Lewis

5. Date of Birth of Child (Month, day, year) June 26, 1950

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Perry Grundy Lewis
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Glendale (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel F. Lewis
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Freeman (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 34 years, and that Dr. M. Pain (First name) (Last name), who attended this birth is no deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ethel Lewis Signature
R 2 Boise P. O. Address

Subscribed and sworn to before me this 22 day of April, 1947
(SEAL) Ethel M. Hurles Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

433-219014 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436335
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CANYON (b) City NAMPA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CANYON
   (c) City NAMPA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) NAMPA IDAHO

4. **FULL NAME OF CHILD** DORIS EDNA M^cTAGGART

5. Date of Birth of Child (Month, day, year) Feb 19. 1910

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ALBERT EDGAR M^cTAGGART
11. Color or Race WHITE
12. Age at time of THIS birth 34 yrs.
13. Birthplace ONTARIO (City or town) CANADA (State or foreign country)
14. Exact Occupation WHEELWRIGHT
15. Industry or Business GOWANS BLACKSMITHY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MABEL JENNINGS
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace ONTARIO (City or town) CANADA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time ~~of birth~~ and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ~~Province of~~ British Columbia
County of Vancouver } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 37 years, and that D. J. Murray (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mabel McTaggart Signature
4770 Prender E. Vancouver B.C. P. O. Address

Subscribed and sworn to before me this 10th day of May, 1947.

(SEAL) G. H. Lawson Notary Public in and for the Province of British Columbia, Notary Public, residing at Vancouver, B.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 21 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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799-226-035-355

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436344
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No. On Indian Reservation
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No. Ind. Res.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Santa Rosa California

4. FULL NAME OF CHILD Carrie Adell Price

5. Date of Birth of Child (Month, day, year) 26 Jan. 1910

6 Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ora Thomas Price
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Vacaville (City or town) California (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Operating Moving Pictures

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Marie Tenter
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Loretta, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Mendocino } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 37 years, and that Nancy Showalter (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Marie Price. Signature
Rt. 1 Box 136 Ukiah, California P.O. Address

Subscribed and sworn to before me this 21 day of May, 1947

(SEAL) [signature], Notary Public, residing at Ukiah, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local ~~registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-227-032-533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436387
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding, Idaho

4. **FULL NAME OF CHILD** Betty Irene Rosenbaum

5. Date of Birth of Child (Month, day, year) Feb. 27, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Samuel Miller Rosenbaum
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Marion, Virginia U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Drayman.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leona Pearl Elledge.
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace West Plains, Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Gooding } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 37 years, and that Betty Irene (First name) Rosenbaum (Last name), who attended this birth ------- (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/s/ Samuel Miller Rosenbaum Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 47.

(SEAL) /s/ E. K. Stilson, Notary Public, residing at Gooding Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

137-116 025 433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436436
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grangeville Idaho

4. **FULL NAME OF CHILD** John McLeod Algie

5. Date of Birth of Child (Month, day, year) April 16, 1910

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Duncan Algie
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Glascow, Scotland (City or town) (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business Owner, Gibson Alco Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Jean McLeod
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace The Dalles, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of California, City and County of San Francisco } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr. Carl C. Slusser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Jean Algie Signature

My Commission Expires Sept. 3, 1949

55 Chaves Ave San Francisco Calif. P. O. Address

Subscribed and sworn to before me this 8th day of May, 1947.

(SEAL)

John H. Crowley, Notary Public, residing at NOTARY PUBLIC in and for THE CITY and COUNTY of SAN FRANCISCO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-104-003-415

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437807
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. on farm
   (d) Name of Hospital or Maternity Home: In farm house on farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Nebraska (b) County Scotts Bluff
   (c) City Scotts Bluff
   (d) Street Address or R.F.D. No. Farm
   (e) How long has **MOTHER** lived in Idaho? 7 Mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Scotts Bluff Nebr.

4. **FULL NAME OF CHILD** Corwin Davis Morgan

5. Date of Birth of Child (Month, day, year) Sept 4, 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bertram Creighton Morgan
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer Deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie Blanche Davis
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Welfleet Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Marin } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 6 mos. XX and that Doctor Woolley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mollie Blanche Davis Redmond Signature

1011 A st. San Rafael, Calif. P. O. Address

Subscribed and sworn to before me this 28 day of June, 19 47

(SEAL) Josephine Murphy Notary Public, residing at San rafael, cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1947 by John W Wright, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-119-006-753

437825 437825

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437825
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County BINGHAM (b) City THOMAS
   (c) ~~XXXXXXXXXX~~ R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay BEFORE delivery: In THIS county 55 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State IDAHO (b) County BINGHAM
   (c) City THOMAS
   (d) ~~Street Address or~~ R.F.D. No. 2
   (e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) THOMAS, IDA

4. FULL NAME OF CHILD JAMES HANS STODDARD

5. Date of Birth of Child (Month, day, year) NOV. 19, 1910

6. Sex MALE

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES LEHI STODDARD
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace LEHI, UTAH (City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH LUELLA PETERSON
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace PLAINCITY, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11:55 P.M. on the date and at the place stated above, and that personal particulars were furnished by SARAH LUELLA GLESSING (First name) (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of BANNOCK } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 34 years, and that MRS. MARTHA CRAWFORD (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

mrs Sarah L. Glessing Signature

141 Randolph, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of June, 1947.

(SEAL) John Gray, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

Received for filing on by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

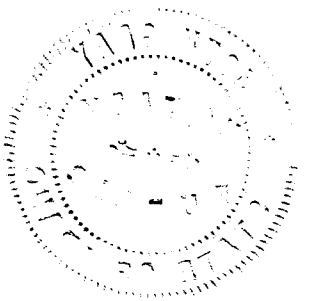
FEB 19 1948

JUL 9 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child ~~born prior to the effective~~ date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



814-20-3044-491

437827

437827

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437827
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Gladys Mary Hauntz

5. Date of Birth of Child (Month, day, year) Sept. 3, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Jesse Hauntz
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Jacksonville, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Draper
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Elden (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 36 years, and that Dr. H. A. Newins (First name) (Last name), who attended this birth (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ezra E. Brown Signature
1311 N. 26 St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 17th day of July, 1947.

(SEAL) Mabel V. Felder, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1947 by John W. Wright, Registrar

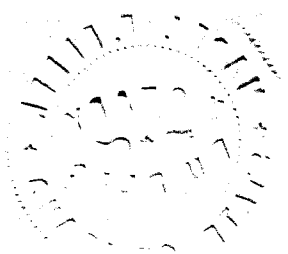
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-222-006-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUL 3 1947

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437830
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. City
(d) Name of Hospital or Maternity Home: born at home (Blackfoot)
(e) Mothers stay BEFORE delivery: In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. City
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Blanche Muir Burningham

5. Date of Birth of Child (Month, day, year) April 22 1910

6 Sex female

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James V. Burningham
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Muir
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Annie Muir (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that Mrs (First name) Brown (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie M. Burningham Signature
175 W. 16th Idaho Falls P.O. Address

Subscribed and sworn to before me this 7th day of July 1947

(SEAL) C. H. Williams, Notary Public, residing at Idaho Falls, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-28-029-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437863
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Ruth Campbell-

5. Date of Birth of Child (Month, day, year) Nov. 28, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Campbell
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Wayne County, Illinois (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Carrico
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Don't know (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum donot know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for nearly 37 years, and that don't know (First name) (Last name), who attended this birth ------ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles A Campbell Signature
803 S. Jefferson St. Moscow, Ida P. O. Address

Subscribed and sworn to before me this 15th day of July 1947

(SEAL)

R. Pattison
Probate Judge, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 19 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 19 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-105-044-354

437879

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437879
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Wash. (b) City Weiser
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: at residence of Parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years 1 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Wash.
   (c) City Weiser
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Ida

4. **FULL NAME OF CHILD** Aubrey Russell Morgan

5. Date of Birth of Child (Month, day, year) Nov. 5. 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse Solomon Morgan
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Fossil, Oregon (City or town) (State or foreign country)
14. Exact Occupation Maintanence. Crown Zellerbach Paper Mill.
15. Industry or Business Mechanic

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Alberta Lexington
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lalubria, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Clark }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for all his life years, and that Dr W. K. Hamilton (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther A Morgan Signature
R.D. 2 Washougal Wn. P. O. Address

Subscribed and sworn to before me this 29 day of July 1947

(SEAL)

Notary Public, residing at Camas

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1947 by Residing at Camas, Wash., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-217-001-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437892
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida

4. FULL NAME OF CHILD Emily Mildred Foster

5. Date of Birth of Child (Month, day, year) May 17, 1910

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry J. Foster
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Brown County (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora May Burgess
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Windom, (City or town) Kansas (State or foreign country)
20. Exact Occupation Hswf.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 37 years, and that Dr. Dutton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora May Foster Signature

P. O. Address

Subscribed and sworn to before me this 17th day of July 1947

(SEAL) Mabel Ebeler, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-210-035-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437900
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Nezperce
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: ✓
(e) Mothers stay BEFORE delivery: In THIS county 11 years 3 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Nezperce
(d) Street Address or R.F.D. No. ✓
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce Idaho

4. FULL NAME OF CHILD Kathryn Susan Swift

5. Date of Birth of Child (Month, day, year) March 10th 1910

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lincoln N. Swift

11. Color or Race White

12. Age at time of THIS birth 43 yrs.

13. Birthplace Upper Dandusky Ohio (City or town) (State or foreign country)

14. Exact Occupation Banker

15. Industry or Business Banking

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Mockler

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Waymouth Nova Scotia (City or town) (State or foreign country)

20. Exact Occupation ~~House~~ ~~wife~~ Clerk

21. Industry or Business ~~House~~ ~~wife~~ Merchandise

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 37 years, and that Dr John Lee (First name) Kelly (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lincoln N. Swift Signature
Ocean Park California P. O. Address

Subscribed and sworn to before me this 31st day of July, 1947

(SEAL) Wm S. Thornbury Notary Public, residing at Santa Monica

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439341
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 13 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Ida.

4. **FULL NAME OF CHILD** Violet Lulu Downing

5. Date of Birth of Child (Month, day, year) Sept. 23, 1910

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry W. Downing
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sheridan, Oregon (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Venus Lulu Burke
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Miller, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wash.
County of Clark } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 36 years, and that Dr. Murphy (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Venus Downing Signature

5302 E. 13th. Vancouver, Wash. P. O. Address

Subscribed and sworn to before me this 1st day of August, 1947.

(SEAL) L. E. Bright Notary Public, residing at Vancouver, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1947 by John W. Wright, Registrar

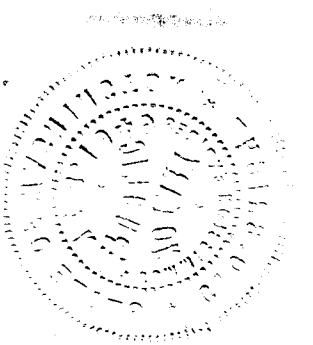
AUG 5 1947

APR 1 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 439344
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Franklin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 31 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Franklin
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin, Idaho

4. **FULL NAME OF CHILD** Orvell MaGee

5. Date of Birth of Child (Month, day, year) 28th Jan. 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Agustus MaGee
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Liverpool (City or town) England (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Bell
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of ~~children~~ of this mother: ~~(a) At time of birth and including this child~~ 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Olive E. Salverson (First name) (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Olive Salverson M.D. Midwife Address Malad City, Idaho Date 7-28-47

State of Idaho
County of Oneida } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 37 years, and that Doctor (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive Salverson Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of July, 1947.

(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Ann[illegible])

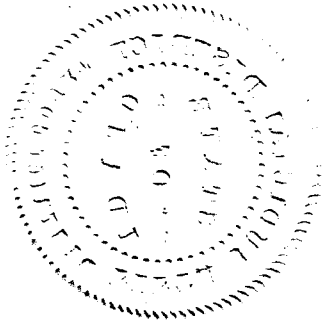
Received for filing on AUG 4 1947 by [illegible], Registrar.

AUG 1 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Both DELAYED

Dup of 1910-392899

439387 439387

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. RFD 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years 2 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Helen Elizabeth Walker

5. Date of Birth of Child (Month, day, year) May 18, 1910

6. Sex female

7. Twin or Triplet ---

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Oliver Walker
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Asheville, North Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie Lee West
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Leicester, North Carolina (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho } ss.
County of Latah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 37 years, and that Dr. W. A. Adair (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mollie Lee Walker Signature

Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of August, 1947, 19....

(SEAL) ..... Notary Public, residing at Moscow, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1947
NOV 29 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445 225 016 155

440815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440815
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Ida

4. **FULL NAME OF CHILD** Rose Lucile Dunham

5. Date of Birth of Child (Month, day, year) March 25, 1910

6. Sex Female

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willis Elmer Dunham
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Milford (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Elma Avery
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace McZena (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Alameda } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 37 years, and that Mrs. Custar Shallmann (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence E Dunham Signature

P. O. Address

Subscribed and sworn to before me this 7th day of August, 1947.

(SEAL) Mary B. Watkins Notary Public, residing at Berkeley Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 30 1948

Received for filing on AUG 29 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 29 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-224034-296

440830

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440830
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No. 1 8
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida

4. **FULL NAME OF CHILD** Kathryn Luther Lindeaur

5. Date of Birth of Child (Month, day, year) 4-24-1910

6 Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Lindeaur
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace St Edward (City or town) Neb (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada La June Brown
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hooper Neb (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Lindauer Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of Aug, 1947

(SEAL) [signature] Notary Public, residing at Rupert, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 3 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866-230003 155

440867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 440867
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items as of time of this birth)
   (a) County Bannock (b) City Cleveland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 9 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Cleveland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 61 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Nora Rozana Hoopes

5. Date of Birth of Child (Month, day, year) Oct 30, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard Redfield Hoopes
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Thatcher (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Luella Jensen ~~Hoopes~~
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bear River City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Bannock }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Mary (First name) Lundgren (Last name), who attended this birth is now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leonard R. Hoopes Signature

Cleveland, Idaho P. O. Address

Subscribed and sworn to before me this 10 th day of September, 1947.

(SEAL) Norman T. Stettler, Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 13 1947 by Thos W Wright, Registrar

SEPT 5 1947 DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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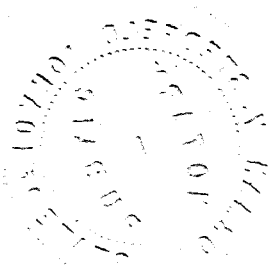

551-216-014-413 442233

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442233
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 6th St. No. 9th ave
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 6th St. Nor. 9th to 10th
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa. Idaho.

4. **FULL NAME OF CHILD** Olwyn Mary Evans

5. Date of Birth of Child (Month, day, year) Thurs. June 16/10

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Evan Robert Evans
11. Color or Race White
12. Age at time of THIS birth 34½ yrs.
13. Birthplace Towyn on Sea. Wales. G. Britain (City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Mabel MacKenzie
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Harriston Ontario Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 37 years, and that Dr. J. H. Murray (First name) Nampa (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel M. Evans Signature
R-1, Weiser Idaho P. O. Address

Subscribed and sworn to before me this 15 day of October, 1947
(SEAL) Hix R Bundleman Notary Public, residing at Weiser Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1947

JAN 22 1981

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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257-216-018-419

442245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442245
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county - years 9 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Town of Orofino
(d) Street Address or R.F.D. No. ------
(e) How long has MOTHER lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Orofino Ida.

4. FULL NAME OF CHILD Marie Fabiola Beauchamp

5. Date of Birth of Child (Month, day, year) June 16, 1910

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9M

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Beauchamp
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace LeRoy North Dacota (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pholomene Martineau
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace LeRoy N.D. U.S.A. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business --------

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 37 years, and that cannot recall (First name) (aged doctor 7N.) (Last name), who attended this birth likely deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Beauchamp Signature

(Manitoba, Canada) 1005 Royce Ave., Fort Garry P. O. Address

Subscribed and sworn to before me this 9th day of October, 1947

(SEAL) L. A. Regnier, Notary Public, residing at Winnipeg, Manitoba

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 18 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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196-224-040-215 443631

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443631
Local Reg. No.
Reg. Dist. No.

NOV 8 1947

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At own home
(e) Mothers stay BEFORE delivery: In THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Amanda Sylvia Aro

5. Date of Birth of Child (Month, day, year) December 24

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? 1910 yes

FATHER OF CHILD

10. FULL NAME Matt Aro
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Kauhava (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Kantokoski
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Kauhava (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 p M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Emily Aro Maki (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of SHOSHONE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 36 years, and that Dr Franklin T. Matchette (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emily (Aro) Maki Signature

KELLOGG, IDAHO P. O. Address

Subscribed and sworn to before me this 2 day of NOVEMBER, 1947

(SEAL) Elmer A. Stout, Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 14 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1947

FEB 26 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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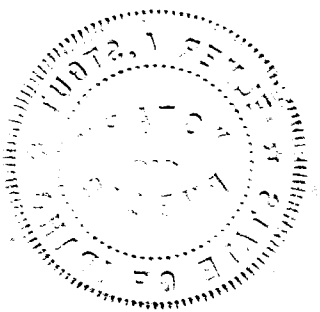


436-11-006236 443671

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 5 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Calvin Delos McOmber Jr

5. Date of Birth of Child (Month, day, year) April 11, 1910

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Calvin Delos McOmber Sr.
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Hyde Park (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aschsah Stout
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Rockville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argoil
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by Aschah (First name) Mc Omb (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Brown Blade M.D. Midwife Address Logan, Utah Date 10/15/47

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 210 006-849 444995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 444995
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 2 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida.

4. FULL NAME OF CHILD Mazie Rebecca Dickinson

5. Date of Birth of Child (Month, day, year) 6-16-10

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Albert Sydney Dickinson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Scott County, Va. (City or town) (State or foreign country)
14. Exact Occupation Lawyer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Malinda Quillin
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Scott County, Va. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 37 years, and that Dr. Joseph B. Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A. S. Dickinson Signature
Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of December, 1947
(SEAL) Mack W. Crouch, Notary Public, residing at Burley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 8, 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

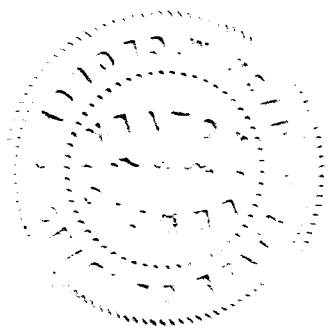
DEC 8 1947

JUL 28 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



535-213-001-285

445003

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445003
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: St. Alphonsus Hospital.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 415 - 13th Ave. So.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho.

4. **FULL NAME OF CHILD** Dolores Elver.

5. Date of Birth of Child (Month, day, year) Dec. 13th, 1910

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** V. T. Elver.
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Middleton (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Clothing Merchant.
15. Industry or Business Owner & store.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia M. Synder
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace North Platte (City or town) Nebraska. (State or foreign country)
20. Exact Occupation House-wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P. M. on the date and at the place stated above, and that personal particulars were furnished by V. T. Elver (First name) (Last name) who is related as Father. (Mother, etc.)

25. Attendant's **OWN** signature Geo. D. A. Kellogg. M.D. Address Nampa, Idaho Date 11/24/47.

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 11, 1947 by Lou Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

17,000 DEC 11 1947
14,000

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-122 016-815

448184

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Julius Dorman Rooney

5. Date of Birth of Child (Month, day, year) June 22, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

Foster **FATHER OF CHILD**

10. **FULL NAME** Thomas Rooney
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Lake Crystal, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business

Foster **MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Emma Belle Hanna
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Mankato, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Foster Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 24 years, and that unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle Rooney Signature

Parma, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942.

(SEAL) [signature] Notary Public, residing at Parma, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. #2000-0021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NETTIE BEATRICE NOVAS		2. Date Of Birth (month) (day) (year): JULY 18, 1910
	3. Sex: FEMALE	4. Place of Birth — a. County: BINGHAM	b. City or Town of Birth: BLACKFOOT
FATHER	5. Full Name of Father: WILLIAM NOVAS		6. State or Country of Father's Birth: OSLO, YUGOSLAVIA
MOTHER	7. Full Maiden Name of Mother: JULIA PATTERSON		8. State or Country of Mother's Birth: THERMOPOLIS, WYOMING
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	9. Signature of Registrant: Nettie Van Orden	10. Present Address of Registrant: 2 North 1300 West Blackfoot, Idaho 83221
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] (mo.) 14 (day) 2000 (yr.)	11. Signature of Notary: Toni Coonce	12. Notary Commission expires: 09 (mo.) 09 (day) 05 (yr.)

TONI COONCE NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record		By whom issued and signed: Rev. J. F. Gresl	Date Issued: Baptized Nov.4,1910	Date Orig. Entry: Baptized Nov. 4, 1910
	Date of Birth: July 18,1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Julia Patterson	Name of Father: William Novas	
SUPPORTING RECORD 2.	Type of Document: U S Cenus 1920		By whom issued and signed: U S Census Bureau	Date Issued: Jan. 1920	Date Orig. Entry: January 1910
	Date of Birth: Age: 9yrs	Birth Place: Idaho	Full Name of Mother: Julia Novas	Name of Father: William Novas	
SUPPORTING RECORD 3.	Type of Document: Daughter's birth certificate		By whom issued and signed: State of Idaho	Date Issued: chlid born Feb.3,1949	Date Orig. Entry: child born Feb. 3, 1949
	Date of Birth: Age: 38yrs	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Joyce S. Smith	Teresa L Cleverly	MAY 23 2000

K FORM HW 0610 $30.00

del file 5-8-00

Miller

MAY 2 3 2000

DECEASED

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE01-016

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WENDELL DRAPER CAMP

2. Date Of Birth: (month) APRIL (day) 15, (year) 1910

3. Sex: MALE

4. Place of Birth — a. County: ONEIDA — b. City or Town of Birth: PLEASANTVIEW

FATHER

5. Full Name of Father: WILLIAMS PETER CAMP JR.

6. State or Country of Father's Birth: IDAHO

MOTHER

7. Full Maiden Name of Mother: ESTHER VIOLET DRAPER

8. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant: Wendell D. Camp

10. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on: 4 (mo.) 25 (day) 01 (yr.)

11. Signature of Notary: Patricia E. Preston

12. Notary Commission expires: 11 (mo.) 25 (day) 05 (yr.)

PATRICIA E. PRESTON NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Baptismal Record
By whom issued and signed: LDS Church
Date Issued: Funeral Home
Date Orig. Entry: Baptized Apr.13,1918
Date of Birth: Apr.15,1910
Birth Place: Pleasantview, ID
Full Name of Mother: Ester V. Draper
Name of Father: W. P. Camp, Jr.

SUPPORTING RECORD 2.

Type of Document: Daughter's birth record
By whom issued and signed: State of Idaho
Date Issued: Aug.7,1946
Date Orig. Entry: child born July 23, 1946
Date of Birth: age: 36yrs
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Marriage record
By whom issued and signed: Bonneville County, Idaho
Date Issued: Aug.23,1985
Date Orig. Entry: Married August 23, 1985
Date of Birth: age: 75yrs
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Smith
Evidence reviewed by: tlc
Date Filed: APR 30 2001

FORM HW 0610

AMD # 113173

4-23-01

APR 30 2001

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE#2002-0036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elnora Pearl Hammon	2. Date Of Birth (month) (day) (year): 28 Dec 28 1910
	3. Sex: Female; 4. Place of Birth: Pocatello; a. County: Bannack	b. City or Town of Birth: Pocatello, Idaho
FATHER	5. Full Name of Father: Delbert Chase Hammon	6. State or Country of Father's Birth: Idaho - Fremont County
MOTHER	7. Full Maiden Name of Mother: Pearl Allgood ~~Martha~~	8. State or Country of Mother's Birth: Fremont County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	9. Signature of Registrant: Elnora Pearl Davies; 10. Present Address of Registrant: 700 Cedar - Shelley ID.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. (mo.) 4 (day) 2002 (yr.)	11. Signature of Notary: [signature]; 12. Notary Commission expires: January (mo.) 12 (day) 2005 (yr.)

NOTARY PUBLIC STATE OF IDAHO

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church	Date Issued: Feb.6,1911	Date Orig. Entry: Blessed Feb.6, 1911
	Date of Birth: Dec.28,1910	Birth Place: Pocatello,Idaho	Full Name of Mother: Pearl Allgood	Name of Father: Delbert Hammond	
SUPPORTING RECORD 2.	Type of Document: Daughter's Birth Certificate		By whom issued and signed: State of Idaho	Date Issued: Nov.6,1936	Date Orig. Entry: child born Sept.23,1936
	Date of Birth: Age: 25yrs.	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date Issued: June13,1965	Date Orig. Entry: Baptized July 5, 1919
	Date of Birth: Dec.28,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Pearl Allgood	Name of Father: Delbert Hammon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Teresa L. Cleverly	SEP 10 2002

K FORM HW 0610 $13.00 Pd M40935 8-29-02

Davis

SEP 1 0 2002

343 +22 .035-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0004
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lewis Lucas

5. Date of Birth of Child (Month, day, year) July 22, 1910

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lee Lucas
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sidney, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sally Kate Lewis
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Richmond, (City or town) Virginia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEWIS } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person since birth, and that Dr. George Gaignard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lee Lucas Signature
Culdesac, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 1948

(SEAL) Thomas Snadden, Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 24, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 4 TO DE48-0004 10/30/12 KMC

FEB 25 1948

MAY 8 1953

JAN 31 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-118 1035-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0055
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1402 S. pt
(d) Name of Hospital or Maternity Home: None (Home)
(e) Mothers stay BEFORE delivery: In THIS county —, years 5 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1402 S. pt
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston Ida

4. FULL NAME OF CHILD Edwin Arthur Jack

5. Date of Birth of Child (Month, day, year) 4-18-1910

6 Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bertie N. Jack

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Farmington (City or town) Oregon (State or foreign country)

14. Exact Occupation Accountant, Camas Prairie RR

15. Industry or Business Railroading

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Belle Jack

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Denver (City or town) Colorado (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business — — —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as Maude Belle Jack (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 37 years, and that Dr Morse (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Belle Jack Signature
1720 N E 24th Ave Portland Ore Address

Subscribed and sworn to before me this 4th day of March, 1948
(SEAL) M E Welch, Notary Public, residing at Seattle Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 55 TO DE48-0055 11/28/12 KMC

MAR 16 1948

MAR 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-129-035-789

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0095
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Southwick
   (c) Street Address or R.F.D. No. Post Office
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Southwick
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MARVIN THOMAS McCOLLUM

5. Date of Birth of Child (Month, day, year) MARCH 29 1910

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** MARTIN LUTHER McCOLLUM
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Webber (City or town) Kansas (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CORA ELIZEBETH PHILLIPS
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Martinsville (City or town) Missouri (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of ~~Canada~~ } ss.
County of Province of Alberta }

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person since his birth, and that Mrs A. Thornton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin Luther McCollum Signature
Box 161, South Edmonton, Alberta P. O. Address

Subscribed and sworn to before me this 13th day of March, 1948.

(SEAL) Archibald Bennet Notary Public, residing at Edmonton, Alberta, Canada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1948 by John W Wright Registrar

FILE # FROM 95 TO DE48-0095 12/3/12 KMC

MAR 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-22-030-277

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0112
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City King Hill Idaho
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Black Pine Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? six months yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Maudie Shipley

5. Date of Birth of Child (Month, day, year) Aug 22, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William S Shipley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cache Valley Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Christel Dale Branscom ~~Shipley~~
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Joseph Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Was prophylactic used to prevent infection of baby's eyes?

23. Number of children of this mother now living including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:30 A.M. on the date stated above, and that personal particulars were furnished by Christel (First name) Shipley (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mattie Roberson ~~M.D.~~ Midwife Address Glenns Ferry Ida Date 3-15-48

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Elmore } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 years, and that Dr. John W. Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Roberson Signature

P. O. Address

Subscribed and sworn to before me this 15th day of March, 19 48

(SEAL) Notary Public, residing at Glenns Ferry, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1948 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 112 TO DE48-0112 12/5/12 KMC

MAR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-213-044-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0115
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASHINGTON (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Ida.

4. **FULL NAME OF CHILD** MINNIE MATILDA MOSER

5. Date of Birth of Child (Month, day, year) Aug. 13, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edgar Moser
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Council (City or town) Idaho (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Durce
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Princeton (City or town), Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Moser (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Payette } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that Amelia Houston (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Bell Moser Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1948.

(SEAL) W. F. McCann, Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1948 by Jean Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 115 TO DE48-0115 12/5/12 KMC

MAR 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-216-030-814

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City May
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) May, Idaho

4. FULL NAME OF CHILD Lois Catherine Cleveland

5. Date of Birth of Child (Month, day, year) 1-16-1910

6 Sex F

7. Twin or Triplet -- If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy reg

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME R. H. Cleveland
11. Color or Race Wh.
12. Age at time of THIS birth 31 yrs.
13. Birthplace Tennessee (City or town) (State or foreign country)
14. Exact Occupation Hotel owner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zula Hammond
17. Color or Race Wh.
18. Age at time of THIS birth 27 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Zula Hammond (First name) Cleveland (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature Attendant is deceased M.D. Midwife Address Date

State of Idaho ------
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 38 years, and that Mrs Saloma Cleveland (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zula Hammond Cleveland Signature
Burley, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1948

(SEAL) Henry W. Butler, Notary Public, residing at Burley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 26, 1948 by John H. Wright LR, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 129 TO DE48-0129 12/6/12 KMC

MA[redacted]948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-24-028-265

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0130
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Spirit Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Spirit Lake Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 3 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Spirit Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Robert Boen Walls

5. Date of Birth of Child (Month, day, year) 12-24-10

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Ira Walls
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Stillwater (City or town) Minnesota (State or foreign country)
14. Exact Occupation Jeweler and watchmaker
15. Industry or Business Retail jewelery store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Althea Boen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Aurdal twp. (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of North Dakota } ss.
County of McLean }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 37 years, and that Dr. Kimball (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Althea B. Walls. Signature

Washburn N. D. P. O. Address

Subscribed and sworn to before me this 17th day of March, 1948.

(SEAL) Chris J. Hill, Notary Public, residing at Washburn ND.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 27, 1948 by Jean Wright, Registrar

FILE # FROM 130 TO DE48-0130 12/6/12 KMC

MAR 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

136-211-037-413

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0146
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City De Lamar
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City DeLamar
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Flora Acordagoitia

5. Date of Birth of Child (Month, day, year) June 11, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Manual Acordagoitia
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Spain (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Common Labor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eulalia Mallea
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 38 years, and that the doctor, (name not known now) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Her + Mark
~~Eulalia Mallia Acordagoitia~~ Signature
921 E. Washington, Boise P. O. Address

Subscribed and sworn to before me this 5th day of April, 1948.

(SEAL)

Gordon M. Hanson, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 6 1948 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 146 TO DE48-0146 12/6/12 KMC

NOV 24 1967

APR 6 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

361-106-007-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0239
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. 8 St.
(e) How long has **MOTHER** lived in Idaho? 10 mos yrs.
(f) Mother's mailing address Gen. Del.
3. **RESIDENCE of FATHER** (city, state): Boise, Idaho

4. **FULL NAME OF CHILD** Hubert M. Eugene Coak
5. Date of Birth (Month, day, year) Aug. 6, 1910
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Winfield Coak
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Jackson (City or town) Michigan (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Irene Potts
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Albion (City or town) Indiana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) April 27, 1948 (Date received) (b) Edna E. Wright (Registrar's signature)

27. Given name added on by (Registrar's signature)

Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Tennessee }
County of Marshall } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Potts Coak Harwell, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hubert M. Eugene Coak (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gross (Name of attendant at birth), who attended said birth Can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

R. L. Lead

Mrs. Ida Harwell Signature
Lewisburg, Tennessee, Box #63 P. O. Address

Subscribed and sworn to before me on this 21st day of April, 1948.

(SEAL) Doris McCrory Notary Public, residing at Lewisburg, Tenn.

My commission expires July 15 1949.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 239 TO DE48-0239 12/12/12 KMC

APR 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-108 206-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

959

State File No. DE48-0259
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Jones Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Leslie William Thomas

5. Date of Birth of Child (Month, day, year) Jan 8, 1910

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Carter Thomas
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Heber, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia May Lewis
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Woodland, Utah (City or town) (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 38 years, and that Dr. Jones (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia May Hansen Signature

Boise, Idaho, RFD#2 P. O. Address

Subscribed and sworn to before me this 3 day of May, 1948

(SEAL) [signature], Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 259 TO DE48-0259 12/12/12 KMC

JAN 7 1972
MAY 3 1948
JAN 26 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 10 1951

294-120-084-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0277
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Middleton
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: Ranch Home of Brunton family
   (e) Mothers stay **BEFORE** delivery: In THIS county 1 years 7 months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Middleton
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Middleton Idaho

4. **FULL NAME OF CHILD** George Burle Brunton

5. Date of Birth of Child (Month, day, year) Jan. 20, 1948

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ramsey Brunton
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Salem (City or town) Illinois (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Caroline Eagan
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Tuka (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including ~~this child~~ 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Illinois } ss.
County of Marion }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the eldest sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 38 years, and that ____ (First name) ____ (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effa (Brunton) Featherly Signature
Tuka, Illinois R.R.1 P. O. Address

Subscribed and sworn to before me this 1st day of May, 1948.

(SEAL) Opal Bryan, Notary Public, residing at Salem Ill.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Jan. 1951 Marion County

Received for filing on May 10 - 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 277 TO DE48-0277 12/13/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-223-016-817

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0346
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion Ida

4. **FULL NAME OF CHILD** Clora Freda Burgess

5. Date of Birth of Child (Month, day, year) May 23 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hyrum Burgess
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith May Hagar
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 5:30 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

Homestake court Cabins

25. Attendant's **OWN** signature Elizabeth Duvall M.D. Midwife Address Oroville Calif Date 5/23/1910

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clora Freda Burgess Signature
Rt 3 Box 95 - Marysville Calif. Address

Subscribed and sworn to before me this 21 day of May, 1948

(SEAL) Helen E. Hiel, Notary Public, residing at 1958 Monte St. Oroville, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible], Idaho Code Annotated.)

Received for filing on MAY 28 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 346 TO DE48-0346 12/17/12 KMC

NOV 28

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-202-036-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE48-0347
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH,** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. IDAHO
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 71 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** KATIE JONES

5. Date of Birth of Child (Month, day, year) Sept 2, 1910

6. Sex FEMALE

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN THOMAS JONES
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace HYRUM UTAH (City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET ELIZABETH CALDWELL
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace MALAD (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature D. C. Ray M.D. Midwife Address Pocatello Idaho Date 5-23-48

AFFIDAVIT

State of .....
County of ..... } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19..

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1948 by John W. Wright, Registrar

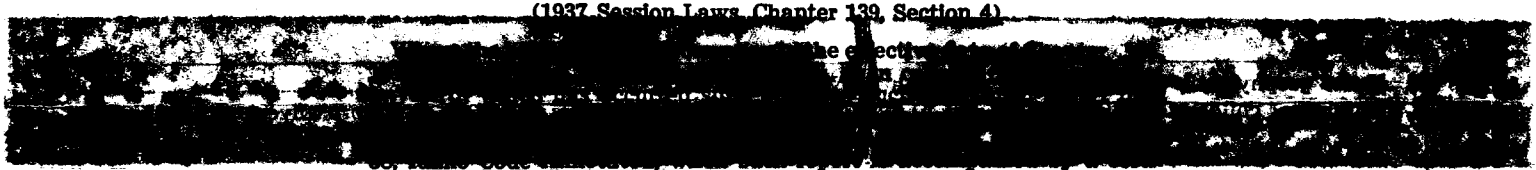
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 347 TO DE48-0347 12/17/12 KMC

MAY 28 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)



ficate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-278 606-349

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0356
Local Reg. No.
Reg. Dist. No.

MAY 28 1948

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home - (Family)
   (e) Mothers stay **BEFORE** delivery: Born in U.S.A. — In **THIS** county ___ years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Utah (b) County Cache
   (c) City Hyrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hyrum Utah

4. **FULL NAME OF CHILD** Madonna Anderson

5. Date of Birth of Child (Month, day, year) November 18-1910

6. Sex F

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Anderson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Genebra Curtis
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive/stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.):

Did not attend
Known to me.

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Utah
County of Cache } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Half Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 38 years, and that Do not Know who attended (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James L. Stoddard — Signature
Hyrum Utah — P. O. Address

Subscribed and sworn to before me this 24th day of May, 1948.

(SEAL) Duncan A. Dunn, Notary Public, residing at Hyrum Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1948 by Ina W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 356 TO DE48-0356 12/17/12 KMC

MAY 29 1948

JUN 4 1948
MAY 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-125022-685

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0357
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Marysville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Marysville
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville Ida.

4. **FULL NAME OF CHILD** Vernon Erol Robinson

5. Date of Birth of Child (Month, day, year) Apr. 25, 1918

6. Sex Male

7. ~~Twin or~~ ~~Triplet~~ ~~If so—born~~ ~~1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elijah Robinson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace American Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucinda Almeda Wheeler
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Utah } ss.
County of Cache }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 38 years, and that Dr. William Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elijah Robinson Signature

Providence, Utah P. O. Address

Subscribed and sworn to before me this 7 day of May, 1948

(SEAL) Boyd M Theurer, Notary Public, residing at Providence Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1948 by John A Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 357 TO DE48-0357 12/17/12 KMC

JUN 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-206-029-113

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0375
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City GENESEE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City GENESEE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) GENESEE IDAHO

4. **FULL NAME OF CHILD** CAROLINE MARY TRAUTMAN

5. Date of Birth of Child (Month, day, year) SEPT. 6. 1910

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** JOHN TRAUTMAN
11. Color or Race WHITE
12. Age at time of THIS birth 48 yrs.
13. Birthplace ST. PETERS (City or town) OHIO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Ann Jacobs
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace ST. PETERS (City or town) OHIO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Br. British Columbia } ss.
County of Yale }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 38 years, and that (First name) TOOMIE (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Trautman Signature

West Summerland - BC P.O. Address

Subscribed and sworn to before me this 1st day of June, 1948

(SEAL) [illegible], Notary Public, residing at Penticton B.C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 5 1948 by [illegible] Registrar

FILE # FROM 375 TO DE48-0375 12/18/12 KMC

JUN 5 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

194-218-028-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE48-0390
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Harrison
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Idaho

4. **FULL NAME OF CHILD** Margarett Ellen Armstrong

5. Date of Birth of Child (Month, day, year) July 18, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Armstrong
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Albany, Oregon (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma May Green
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Colville, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since birth years, and that Dr. Busbee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver Armstrong Signature

c/o Henry VanMarter Opportunity, Washington P. O. Address

Subscribed and sworn to before me this 25th day of May, 19 48

(SEAL) [illegible], Notary Public, residing at Opportunity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1948 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 390 TO DE48-0390 12/18/12 KMC

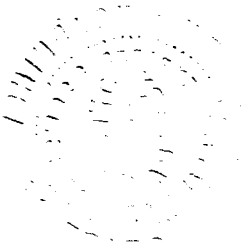
JUN 9 1948

OCT 1 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



355-114-016-357

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

JUN 9 1948

STATE OF IDAHO

State File No. DE48-0398
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth).
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years - months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? ~~[illegible]~~ 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion, Ida

4. **FULL NAME OF CHILD** Thomas Bailey Lee Jr.

5. Date of Birth of Child (Month, day, year) March 14, 1910

6 Sex Male.

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Thomas Bailey Lee Jr.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Mocksville, No. Carolina (City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business Proffesion.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Teasdale
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Hailey, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 38 years, and that Dr. ~~F~~ (First name) Albee (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irene Teasdale Lee Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of June, 1948

(SEAL) Henry H. Parker, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1948 by [signature] Registrar

Comm. Expires June 1, 1950

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 398 TO DE48-0398 12/18/12 KMC

JUN 9 19[illegible]

DEC 28 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-202-028-899

472

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0472
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Spirit Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Spirit Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake Idaho

4. **FULL NAME OF CHILD** Naomi Belle Carlton

5. Date of Birth of Child (Month, day, year) October 2 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Winchell Carlton
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Estella Hirse
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Keokuk Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Lane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 57 years of age, that I have known this person for 32 years, and that Dr Kimbal (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Winchel Carlton Signature
1960 Alder St Eugene Ore P. O. Address

Subscribed and sworn to before me this 27th day of May, 1943

(SEAL) Sam Fletcher, Notary Public, residing at Eugene Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES June 15, 1945

Received for filing on JUL 3 1948 by John W Wright, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 472 TO DE48-0472 12/21/12 KMC

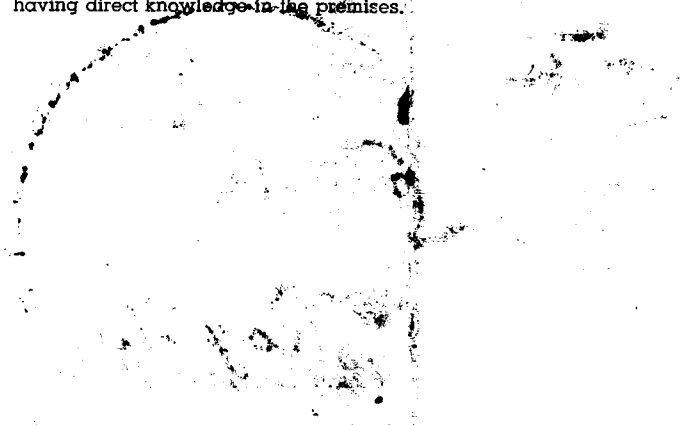
JUL 3 1948

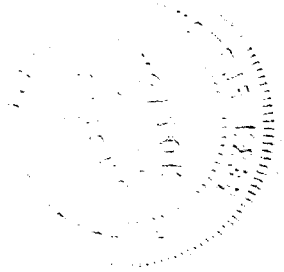
JUN 24 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.





453-129-003-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0488
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Hatch
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Hatch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hatch Ida.

4. **FULL NAME OF CHILD** Lars Virgil Detton

5. Date of Birth of Child (Month, day, year) 5-29-1910

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Detton
11. Color or Race White-Am
12. Age at time of THIS birth 26 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilva Diana Johnson
17. Color or Race White-Am
18. Age at time of THIS birth 23 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bannock } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that Christina (First name) Higginson (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Detton
Signature

Box 843, Pocatello, Idaho
P. O. Address

Subscribed and sworn to before me this 12th day of July 19 48

(SEAL)

Ethyle L. Garrett
Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

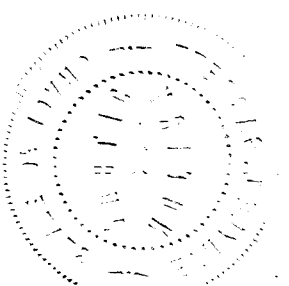
FILE # FROM 488 TO DE48-0488 12/24/12 KMC

JUL 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



262-227-009-133

United States Department of Commerce
Bureau of the Census

RECEIVED JUL 21 1948

(All items must be as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0510
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (Where born—Give name of city, village, or township)
(a) County Bonner (b) City or village Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6yr yrs.

3. RESIDENCE OF FATHER (city, state) Priest River Idaho

4. FULL NAME OF CHILD Isolina Mary Bossio

5. Date of Birth of Child (Month, day, year) March 27th. 1910

6. Sex female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy 9mon.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Bossio
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Grimaldi Italy (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Altimore
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Grimaldi Italy (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child fifth Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bonner } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 38 years, and that Elizabeth Keyser (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Bassio - Maccarato Signature

Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of July, 1948.

(SEAL) Georgia Hufman Notary Public, residing at Priest River Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 23 1948

FILE # FROM 510 TO DE48-0510 12/24/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-119 044-363

RECEIVED

JUL 28 1948

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0531
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. Rt 1
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Ida

4. FULL NAME OF CHILD Ellis Vernett Adamson

5. Date of Birth of Child (Month, day, year) April 19, 1910

6 Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Lester Adamson

11. Color or Race white

12. Age at time of THIS birth 26 yrs.

13. Birthplace Fredonia, Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zelda Margaret Colson

17. Color or Race white

18. Age at time of THIS birth 18 yrs.

19. Birthplace Salubria, Idaho (City or town) (State or foreign country)

20. Exact Occupation Farmwife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Malheur } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 38 years, and that Dr. F.A. Smitz (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zelda Colson Braswell Signature
Rt Ontario, Ore P. O. Address

Subscribed and sworn to before me this 27 day of July, 1948.

(SEAL) Earl Blackburn, Notary Public, residing at Ontario, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp 1-7-49

Received for filing on JUL 29 1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 29 1948

FILE # FROM 531 TO DE48-0531 12/24/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-210-001-261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0544
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Cecelia Violet Griffiths

5. Date of Birth of Child (Month, day, year) Feb-10-1910

6 Sex female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David E. Griffiths
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Union Utah (City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business Not Known

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elvira Swanner
17. Color or Race
18. Age at time of THIS birth 25 yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ~~7:00~~ 7:02 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Griffiths (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Dr. Van Note (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elvira Griffiths Signature
P. O. Address

Subscribed and sworn to before me this 3rd day of August 1948

(SEAL) Mabel F. Eder Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 3-1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 19[illegible]

FILE # FROM 544 TO DE48-0544 12/26/12 KMC

FEB 23 1972

AUG 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-110001-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0545
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Residence
(e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Samuel Vilate Griffiths

5. Date of Birth of Child (Month, day, year) Feb 10-1910

6 Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David E. Griffiths
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Union, Utah (City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business Not Known

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elvira Groonner
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Elvira Griffiths (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Dr. Van Note (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elvira Griffiths Signature

P.O. Address

Subscribed and sworn to before me this 3rd day of August 1948

(SEAL) Mabel F. Fields, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 3 - 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 5

FILE # FROM 545 TO DE48-0545 12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-205-008-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0569
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH.** (All items at time of this birth)
(a) County Boise (b) City Alpha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 4 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Alpha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Alpha Idaho

4. **FULL NAME OF CHILD** Virginia Maxine Kirby

5. Date of Birth of Child (Month, day, year) Dec. 5-1910

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Everett Kirby

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Cincinnati (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fairy Valentine King

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Washington (City or town) Kansas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name Prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother [illegible] (b) Born alive and now living

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 37 years, and that Dr Warren G. Noggle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Fairy V Kirby Signature
2030 Clark Ave, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 4 day of August, 1948.

(SEAL) Mable M. Kelley, Notary Public, residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1948 by John W Wright, Registrar

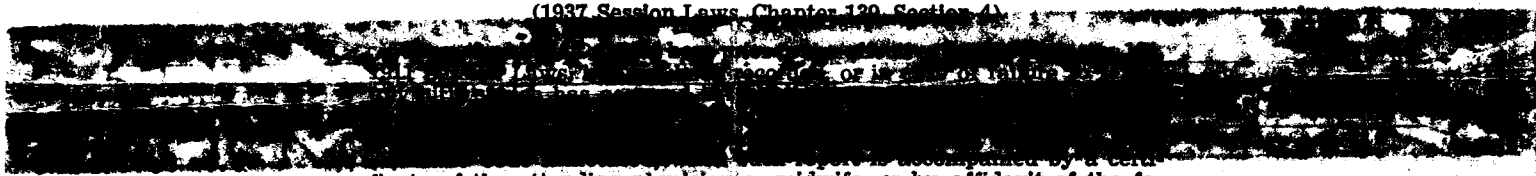
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1948

FILE # FROM 569 TO DE48-0569 12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 120, Section 4)



ficate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

473-229-019-613

RECEIVED
AUG 23 1948
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce, Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0613
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Goldburg
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: Melger
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Goldburg
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Goldburg, Ida.

4. **FULL NAME OF CHILD** Nellie Bernice McCoy

5. Date of Birth of Child (Month, day, year) June 29, 1910

6. Sex Female

7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Eugene McCoy
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Barbra, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Cattleman and farmer
15. Industry or Business Raising and feeding cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavina Irean Walton
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Claren, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bingham }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 38 years, and that Frankie Melger (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary McCay Farrer Signature
Box 493, Blackfoot, Ida. P. O. Address

Subscribed and sworn to before me this 21st day of August 1948.

(SEAL) Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 24 1948 by John W Wright, Registrar

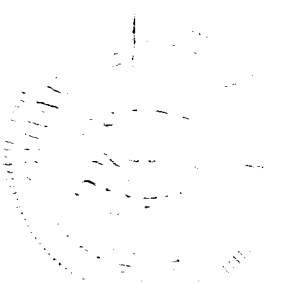
AUG 24 1948

FILE # FROM 613 TO DE48-0613 12/27/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-217003-719 RECEIVED

United States Department of Commerce Bureau of the Census

AUG 27 1948

DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0636
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Downey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Downey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** Randa Whitaker ~~Petty~~

5. Date of Birth of Child (Month, day, year) January 17, 1910

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leander Tillery Whitaker
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Richmond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Parsons
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Suez (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 38 years, and that Dr Ornet (First name) (Last name), who attended this birth ~~is deceased~~ or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Whitaker Signature

P. O. Address

Subscribed and sworn to before me this 25-th day of August, 1948.

(SEAL) Witness E. Johnson, Notary Public, residing at Montpelier

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [redacted] AUG 28 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

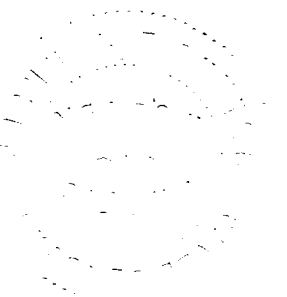
AUG 28 1948
OCT 21 1971

FILE # FROM 636 TO DE48-0636 12/28/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



286222-044-279

United States Department of Commerce Bureau of the Census

SEP 1 1948 DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0724
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Wash (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home West Idaho Street
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Geneva Sarah Shockley

5. Date of Birth of Child (Month, day, year) April 22, 1910

6 Sex Female

7. Twin or Triplet twin If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnancy 7 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Evans Shockley
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Pomona (City or town) Missouri (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Geneva Sprinkle
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Texarkana (City or town) Indian Territory (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 12 pm M. on the date and at the place stated above, and that personal particulars were furnished by Nancy Viola (First name) Sprinkle (Last name) who is related as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Nancy Viola Sprinkle ~~M.D.~~ Midwife Address 521 West Idaho St. Date 8/28/48

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 16, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 724 TO DE48-0724 1/8/13 KMC

SEP 16 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-224-003-117

United States Department of Commerce Bureau of the Census Oxford

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0731
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery: In THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Oxford Idaho

4. FULL NAME OF CHILD Teru Lika Hardwick

5. Date of Birth of Child (Month, day, year) Nov. 24 1910

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William F Hardwick
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances R Jackson ~~Hardwick~~
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 38 years, and that Elizabeth Kindle (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William F Hardwick Signature
108 Garland Nampa Idaho P.O. Address

Subscribed and sworn to before me this 17th day of September 1948

(SEAL) Mabel F Keefer Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 17, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

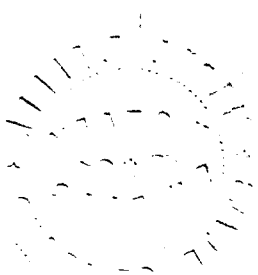
SEP 17 1948

FILE # FROM 731 TO DE48-0731 1/8/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



855-108-014-634 RECEIVED SEP 27 1948 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0767
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Fruitland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Fruitland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fruitland, Ida.

4. **FULL NAME OF CHILD** Joseph George Henggeler

5. Date of Birth of Child (Month, day, year) 2-8-10

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Henggeler
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Kt. Zug, Switzerland (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances v Flue
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Kt. Obwalden, Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Frances v Flue (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J R Windward M.D. ~~Midwife~~ Address Payette, Ida Date 9/19/48

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1948

FILE # FROM 767 TO DE48-0767 1/9/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666207-024-666

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

RECEIVED SEP 25 1948 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0780
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: E. L. Woodworth residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 820 N. Grant Ave
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello Ida

4. **FULL NAME OF CHILD** Marion Elizabeth Woodworth

5. Date of Birth of Child (Month, day, year) 12-7-1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer Hengerford Woodworth
11. Color or Race White
12. Age at time of THIS birth 37 yrs.,
13. Birthplace Hamilton Missouri (City or town) (State or foreign country)
14. Exact Occupation Railroad Fireman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Otta Elizabeth Woodworth
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Toponis now Gooding Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Gooding }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Dr. F. J. Carey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Stella Sligar Signature
Gooding Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of September 1948

(SEAL)

Notary Public, residing at Gooding Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1948 by John W. Wright, Registrar

SEP 29 1948

FILE # FROM 780 TO DE48-0780 1/11/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

279-103-038-412

United States
Department of Commerce
Bureau of the Census

RECEIVED
SEP 25 1948
DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No DE48-0781
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 1018 1st Ave., No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county 1 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 1018 1st Ave., No.
(e) How long has MOTHER lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Orlin Chalmer Spicer

5. Date of Birth of Child (Month, day, year) Sept 3, 1910

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Franklin Spicer
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Nilwood (City or town) Illinois (State or foreign country)
14. Exact Occupation Store Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Pearl Massa
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Girard (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 38 years, and that Dr. I. R. Woodward (First name) (Last name), who attended this birth no record (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph F. Spicer Signature
S. 817 Helena, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of August, 1948.
(SEAL) Jo Anne L. Black, Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1948 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1948

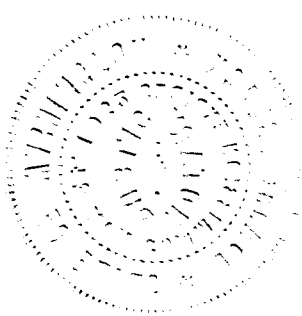
NOV 6 1970

FILE # FROM 781 TO DE48-0781 1/11/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796-230-03 RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0802
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Grandview
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county | years | months | days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Grandview
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grandview, Ida

4. **FULL NAME OF CHILD** Mary Elizabeth Proctor

5. Date of Birth of Child (Month, day, year) Aug. 30, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Geo. Rappeen Proctor, M.D.
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Coleta (City or town), Illinois (State or foreign country)
14. Exact Occupation Physician + Surgeon
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Rebecca Tavenner
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Geo R Proctor M.D. ~~Midwife~~ Address 219 15th Ave. So, Date Sept 29 1948

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 5, 1948 by John W Wright, Registrar

OCT 5 1948

JAN 9 1968

FEB 24 1972

FILE # FROM 802 TO DE48-0802 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363.227.006849

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0813
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Wapello
   (c) Street Address or R.F.D. No. R. 1
   (d) Name of Hospital or Maternity Home: home at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida (b) County Bingham
   (c) City Wapello
   (d) Street Address or R.F.D. No. R. 1
   (e) How long has **MOTHER** lived in Idaho? 4 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wapello Ida.

4. **FULL NAME OF CHILD** Agnes LaVaun Talman

5. Date of Birth of Child (Month, day, year) Dec. 29, 1940

6. Sex Fem.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Chester Talman
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Chesterfield, Ida. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Caroline Hurst
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace The Dalles, Ore. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 63 years of age, that I have known this person for 38 years, and that Mary (First name) Brown (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Caroline Talman Signature

Carey, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of October 19 48.

(SEAL) Alice A. Yoakum, Notary Public, residing at Carey, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 12, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 12 1948

FILE # FROM 813 TO DE48-0813 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-204-004-195

RECEIVED

OCT 12 1948

BUREAU OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0826
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City St. Charles
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 32 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City St. Charles
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same. (2)

4. **FULL NAME OF CHILD** Lina Mae Hansen

5. Date of Birth of Child (Month, day, year) December 4th 1940

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harley Valineous Hansen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Paris (City or town) Idaho (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Marietta Arnell
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace St. Charles (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Effie M Arnell (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature J W Hayward M.D. ~~Midwife~~ Address Logan Utah Date Oct. 6. 48

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 37 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Curtis Signature

623 No. 2nd East P. O. Address

My Commission Expires Feb. 16, 1951

Subscribed and sworn to before me this 6th day of September, 1948.

(SEAL) W M Barnes, Notary Public, residing at Logan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 12, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1948

FILE # FROM 826 TO DE48-0826 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-24-1029-569

RECEIVED
OCT 13 1948
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0829
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee, RFD
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Farm Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Genesee, RFD
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida.

4. **FULL NAME OF CHILD** Myrtle Beuletta Larson

5. Date of Birth of Child (Month, day, year) Sept. 24, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hans Christian Larson
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace ayville, North Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Rosella Nordby
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Soldier Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lilly Rosella Larson (First name) (Last name)

who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. C. Wright M.D. Address Bellingham, Wash. Date Oct. 4-'48

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 13, 1948 by John W Wright, Registrar

OCT 13 1948

FILE # FROM 829 TO DE48-0829 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

961-131-001-818

RECEIVED
OCT 15 1948
DIV. OF VITAL STATISTICS
IDAHO

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1910 DE48-0839
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. AT HOME
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City BOISE
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** CLARENCE CLYDE ROARK

5. Date of Birth of Child (Month, day, year) 5-31-10

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES NATHANIAL ROARK
11. Color or Race WHITE
12. Age at time of THIS birth 60 yrs.
13. Birthplace NOT KNOWN (City or town) INDIANA (State or foreign country)
14. Exact Occupation LABOR
15. Industry or Business NONE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JESSIE EMELINE HARRIETT
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace ANAWAN (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Jessie Emeline (First name) Harriett (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ~~Canyon~~ Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Jessie E. Harris Signature
Caldwell, Idaho. P.O. Address

Subscribed and sworn to before me this 12th day of October 1948.

(SEAL) L. Remington, Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. May 11 1949

Received for filing on Oct 18, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # CHANGED FROM 1910 48-839 ON 5/8/08 KMC

MAY 14 1959

OCT 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-108-003-819

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0863
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Bancroft
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clifford Merril Leeper

5. Date of Birth of Child (Month, day, year) Aug 8, 1910.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hattie L. Leeper
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Running Water Texas (City or town) (State or foreign country)
14. Exact Occupation Cafe Business
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hargraves
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Pocatello Idaho (City or town) (State or foreign country)
20. Exact Occupation Cafe Business
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California } ss.
County of Riverside }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 38 years, and that Madeline Easton (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Bessie Leeper Signature
(To insert wording, P. O. Address
My Commission Expires June 5, 1950

Subscribed and sworn to before me this 18th day of October 1948 P.
(SEAL)
Wm. and E. Dorsey Notary Public, residing at Banning, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on Oct 25, 1948 by John W Wright Registrar

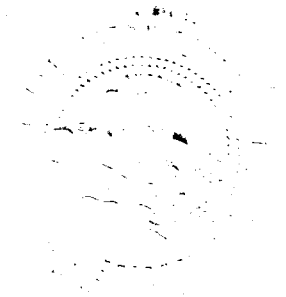
FIEL # FROM 863 TO DE48-0863 1/16/13 KMC

OCT 25 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



619-230-014-266

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0867
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CANYON (b) City NEW PLYMOUTH
   (c) Street Address or R.F.D. No. IDAHO.
   (d) Name of Hospital or Maternity Home: AT PARENTS HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CANYON
   (c) City NEW PLYMOUTH, IDAHO.
   (d) Street Address or R.F.D. No. NONE
   (e) How long has **MOTHER** lived in Idaho? 49 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME AS ABOVE

4. **FULL NAME OF CHILD** NOLA ALENE FAIRMAN

5. Date of Birth of Child (Month, day, year) APRIL 30 1910

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** FRED FAIRMAN,
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace STATE CENTER, IOWA (City or town) (State or foreign country)
14. Exact Occupation RAILROAD STATION AGENT.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVA BLANCHE BOWER,
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace WHITE ROCK, ILL. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of }
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 38 years, and that GRAHAM (First name) DAVIS (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Fairman Signature

2114 Madison P. O. Address

Subscribed and sworn to before me this 25th day of October, 1948.

(SEAL) Mabel Flynn, Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 25, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1948

FILE # FROM 867 TO DE48-0867 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

943211.042-436

RECEIVED
OCT 4 1948
OF VITAL
STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0872
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City HANSEN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IdAho (b) County TWIN FALLS
   (c) City ARTESIAN CITY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) ARTESIAN IdA.

4. **FULL NAME OF CHILD** MARJORIE ANNA LOUSIA RUTLEDGE

5. Date of Birth of Child (Month, day, year) DEC. 11, 1910

6 Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THOMAS Todd RUTLEDGE
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace SHARPSBURG IOWA (City or town) (State or foreign country)
14. Exact Occupation LUMBER YARDMAN
15. Industry or Business BUSINESS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA McFARLANE
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace KIMBURN ONT. CANADA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IdAho
County of TWIN FALLS } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 37½ years, and that Dr. John Richard MORGAN (First name) (Last name), who attended this birth IS NOW decesed (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas T Rutledge Signature
Murtaugh Ida P. O. Address

Subscribed and sworn to before me this 27 day of Sept 1948
(SEAL) Herbert Thorn Notary Public, residing at Murtaugh Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 26, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1948

FILE # FROM 872 TO DE48-0872 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-22 100-295

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0875
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bear Lake (b) City St. Charles
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 33 years 7 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City St. Charles
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Charles, Ida.

4. **FULL NAME OF CHILD** Alton Preston Bunderson

5. Date of Birth of Child (Month, day, year) July 22, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Bunderson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace St. Charles (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Brewer
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace St. Charles, (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bear Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 38 years, and that Dr. George F. Ashley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Brewer Bunderson Signature

P. O. Box 41, St. Charles, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of Oct., 1948.

(SEAL) C. B. Broadhead Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on October 26, 1948 by John W. Wright Registrar

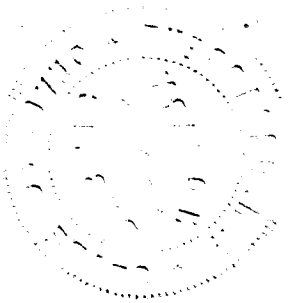
FILE # FROM 875 TO DE48-0875 1/16/13 KMC

OCT 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



467104 002-666

RECEIVED
NOV 4 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0900
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Midvale,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home,
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Midvale,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marvin Clair Doggett,

5. Date of Birth of Child (Month, day, year) Dec. 4, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Sidney Johnson Doggett
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace California. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business same.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Alue Woodward
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Ash Grove, Missouri. (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business same.

22. Name prophylactic used ~~to prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California, County of Contra Costa, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Midwife-name unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lula Mae Doggett Lyon Signature

5219 Panama Ave., Richmond, Calif. P. O. Address

Subscribed and sworn to before me this 2d day of February, 1942.

(SEAL) Lillian St. Chase Notary Public, residing at Contra Costa Co., Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 4, 1948 by John A Wright, Registrar.

NOV 4 1948

FILE # FROM 900 TO DE48-0900 1/16/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section [illegible])

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-216-030-4/8 RECEIVED NOV 9 1948 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0912
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** Clara Doty

5. Date of Birth of Child (Month, day, year) July 16, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Dwane Doty
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bingham (City or town) Utah (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Myrtle Martin
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ord (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Lemhi }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for since birth years, and that Dr. (First name) Murphey (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ella Doty Lipe Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of October, 1948.

(SEAL) Frederick Hughes Snook, Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 9, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1948

FIEL # FROM 912 TO DE48-0912 1/17/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

712-218-021-319

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0967
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Mink Creek
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Family Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Franklin
   (c) City Mink Creek
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lydia Sena Rasmussen

5. Date of Birth of Child (Month, day, year) 7/18/10

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rasmus Rasmussen
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Lillian Larsen
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Mink Creek Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 38 years, and that Nancy Rasmussen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Lillyan Rasmussen Signature
317 Fourth and Preston P. O. Address

Subscribed and sworn to before me this 26th day of November, 1948

(SEAL) Mabel Felton, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 26, 1948 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 30 1948

FILE # FROM 967 TO DE48-0967 1/22/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

597-202-006-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0985
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Iona
   (c) Street Address or R.F.D. No. -
   (d) Name of Hospital or Maternity Home: -
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Iona
   (d) Street Address or R.F.D. No. -
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iona, Idaho

4. **FULL NAME OF CHILD** Ruby Alice Nixon

5. Date of Birth of Child (Month, day, year) April 2, 1910

6 Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Martin Nixon
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Phoebe Emma Moore
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Randolph (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Weber } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 38 years, and that Mrs. (First name) Rowberry (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoebe Moore Nixon Signature

Evanston, Wyoming P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1948

(SEAL) Orpha C. Lindstrom, Notary Public, residing at Ogden, Utah

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 6, 1948 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6 1948

NOV 17 1959

FILE # FROM 985 TO DE48-0985 1/23/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-106-022-533

2049

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1068
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Moreland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 60 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moreland, Idaho

4. **FULL NAME OF CHILD** Karl Lester Belnap

5. Date of Birth of Child (Month, day, year) Nov. 6, 1910

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lester Belnap
11. Color or Race White
12. Age at time of THIS birth XX yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Farming - Stock raising
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Crystal Vere Ellsworth
17. Color or Race White
18. Age at time of THIS birth XX yrs.
19. Birthplace Lewisville (City or town) Idaho (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 38 years, and that Dr. Harvey Milton (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Crystal Vere Belnap Signature
Blackfoot, Idaho, R# 2 P. O. Address

Subscribed and sworn to before me this 4th day of Jan, 1949 (SEAL)

Ray McClellan, Notary Public, residing at Blackfoot Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 10, 1949 by D W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 10 1949

MAR 22 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

629-107-026-289

RECEIVED JAN 15 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rt. #1 Rigby
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: At own home
(e) Mothers stay BEFORE delivery: In THIS county 3 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State State (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. R. F. D. #1
(e) How long has MOTHER lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Robert O'Brien

5. Date of Birth of Child (Month, day, year) May 7, 1910

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bartholomew O'Brien
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace St. John, Newfoundland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Anne Elizabeth Byrne
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Hoolyrood, Newfoundland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE No Attendant's

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature No Attendant M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 38 years, and that No one attended this birth (First name) (Last name), ~~who attended this birth~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. When child was born my name was Anne Elizabeth O'Brien

Anna Elizabeth ~~O'B~~ Byrne O'Brien Arnold

211 East Center, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1949.

(SEAL) Alfred C. Gordon, Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 17, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 17 1949

FILE # FROM 1083 TO DE49-1083 2/4/13 KMC

APR 13 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-104-042 RECEIVED 1949

United States Department of Commerce Bureau of the Census

DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1093
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 3rd Ave. North
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 3rd Ave. North
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Roger Dean Lewis

5. Date of Birth of Child (Month, day, year) Nov 4, 1910

6. Sex M

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Charles Leslie Lewis
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Brookfield (City or town) Missouri (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Idaho Department Store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Eunice Boone
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Table Rock (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Twin Falls } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 38 years, and that Dr. John R. Morgan (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arthur E Boone Signature

R. D. D. No. 3 Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1949.

(SEAL) W E Benson, Notary Public, residing at TwinFalls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan - 18, 1949 by W E Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1093 TO DE49-1093 2/4/13 KMC

OCT 1 4 1975

JAN 1 8 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-105-003-355

RECEIVED
FEB 7 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1145
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 10 Av.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 10 Av.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Adrian Mortimer Lee

5. Date of Birth of Child (Month, day, year) May 5-1910

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles White Lee
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Evingston, Wyo. (City or town) (State or foreign country)
14. Exact Occupation Realestate agent.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Allison Lee
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Dillon, Mont- (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 39 years, and that Dr. Francis Pool (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Allison Lee Signature

P. O. Address

Subscribed and sworn to before me this 7th day of February 1949

(SEAL) F. E. Tydeman, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 8, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1949

FILE # FROM 1145 TO DE49-1145 2/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-109, 036-759

RECEIVED
FEB 7 19
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1146
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Dayton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years 2 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Dayton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 63 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dayton, Idaho

4. **FULL NAME OF CHILD** John Oral Taylor

5. Date of Birth of Child (Month, day, year) Dec. 9, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Ole Taylor
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Preston (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Annora Perkins
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dayton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.) Allen R. Cutler, Deceased.

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho }
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 38 years, and that Dr. Allen R. Cutler (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Annora Taylor Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 19 49

(SEAL) ____, Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 8, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 1949

FILE # FROM 1146 TO DE49-1146 2/7/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-204-006-453

RECEIVED
FEB 21 19..
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mothers stay BEFORE delivery: In THIS county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Ellen Lowave Heizer

5. Date of Birth of Child (Month, day, year) Oct. 4, 1910

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Seward Heizer
11. Color or Race W 12. Age at time of THIS birth 48 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ellen Deckhout
17. Color or Race W 18. Age at time of THIS birth 36 yrs.
19. Birthplace Lees Summit, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 38 years, and that Mrs. Dixon (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Heizer Signature
Baker, Oregon P. O. Address

Subscribed and sworn to before me this 18 day of February, 1949
(SEAL) Helene M. King, Notary Public, residing at Baker, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 22, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 22 1949

FILE # FROM 1180 TO DE49-1180 2/8/13 KMC

JUN 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-125042-918 RECEIVED

MAR 4 DIVISION OF VITAL STATISTICS STATE OF IDAHO

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1214
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. Rt 1
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 10 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl
   (d) Street Address or R.F.D. No. Rt 1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl, Idaho

4. **FULL NAME OF CHILD** Gamial Meredith Cook

5. Date of Birth of Child (Month, day, year) February 25, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Alonzo Cook
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Johnstownx Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Annis Ray
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Isadora Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Nora (First name) Morgan (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Pierce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 38 years, and that Clara Davis (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nora Cook Morgan Signature

314 10th St. S.W. Puyallup, Wash O. Address

Subscribed and sworn to before me this 1 day of March, 1949

(SEAL)

Notary Public, residing at Puyallup

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 4, 1949 by W. A. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1949
SEP 5 1973

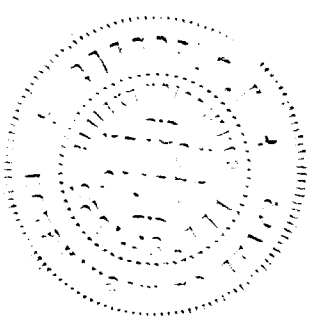
FILE # FROM 1214 TO DE49-1214 2/12/13 KMC

MAR 4 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



845-704-022 RECEIVED

MAR 7 DIVISION OF VITAL STATISTICS BOISE, IDAHO

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1225
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City None
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Edwin Franklin Hunnicutt

5. Date of Birth of Child (Month, day, year) March 4, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Wesley Hunnicutt
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Marietta (City or town) Ohio (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business U. S. Govt.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Lena ~~Hunnicutt~~ Cox
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Topeka (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 38 years, and that DR Keith (First name) (Last name), who attended this birth Dr. Keith Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Wilson Signature
1057 - Rose St Seattle Wash. P. O. Address

Subscribed and sworn to before me this 18th day of DECEMBER, 1948.

(SEAL)

Lyle McMenigal, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3/8/49 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

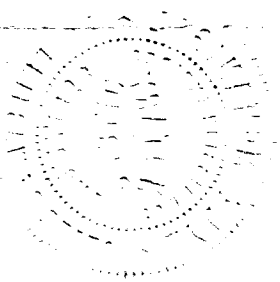
FILE # FROM 1225 TO DE49-1225 2/12/13 KMC

MAR 8 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



286-208-042-994

RECEIVED
MAR 22 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1283
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay BEFORE delivery: In THIS county 4 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No. 3
   (e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Margaret Gertrude Shotwell

5. Date of Birth of Child (Month, day, year) August 8, 1910

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Merritt Shotwell
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Genoa (City or town) Nebraska (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie May Zimmerman
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Platsmouth, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 5:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) M. Shotwell (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Marin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 38 years, and that Lydia (First name) Crow (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie M. Shotwell Signature
640 Mercy, MT. View, Calif. P. O. Address

Subscribed and sworn to before me this 18th day of March, 1949

(SEAL) Robert L. Bourne, Notary Public, residing at San Rafael, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 6, 1952

Received for filing on March 22, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1283 TO DE49-1283 11/6/2013-LLE

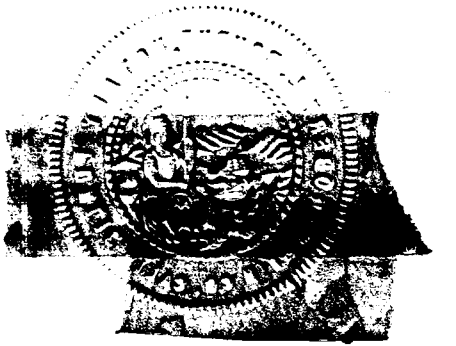
MAR 22 1949

MAY 28 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-204-010-993

RECEIVED
MAR 26 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1291
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 5
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 9 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 5
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida

4. **FULL NAME OF CHILD** Beatrice Mae Waters

5. Date of Birth of Child (Month, day, year) 1/4/1910

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jabez Titus Waters
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Mill Creek (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Almeda Richmond
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Paysen (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 83 years, and that Dora (First name) Maynard (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

almeda Richmond Waters Signature
696 J Street Ida Falls O. Address

Subscribed and sworn to before me this 21st day of March 1949

(SEAL)

Dorothy McBeth, Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 28, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1291 TO DE49-1291 11/7/2013-LLE

MAR 28 1949

MAY 12 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-223.003-165

RECEIVED
APR 15 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1341
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 1201 S. 5th Ave
(d) Name of Hospital or Maternity Home: At Residence
(e) Mothers stay BEFORE delivery: In THIS county 2 years 9 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 1201 S. 5th Ave
(e) How long has MOTHER lived in Idaho? ..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD MABLE BEATRICE JOHNSON

5. Date of Birth of Child (Month, day, year) DEC. 23, 1910

6 Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph E Johnson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mt Pleasant (City or town) Michigan (State or foreign country)
14. Exact Occupation Letter Carrier
15. Industry or Business U S Postoffice

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida J Jane
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Red Ruth (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 7 (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (~~Mother, etc.~~) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 38 years, and that Dr Steely (First name) (Last name), who attended this birth deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph E Johnson Signature
2156 N. Wygant St Portland 11, Ore. P. O. Address

Subscribed and sworn to before me this 4th day of April, 1949

(SEAL) [signature], Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES MARCH 30, 1952

Received for filing on April 15, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1341 TO DE49-1341 11/8/2013-LLE

APR 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-105-1006-315

RECEIVED
APP 27 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1381
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 mos.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Clarence William Cazier

5. Date of Birth of Child (Month, day, year) September 5 1910

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William David Cazier
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Nephi, Utah (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luna Tanner
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Payson, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at afternoon on the date and at the place stated above, and that personal particulars were furnished by Luna (First name) Cazier (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Dr. Mitchell M.D. Address Blackfoot Date This physician is now dead.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that Dr. Mitchell (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luna Cazier Signature

Filer, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of April, 1949

(SEAL) C. A. Howe, Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 27, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1381 TO DE49-1381 11/8/2013-LLE

APR 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-210-029819

RECEIVED
APR 30 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1390
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Genesee
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Delivered at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latahee
   (c) City Genesee
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna Vivian Alber

5. Date of Birth of Child (Month, day, year) July 10, 1910

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd 3rd.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Alber
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Blottenhart, Germany (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Harrington
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Ireland - (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A.M. on the date and at the place stated above, and that personal particulars were furnished by Susan (First name) Druffel (Last name) who is related as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Deceased Date

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 38 years, and that Elizabeth Alber, Mother (First name) (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Susan Druffel Signature
Colton, Washington P. O. Address

Subscribed and sworn to before me this 30th day of March 1949

(SEAL) Audrey M. Strange, Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 2, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1390 TO DE49-1390 11/8/2013-LLE

MAY 2 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-230-026-165

RECEIVED MAY 5 1949 DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1407
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Menan
   (c) Street Address or R.F.D. No. ____
   (d) Name of Hospital or Maternity Home: ____
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City Menan
   (d) Street Address or R.F.D. No. ____
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Menan, Idaho

4. **FULL NAME OF CHILD** Virgie Opal Clark

5. Date of Birth of Child (Month, day, year) March 30, 1910

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Evan Oscar Clark
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Addison, Gallia Co., Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Louanna Jones
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Pocataligo, West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Sacramento } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 39 years, and that James (First name) Melton (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida B. Powell Signature
1412 - 29th St Sacto Cal P. O. Address

Subscribed and sworn to before me this 26th day of April, 1949.

(SEAL) Eleanor Chick, Notary Public, residing at Sacramento Co. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on May 5, 1949 by W. H. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1407 TO DE49-1407 11/12/2013-LLE

MAY 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 - 120 - 032 - 313

RECEIVED
MAY 9
DIVISION OF VITAL

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1423
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Address at time of this birth)
   (a) County Lincoln (b) City Dietrich
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Dietrich
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dietrich, Idaho

4. **FULL NAME OF CHILD** Allen Dietrich Wilkinson

5. Date of Birth of Child (Month, day, year) May 20th 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Allen Franklin Wilkinson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ozark, Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marietta Tallman
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Barton County, Missouri (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Clackamas } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 38 years, and that [illegible] (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marietta Wilkinson Signature

P. O. Address

Subscribed and sworn to before me this 7th day of May, 1949.

(SEAL)

Gertrude Henry, Notary Public, residing at Milwaukie Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 9, 1949 by W. W. Benson, Registrar

MY COMMISSION EXPIRES AUG. 3, 1951

FILE # FROM 1423 TO DE49-1423 11/12/2013-LLE

MAY 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265 013 095-622

RECEIVED
MAY 6 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1450
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: ?
   (e) Mothers stay BEFORE delivery: In THIS county ? years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. ?
   (e) How long has MOTHER lived in Idaho? ? yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Mary Irene Bonner

5. Date of Birth of Child (Month, day, year) March 13, 1910

6. Sex Female

7. Twin or Triplet ? If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Arthur Bonner
11. Color or Race White
12. Age at time of THIS birth ? yrs.
13. Birthplace ? (City or town) (State ~~or foreign country~~)
14. Exact Occupation ?
15. Industry or Business ?

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Mae Osborne
17. Color or Race White
18. Age at time of THIS birth ? yrs.
19. Birthplace (City or town) (State ~~or foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ida M. Navarre (First name) (Last name) who is related as sister (Mother, etc.)

25. Attendant's OWN signature X M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Alameda }

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person ~~for~~ since birth years, and that Not Known (First name) (Last name), who attended this birth can't be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Mae Navarre Signature
2151 Emerald, Alameda P.O. Address

Subscribed and sworn to before me this 11th day of April, 1949.
(SEAL) M. Arndt, Notary Public, residing at Oakland, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 16, 1949 by W. W. Benson, Registrar

FILE # FROM 1450 TO DE49-1450 11/12/2013-LLE

MAY 16 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-09-028-799

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1484
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Sand Point
   (c) Street Address or R.F.D. No. Lavina
   (d) Name of Hospital or Maternity Home: Boarding Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Sand Point
   (d) Street Address or R.F.D. No. Lavina
   (e) How long has **MOTHER** lived in Idaho? 10 months

3. **RESIDENCE OF FATHER** (city, state) Sand Point, Idaho

4. **FULL NAME OF CHILD** David Lenard Myers

5. Date of Birth of Child (Month, day, year) June 9, 1910

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Myers
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Little Current (City or town) Canada (State or foreign country)
14. Exact Occupation Coman Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Louise Griffith
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Egenville (City or town) Canada (State or foreign country)
20. Exact Occupation Cook
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know 2
23. Number of children of this mother: 3 (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.). Those who attended birth have passed on

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of No. Dak
County of Cass } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 38 years, and that the County doctor whose name (First name) I do not remember (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Louise Myers Signature
Fargo — 312 No 4th — Fargo N.D. P. O. Address

Subscribed and sworn to before me this 23 day of May, 1949.

(SEAL) John F. Nuss, Notary Public, residing at Fargo N.D.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 25, 1949 by W. W. Benson, Registrar

FILE # FROM 1484 TO DE49-1484 11/13/2013-LLE

MAY 26 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249.215.038-433

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1494
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City Payette
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City Payette
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Since yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Ida.

4. **FULL NAME OF CHILD** Evajane Lucy Smith

5. Date of Birth of Child (Month, day, year) Feb 15 1940

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Eugene Smith.
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Osceola (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Josephine Graham McClure
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Lincoln, (City or town) Nebraska. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 24, above, that I am now 60 years of age, that I have known this person for 39 years, and that J. C. Woodard (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella J. McGill. Signature

2814 W Bannock st P. O. Address

Subscribed and sworn to before me this 26th day of May 1949

(SEAL) Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 31, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1494 TO DE49-1494 11/13/2013-LLE

MAY 31 1949

JAN 25 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-218-022-651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1517
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City New Hope
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City New Hope
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Hope Idaho

4. **FULL NAME OF CHILD** Leatha Arabell Burney

5. Date of Birth of Child (Month, day, year) April 18, 1910

6 Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Milo Burney
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Chesterfield (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arabell Elizabeth Heatherbee
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Preston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A.M. on the date and at the place stated above, and that personal particulars were furnished by Milo (First name) Burney (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hargis M.D. ~~Midwife~~ Address Ashton Idaho Date May 20 1949

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 9, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1517 TO DE49-1517 11/13/2013-LLE

JUN 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-118-039-457

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1523
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Richard Oden Bowen

5. Date of Birth of Child (Month, day, year) March 18 1918

6. Sex M

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oden Bowen
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Ohio (City or town) (State or foreign country)
14. Exact Occupation Sawmill Work
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle L Degrange
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Green Top Mo. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Dr. Nott (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle L. Bowen Signature

2215 Boise Ave Emmett Ida P. O. Address

Subscribed and sworn to before me this 8th day of June, 1949.

(SEAL) Mabel Fields, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 8, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1523 TO DE49-1523 11/13/2013-LLE

JUN 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747-209.00X-2 44

RECEIVED
JUN 10 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1530
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Paris
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 23 years 10 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Paris
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Paris, Idaho

4. FULL NAME OF CHILD Alice Pugmire

5. Date of Birth of Child (Month, day, year) Feb. 9 1910

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jonathan Rish Pugmire
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace St. Charles (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Budge
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 6:30 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature J. W. Hayward M.D. ~~Midwife~~ Address Logan Utah Date June 8 1949

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 10, 1949 by W. U. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1530 TO DE49-1530 11/13/2013-LLE

JUN 13 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

36X-219.044-331

RECEIVED JUN 18 1949 DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1553
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 7 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Midvale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Ida

4. **FULL NAME OF CHILD** Pauline Fay Combs

5. Date of Birth of Child (Month, day, year) Nov. 19, 1910

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Lee Combs
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Kahoka (City or town) Mo. (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence M. Clark
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Kahoka, (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Stanislaus } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 38 years, and that — (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Lee Combs Signature
Rt 2 Bx 163 Oakdale Calif. P. O. Address

Subscribed and sworn to before me this 14th day of June, 1949

(SEAL) D. Mathers, Notary Public, residing at 258 First Ave. Oakdale Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 22, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1553 TO DE49-1553 11/14/2013-LLE

JUN 22 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859-201-009-819

RECEIVED
JUL 7 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1624
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Items at time of this birth)
   (a) County Bonner (b) City Granite
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Granite
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Granite, Ida

4. **FULL NAME OF CHILD** Florence Esther Heidke

5. Date of Birth of Child (Month, day, year) Apr. 1, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Herman Heidke
11. Color or Race Cauc.
12. Age at time of THIS birth 42 yrs.
13. Birthplace Winchester (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Elmay Harris
17. Color or Race Cauc.
18. Age at time of THIS birth 29 yrs.
19. Birthplace Neilsville (City or town) Wisconsin (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at about 9 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 39 years, and that unknown (First name) (Last name), who attended this birth ? (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Herman Heidke Signature
N501 Lacey St. Spokane, Wash P. O. Address

Subscribed and sworn to before me this 19 day of May, 1949

(SEAL) Ella McNulty Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 7, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1624 TO DE49-1624 11/18/2013-LLE

JUL 22 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 7 1949

769 - 201 - 225 - 768

RECEIVED
JUL 9 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1629
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Elk City
   (c) Street Address or R.F.D. No. Dixie Road
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 + years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Elk City
   (d) Street Address or R.F.D. No. Dixie Road
   (e) How long has **MOTHER** lived in Idaho? 15 + yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lucy Elizabeth Porter

5. Date of Birth of Child (Month, day, year) May 1, 1910

6. Sex Female

7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gardner Ives Porter
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Cincinnati (City or town) Ohio (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business U.S. Dept. of Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hester Lillian Pogue
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace near Roseburg (City or town) Oregon (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business Wife and mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that Dr. (First name) McMahon (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Father, also, living at this date.

Hester L. Porter Signature

3111-37th Place, Seattle 44, Wash. P. O. Address

Subscribed and sworn to before me this 7th day of July, 1949

(SEAL) Harold E. Tuttle, Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 11, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1629 TO DE49-1629 11/18/2013-LLE

FEB 23 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 12 1949

415-127-012-762

RECEIVED
JUL 29
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1682
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Arco, Idaho

4. FULL NAME OF CHILD Issac Franklin Daniels

5. Date of Birth of Child (Month, day, year) May 27, 1910

6 Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Elbert Daniels
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sanborn, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Ada Pospesil
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Ada County, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that Dr. Stevens (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu Ada Daniels Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of July, 1949

(SEAL) [signature], Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1682 TO DE49-1682 11/20/2013-LLE

DEC 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 29 1949

369-205-1006-281

RECEIVED
JUL 29 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1683
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot.
(c) Street Address or R.F.D. No. Rte. #3.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot.
(d) Street Address or R.F.D. No. Rte. #3.
(e) How long has MOTHER lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Deloris Lucille Twitchell

5. Date of Birth of Child (Month, day, year) Oct. 5, 1910

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Charles Twitchell
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Cedar Creek, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming,

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Shannon
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Blackfoot, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business Own Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 38 years, and that Frank C Mitchell MD (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Twitchell X Signature
Blackfoot R3 Idaho P. O. Address

Subscribed and sworn to before me this 27 day of July 1949

(SEAL) J N Andersen, Notary Public, residing at Blackfoot Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 29, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1683 TO DE49-1683 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 29 1949

133-115-01X-986

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

RECEIVED AUG 10 1949 DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1726
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Parma
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: a farm home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Parma
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Parma Ida.

4. **FULL NAME OF CHILD** Homer Larueth Allen

5. Date of Birth of Child (Month, day, year) Feb. 15 - 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clinton G. Allen
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Fieldon Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Ann Rhoades
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 39 years, and that Dr (First name) Allen (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Ann Allen Signature

P. O. Address

Subscribed and sworn to before me this 8 day of August, 1949.

(SEAL)

Notary Public, residing at Parma, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 10, 1949 by W. W. Benson, Registrar

FILE # FROM 1726 TO DE49-1726 11/20/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 10 1949

699-125-019-569

RECEIVED
AUG 26 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1787
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Mackay
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Mackay
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mackay, Idaho

4. **FULL NAME OF CHILD** Edwin Francis Fricke

5. Date of Birth of Child (Month, day, year) July 25, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Fricke
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Ewing
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Hepner (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Minidoka } ss.

I, the undersigned, being first duly sworn, say that I am the Mother & Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Father 84 Mother 63 years of age, that I have known this person for 39 years, and that Dr. Charles Baker (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Fricke Father signature

Mrs William Fricke Mother Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of August, 1949

(SEAL)

Ruth S. Olson Clerk of the Dist Court Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-714, Idaho Code Annotated.)

Received for filing on Aug 26, 1949 by W. B. Benson, Registrar

K

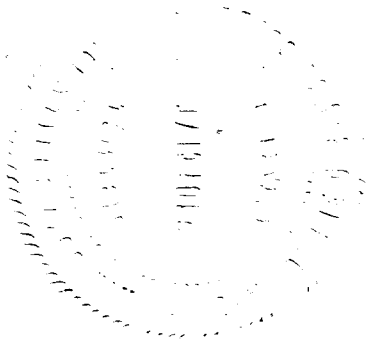
FILE # FROM 1787 TO DE49-1787 11/21/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 26 1949



843.21 S.040 RECEIVED SEP 13 1949 DIVISION OF VITAL STATISTICS

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1852
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Wallace
   (c) Street Address or R.F.D. No. Osborne Road
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Wallace
   (d) Street Address or R.F.D. No. Osborne Road
   (e) How long has **MOTHER** lived in Idaho? 11 mo. 2 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace, Idaho

4. **FULL NAME OF CHILD** Ruth Edell Hutton

5. Date of Birth of Child (Month, day, year) July 15, 1910

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd Fourth

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Hutton
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Ireland (City or town) (State or foreign country)
14. Exact Occupation Railroad man
15. Industry or Business O.W. R.R. and N.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Astleford
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Sarah A. Hutton (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Chas. R. Mowry M.D. ~~Midwife~~ Address Spokane Wash Date 9/7/49

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-14-49 by W. W. Benson, Registrar

FILE # FROM 1852 TO DE49-1852 11/22/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-231-040-314

RECEIVED

OCT 3 1949

DIVISION OF VITAL

DE-49-1914

United States Department of Commerce Bureau of the Census

(Before the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1914
Local Reg. No. 101
Reg. Dist. No. 1-2

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Burke
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Burke
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burke Idaho

4. **FULL NAME OF CHILD** Jean Maxine Johnstone

5. Date of Birth of Child (Month, day, year) Dec. 31 - 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jack Johnstone
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Lampasas (City or town) Texas (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Lawrence
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace St Paul (City or town) Minn (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Shoshone }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Dr E. A. Dettman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida A Johnstone Signature

Burke Idaho P. O. Address

Subscribed and sworn to before me this 30 day of September, 1949

(SEAL) Dale S. Cornell, Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 30 by Johna Beer, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

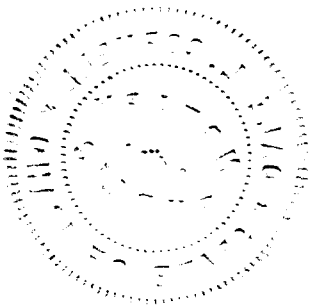
DE-49 added as part of # 8/31/87

OCT 3 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-210-003-365

RECEIVED
OCT 3 1949
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1915
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County BANNOCK (b) City CHESTERFIELD.
   (c) Street Address or R.F.D. No. Gen. Del.
   (d) Name of Hospital or Maternity Home: In home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Chesterfield
   (d) Street Address or R.F.D. No. Gen Del
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Earnetta Loveland Thompson

5. Date of Birth of Child (Month, day, year) Aug 10, 1910.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Israel Earnest Thompson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Loveland.
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Fillmore (City or town) Utah. (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address deceased. Date

AFFIDAVIT

State of California
County of Tulare } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 24 above that I am now 52 years of age, that I have known this person for 39 years, and that Hattie (First name) Haggard (Last name), who attended this birth, is now Deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pamela Harrell Signature
Rt 1 Box 39 Kingsburg Calif P. O. Address

Subscribed and sworn to before me this 24th day of September, 1949.
(SEAL) Oscar A Olson, Notary Public, residing at Kingsburg Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 3, 1949 by W A Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1915 TO DE49-1915 11/25/2013-LLE

OCT 3 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

S99-228'041-3'4

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE 49-1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teaton (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own Home
(e) Mothers stay BEFORE delivery: In THIS county 1 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teaton
(c) City Driggs
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Sadie Marie Ericksen
5. Date of Birth of Child (Month, day, year) Oct 28, 1910
6 Sex F
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Olav George Ericksen
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Fredricstad Norway (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Oretta Campbell
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace North Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 39 years, and that Unknown (First name) Mrs. Beasley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES 9/25/51

Mrs Winnie O Ericksen Signature
Route #1, Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 7th day of October, 1949

(SEAL) Ralph G. Lawrence, Notary Public, residing at Nyssa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 11, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DE-49- added as part of # 8/31/87

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

193-204-
022-193

RECEIVED
OCT 12 1949
BUREAU OF VITAL STATISTICS
BOISE, IDAHO

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1952
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Farnum
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Farnum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Farnum, Ida

4. **FULL NAME OF CHILD** Grace Evelyn Dimick

5. Date of Birth of Child (Month, day, year) June 4, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Orson Orlando Dimick
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Spanish, Fork, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vivian Grace Miller
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Mt. Pleasent, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of
County of } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 39 years, and that (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vivian Grace Dimick Signature

229 P. O. Address

Subscribed and sworn to before me this 8th day of October, 1949.

(SEAL) Hugh Clawson, Notary Public, residing at Las Vegas, Nev.

(Note: Perjury is punishable as in Idaho, see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires June 5, 1950

Received for filing on Oct 17, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 1952 TO DE49-1952 12/2/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-220-035-915

RECEIVED
NOV 4 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2006
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Family residence
(e) Mothers stay BEFORE delivery: In THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Helen Haynes

5. Date of Birth of Child (Month, day, year) July 20, 1910

6 Sex Girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Loren Lester Haynes
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Stuart (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Abbie Rand
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lewiston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 39 years, and that Dr. Charles C. Phillips (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hester Haynes Small Signature

P. O. Address

Subscribed and sworn to before me this 2nd day of October, 1949.

(SEAL) Philip Wiegerber Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

CLERK OF THE DISTRICT COURT AND EX OFFICIO AUDITOR AND RECORDER NEZ PERCE COUNTY, IDAHO

Received for filing on Nov 4, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2006 TO DE49-2006 12/3/2013-LLE

NOV 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

123-22-0274465

RECEIVED
NOV 5 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-2015
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county One years / months / days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Carmen Ascuena

5. Date of Birth of Child (Month, day, year) March 22 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claudio Ascuena
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Elanchovi (City or town) Spain (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gregoria Monastedia
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Elanchovi (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this ~~mother~~: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Santa Clara } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 39 years, and that Dr. Carey (First name) ____ (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nicholas Ascuena Signature
1360 Jefferson St Santa Clara P. O. Address

Subscribed and sworn to before me this 29 day of October, 1949.
(SEAL) Etta W Holton, Notary Public, residing at Santa Clara
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires Oct. 13, 1952

Received for filing on Nov 7, 1949 by W W Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2015 TO DE49-2015 12/3/2013-LLE

NOV 7 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

667227 019

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2031
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Challis
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Challis
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Challis Ida

4. **FULL NAME OF CHILD** Ruby Agnes Hoy

5. Date of Birth of Child (Month, day, year) Jan 27-1910

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Adam Hoy
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Philadelphia (City or town) Penn (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabet Lewis Jones
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Malad (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 39 years, and that DR. C. L. Kirtley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabet Hoy Signature

Tacoma, Wash P. O. Address

Subscribed and sworn to before me this 10th day of Nov, 1949.

(SEAL) Mabel Freeden, Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 11-10-49 by W L Benson, Registrar

FILE # FROM 2031 TO DE49-2031 12/5/2013-LLE

NOV 1 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-230 1028-857

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-2076
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 511 Foster Ave.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No. 511 Foster Ave.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Eugenia Lucile Best

5. Date of Birth of Child (Month, day, year) Nov. 30, 1910

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Best
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Ardock, North Dakota (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Raynor Hepburn
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace North Umberland, Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 38 years, and that Dr. John C. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene Best Signature
900- 5th St. Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 25 day of November 1949

(SEAL) Herbert F. Minister, Notary Public, residing at Coeur d'Alene Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Comm. Exp. Nov 21, 1953

Received for filing on Nov. 28, 1949 by Agnes P. Burns, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2076 TO DE49-2076 12/6/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-201-035867

RECEIVED
DEC 22 1949
DIVISION OF VITAL

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-2149
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No. 716 - 6th St.
   (d) Name of Hospital or Maternity Home: birth at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county about 10 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 716 - 6th St
   (e) How long has **MOTHER** lived in Idaho? about 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida.

4. **FULL NAME OF CHILD** Margaret Catherine Cartlich

5. Date of Birth of Child (Month, day, year) July 1, 1910

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clark C Cartlich
11. Color or Race Caucasian
12. Age at time of THIS birth 35 yrs.
13. Birthplace Amador Co. (City or town) California (State or foreign country)
14. Exact Occupation Civil engineer
15. Industry or Business Lewiston Land + Water Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Belle Hogaboam
17. Color or Race Caucasian
18. Age at time of THIS birth 32 yrs.
19. Birthplace Winchester (City or town) Prov. of Ontario Canada (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:55 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lucy Belle H. Cartlich (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Alameda } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother's (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 39 years, and that Dr? Morris (First name) ____ (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Belle H. Cartlich Signature
2321 Blake St. Berkeley Calif. P. O. Address

Subscribed and sworn to before me this 19th day of December, 1949

(SEAL) Frank E. Nichols, Notary Public, residing at Berkeley California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-22-49 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FILE # FROM 2149 TO DE49-2149 12/10/2013-LLE

DEC 22 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

432-401-03K-319

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-2152
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Minidoka Dam
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Minidoka Dam
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edward Henry McKevitt

5. Date of Birth of Child (Month, day, year) 11-1-1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas McKevitt
11. Color or Race White
12. Age at time of THIS birth 54 yrs.
13. Birthplace Napanock, New York (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Caroll
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Leavonworth, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Minidoka }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for life years, and that Unknown (First name) Scott (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora McKevitt X Signature
705 E. St. Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1949

(SEAL) E. F. Hedrick, Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-27-49 by W. W. Benson, Registrar

FILE # FROM 2152 TO DE49-2152 12/10/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

341-31-003-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-143
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANK MIDDLETON CRAWFORD		2. Date of Birth (month) Dec (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: William Bartemus Crawford		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Ada Rose Braid		9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Middleton Crawford	11. Present Address of Registrant: 375 Rosemary Lane Redding, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: June 19 1950	12. Signature of Notary: Thelma M. Carroll	13. Notary Commission expires: August 14 1953

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Census Bureau, Washington	Date Issued: 2-13-50	Date Orig. Entry: 1920 Census
Class* B	Date of Birth: 9 yrs old / Birth Place: Idaho	Full Name of Mother: Ada R. Crawford	Name of Father: W. B. Crawford	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Bend Public Schools, Bend Ore.	Date Issued: 1-30-50	Date Orig. Entry: Sept. 1926
Class B	Date of Birth: Dec. 31, 1910 / Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Hunting License	By whom issued and signed: State of Oregon	Date Issued: Sept. 14,	Date Orig. Entry: 1930
Class B	Date of Birth: 19 years old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	Two Motor Vehicle Operator's License one issued in 1927 showing age as 16, also, one issued in 1933 showing the age as 22, at that time			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Keleher		Date Filed: June 22, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 30 1965

JUN 22 1956

319-202-014-553

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-247
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HILMA CRISTINA CARLSON
2. Date Of Birth (month) (day) (year): MAY 2 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County
b. City or Town of Birth: CALDWELL IDAHO

FATHER

6. Full Name of Father: JOHN ALBIN CARLSON
7. State or Country of Father's Birth: SWEDEN

MOTHER

8. Full Maiden Name of Mother: HILMA EMELIA NELSON
9. State or Country of Mother's Birth: KANSAS, U.S.A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hilma C. Jackson
11. Present Address of Registrant: 6557 IMPERIAL AVE. SAN DIEGO, CALIFORNIA

NOTARY (Seal)

Subscribed and sworn to before me on: August 15 1950
12. Signature of Notary: George J. Preschern
13. Notary Commission expires: Aug 1 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Certificate	Copy by-Rev. G.M. Christensen	8/10/50	7/7/1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5-2-1910	Caldwell, Idaho	Hilma	John Carlson

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Affidavit by Geo. Preschern who viewed the Bible		May 2, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 2, 1910		Hilma Emelia Nelson	John Albin Carlson

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. ". Benson		9-1-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 5 1950

967-22-025-942

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-250
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Reta Luecille Rogers
2. Date of Birth: (month) July (day) 12 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho
b. City or Town of Birth: (near) Greencreek

FATHER

6. Full Name of Father: William Riley Rogers
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Dora Emily Rush
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Reta Luecille Rogers McKinley
11. Present Address of Registrant: Pasco, Washington 1332 W. Irving St.,

NOTARY (Seal)

Subscribed and sworn to before me on: August 29 1950
12. Signature of Notary: Mildred M. Baker
13. Notary Commission expires: Nov. 10 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: School Record
By whom issued and signed: Lewiston Public Schools Leo E. Click,
Date Issued: July 21, 50
Date Orig. Entry: 9-8-19
Date of Birth: 7-12-1910
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class*: B

SUPPORTING RECORD 2.

Type of Document: Application for Insurance
By whom issued and signed: Calif Western States Life Sacramento, Calif.
Date Issued: Dec. 10, 1946
Date Orig. Entry:
Date of Birth: July 12, 1910,
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Application for Membership
By whom issued and signed: Beneficial Protective Assoc.
Date Issued: 3-4-41
Date Orig. Entry: 3-4-41
Date of Birth: July 12, 1910
Birth Place: Idaho
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Fielder
Date Filed: Sept. 5, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy sd.

Form DPH 49067

APR 14 1972

SEP 5 1990

395-211-035-235

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

RECEIVED OCT 13 1950 DIVISION OF VITAL STATISTICS

RECEIVED OCT 5 - 1950 DIVISION OF VITAL STATISTICS STATE OF IDAHO

State File No. De50-323
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Lincoln
2. Date Of Birth (month) (day) (year): January 11 1910
3. Color or Race: Colored
4. Sex: Female
5. Place of Birth: a. County: Idaho — Nez Perce
   b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: Robert Lincoln
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Maria Cary Stevenson
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Lincoln
11. Present Address of Registrant: 640 East 62nd Street, Chicago, Illinois

NOTARY (Seal)

Subscribed and sworn to before me on 2 - 4 October 1950

12. Signature of Notary: Margaret Nelson
13. Notary Commission expires: July 7. — 1951.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Bible Record	Family Bible		Jan. 11, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 11, 1910	Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record	Provident Hospital and Training School, Chicago, Ill.	8-24-50	3-1-30

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 11, 1910	Lewiston, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
H. W. Benson	Mabel Nelson	Oct. 13, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 13 1950

JUL 24 1957

JUL 31 1957

155-212-026-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-146
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alta May Jensen

2. Date of Birth: (month) May (day) 12 (year) 1910

3. Color or Race: White

4. Sex: Female

5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Rigby,

FATHER

6. Full Name of Father: Olof Jensen

7. State or Country of Father's Birth: Idaho,

MOTHER

8. Full Maiden Name of Mother: Carrie Alzina Ball

9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alta May Jensen

11. Present Address of Registrant: Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 10th, 1951

12. Signature of Notary: Percy Green

13. Notary Commission expires: March 6th, 1951

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Rigby Stake L. D. S. Church, Rigby, Idaho	12-13-51	7-3-10

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12, 1910	Rigby, Idaho	Carrie Alzina Ball	Oluf Jensen

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	District #251 D. P. Merrill, Supt.	1-9-51	1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12, 1910,			

SUPPORTING RECORD 3.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Doctor's record	H. A. Anderson, M. D.	12-14-50	May 12, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12, 1910,	Rigby, Idaho		Olof Jensen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	1-16-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 16 1951

212/22/1009866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-481
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Howard Judson Baker
2. Date Of Birth (month) April (day) 22 (year) 1910
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: Idaho — Bonner; b. City or Town of Birth: Lakeview

FATHER

6. Full Name of Father: Samuel Glasco Baker
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Eva adaline Howard
9. State or Country of Mother's Birth: Oregon City Clackamas Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Howard Judson Baker
11. Present Address of Registrant: 413 S.E. Cinkers, Portland Ore.

NOTARY (Seal)

Subscribed and sworn to before me on Jan 22, 1951
12. Signature of Notary: Earl P. Dimpfl
13. Notary Commission expires: Dec 27, 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible		Apr. 22, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 22, 1910	Lakeview, Ida.	Eva Howard	Sam Baker

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	Prudential Life	12-7-48	12-7-48

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 22, 1910	Lakeview, Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	Army of the United States	Dec. 29, 1943	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
32 yrs old	Lakeview, Idaho		

QUALIFYING INFORMATION

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REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subetantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredericks	1-26, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 26 1951

763-424-201-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-532
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elbert Harvey Pollard
2. Date Of Birth (month) 2 (day) 24 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Ada
b. City or Town of Birth: Star

FATHER

6. Full Name of Father: Allie Jefferson Pollard
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Nora Angiline Wilson
9. State or Country of Mother's Birth: Hailey, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elbert Harvey Pollard
11. Present Address of Registrant: Grandview Ida

NOTARY (Seal)

Subscribed and sworn to before me on Feb 7, 1951
12. Signature of Notary: Mabel Fielder
13. Notary Commission expires: May 7 1953

APPLICANT-- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital Record	H. V. O'Brien	2-7-51	12-15-39
Class* B	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	2-24-10 / Star Idaho	Nora Angiline Wilson	Allie Jefferson Pollard	
SUPPORTING RECORD 2.	Hospital Record	Gabrielle M. Amos	2-7-51	6-9-23
Class B	13 Yrs old / Star, Idaho	Nora Angiline Wilson	Allie Jefferson Pollard	
SUPPORTING RECORD 3.	Family Bible Record	Mother and Father	2-24-10	2-24-10
Class A	2-24-10 / Star, Idaho	Nora Angiline Wilson	Allie Jefferson Pollard	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	2-19-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

APR 7 1972

FEB 19 1951

817-114-044-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-549
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months 5 days 2

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? DECEASED yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser Idaho

4. **FULL NAME OF CHILD** Edward Newton Hagans

5. Date of Birth of Child (Month, day, year) Sept 14, 1910

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Harrison Hagans
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Hicksville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Hazel Marr
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Enown (City or town) Michigan (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 40 years, and that MRS. ALVIE CATES (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Samuel Harrison Hagans Signature
Lewiston Idaho 329 Thainwood P. O. Address

Subscribed and sworn to before me this 17th day of FEBRUARY, 1951.

(SEAL) [signature], Notary Public, residing at LEWISTON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 26, 1951 by W. W. Benson, Registrar.
by - M.F.E.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

238708 029-553

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-550
Local Reg. No. ____
Reg. Dist. No. ____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kenneth Melvin Schei
2. Date of Birth (month) 11 (day) 8 (year) 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Latah
b. City or Town of Birth: Kendrick Idaho

FATHER

6. Full Name of Father: Martin J. Schei
7. State or Country of Father's Birth: Minnisota

MOTHER

8. Full Maiden Name of Mother: Mary Nelson
9. State or Country of Mother's Birth: Minnisota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kenneth Melvin Schei
11. Present Address of Registrant: 7th & Highland-Clarkston, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on June 17, 1950
12. Signature of Notary: Bruce A. Tarbet
13. Notary Commission expires: May 1 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptism Record	Rev. J. F. Swenson	12-18-10	

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11-8-10	Kendrick, Idaho	Mary Nelson	Martin J. Schei

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Zion Truth Church		11-8-1910

Class A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 11, 1910	Kendrick, Ida.		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class ____

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	2-26-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED BY SECRETARY OF STATE

749-221-007-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-553
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLARA MAE PURDY
2. Date of Birth (month) JULY (day) 21 (year) 1910
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: BELLEVUE IDA BLAINE
b. City or Town of Birth: BELLEVUE IDAHO

FATHER

6. Full Name of Father: HAZZARD ALEXANDER PURDY
7. State or Country of Father's Birth: CANADA

MOTHER

8. Full Maiden Name of Mother: CHARLOTTE ANNA SIELAFF
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Clara M Kelly
11. Present Address of Registrant: Route 2 Kimberly Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 21st 1951
12. Signature of Notary: Carol Slaughter
13. Notary Commission expires: Nov-18th 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Life Insurance Policy	New York Life		
Class* B	Date of Birth / Birth Place: July 21, 1910, Bellevue, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit	Fannie E. Morrell	2-20-51	2-20-51
Class B	Date of Birth / Birth Place: July 21, 1910, Bellevue, Ida.	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	School Record	Department of Public Instruction		1917
Class B	Date of Birth / Birth Place: 7 yrs old at that time	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helen	2-26-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECEASED

261-205-504-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-580
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HELMA ROSE SWA
2. Date Of Birth (month) (day) (year): AUGUST 5 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: MONTPELIER BEAR LAKE
b. City or Town of Birth: MONTPELIER. IDAHO

FATHER

6. Full Name of Father: ALFRED LEWIS SWA
7. State or Country of Father's Birth: PARIS. FRANCE

MOTHER

8. Full Maiden Name of Mother: MINNIE PEARL WATSON
9. State or Country of Mother's Birth: Utah. DAVIS COUNTY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helma Rose Swa
11. Present Address of Registrant: MONTPELIER IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on Feb 7 1951

12. Signature of Notary: Levi Aland

13. Notary Commission expires: LEVI ALAND Notary Public Montpelier, Idaho My Commission Expires December 15, 1953 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Montpelier High School	2-27-51	9-1926
Class* B	Date of Birth / Birth Place: Aug. 5, 1910, Montpelier, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Newspaper Anouncement	The News Examiner	2-26-51	8-12-1910
Class A	Date of Birth / Birth Place: Aug. 5, 1910	Full Name of Mother	Name of Father: Alfred Swa	
SUPPORTING RECORD 3.	Church Record	L. D. S. Church	3-3-51	8-15-1910
Class A	Date of Birth / Birth Place: Aug. 5, 1910, Montpelier, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		3-5-1910

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 6 1951

313-125-028-347

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-581
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JOSEPH CALABRETTA
2. Date Of Birth (month) 8 (day) 25 (year) 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: KOOTENAI; b. City or Town of Birth: HARRISON

FATHER

6. Full Name of Father: LOUIS CALABRETTA
7. State or Country of Father's Birth: ITALY

MOTHER

8. Full Maiden Name of Mother: MARIA CAPOZZI
9. State or Country of Mother's Birth: ITALY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph Calabretta
11. Present Address of Registrant: 582, Overton Place, Long Branch, N

NOTARY (Seal)

Subscribed and sworn to before me on March 1 1951
12. Signature of Notary: Mary Bool.
13. Notary Commission expires: Sept. 19 - 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Census	Kootenai County Schools	2-22-51	Sept. 1924
Class* B	Date of Birth / Birth Place: Aug. 25, 1910,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date issued: Oct. 17, 1950, 1910 Census	Date Orig. Entry
Class B	Date of Birth / Birth Place: Aug. 25, 1910, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Insurance Policy	By whom issued and signed: Metropolitan Life Insurance	Date issued: Co. 10-4-50	Date Orig. Entry
Class B	Date of Birth / Birth Place: Aug. 25, 1910, Harrison, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		3-5-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 15 1975

MAR 6 1951

391-131-016-55

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-662
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Oakley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Oakley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs. mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD** George Lamar Craner

5. Date of Birth of Child (Month, day, year) March 31, 1910

6. Sex M

7. Twin or triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Fredrick Craner
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Twillin (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ardella Althea Lee
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Twillin (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother (a) At time of birth and including this child Five (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 23 years, and that Mrs. (First name) Petersen (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Fredrick Craner Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1943.

(SEAL) K. L. Jenkins, Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3-28-51 by W. deBenon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 8 1951

DELAYED REGISTRATION LAW

(1937 Session Law Chapter 139, Section 4)

child is living or accessibl
g direct knowledge in the

DELAYED

459-206-021-261

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De5-676
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Wallace Merrill
2. Date Of Birth (month) 6 (day) 6 (year) 1910
3. Color or Race: White
4. Sex: f.
5. Place of Birth a. County: Whitney Ida. Franklin
b. City or Town of Birth: Whitney Idaho.

FATHER

6. Full Name of Father: George O. Wallace
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Agnes Rosa Swainston
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Lucille Merrill
11. Present Address of Registrant: 1718 N 20th Boise

NOTARY (Seal)

Subscribed and sworn to before me on April 2nd 19 51
12. Signature of Notary: Mabel Keeler
13. Notary Commission expires: May 7, 1951 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	6-5-1910	6-5-1910

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5-6-1910	Whitney, Idaho	Agnes Rosa Swainston	George O. Wallace

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church Record	L. D. S. Church	5-14-1918	5-14-1918

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5-6-1910	Whitney, Idaho	Agnes Rosa Swainston	George O. Wallace

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Carol Bennett	4-2-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 22 1975

APR 3, 1951

JUL 28 1958

693-101-042-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-697
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Howard Daly Williamson Jr.
2. Date Of Birth (month) (day) (year): Aug. 1, 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Twin Falls, Idaho
b. City or Town of Birth:

FATHER

6. Full Name of Father: Howard Daly Williamson Sr.
7. State or Country of Father's Birth: New York State

MOTHER

8. Full Maiden Name of Mother: Mary Martha Smith
9. State or Country of Mother's Birth: Twin Falls, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Howard Daly Williamson
11. Present Address of Registrant: 40-08 Bell Blvd. Bayside, New York

NOTARY (Seal)

Subscribed and sworn to before me on 2nd day of April 1951

12. Signature of Notary: Hyman D. Kurtzberg
NOTARY PUBLIC, STATE OF NEW YORK
No. 41-2220800
Qualified in Queens County
Term Expires March 30, 1953

13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Howard Williamson, Sr.	Apr. 2, 1951	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 1, 1910, Twin Falls, Idaho,	Mary Martha Smith	Howard Daly Williamson, Sr.	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

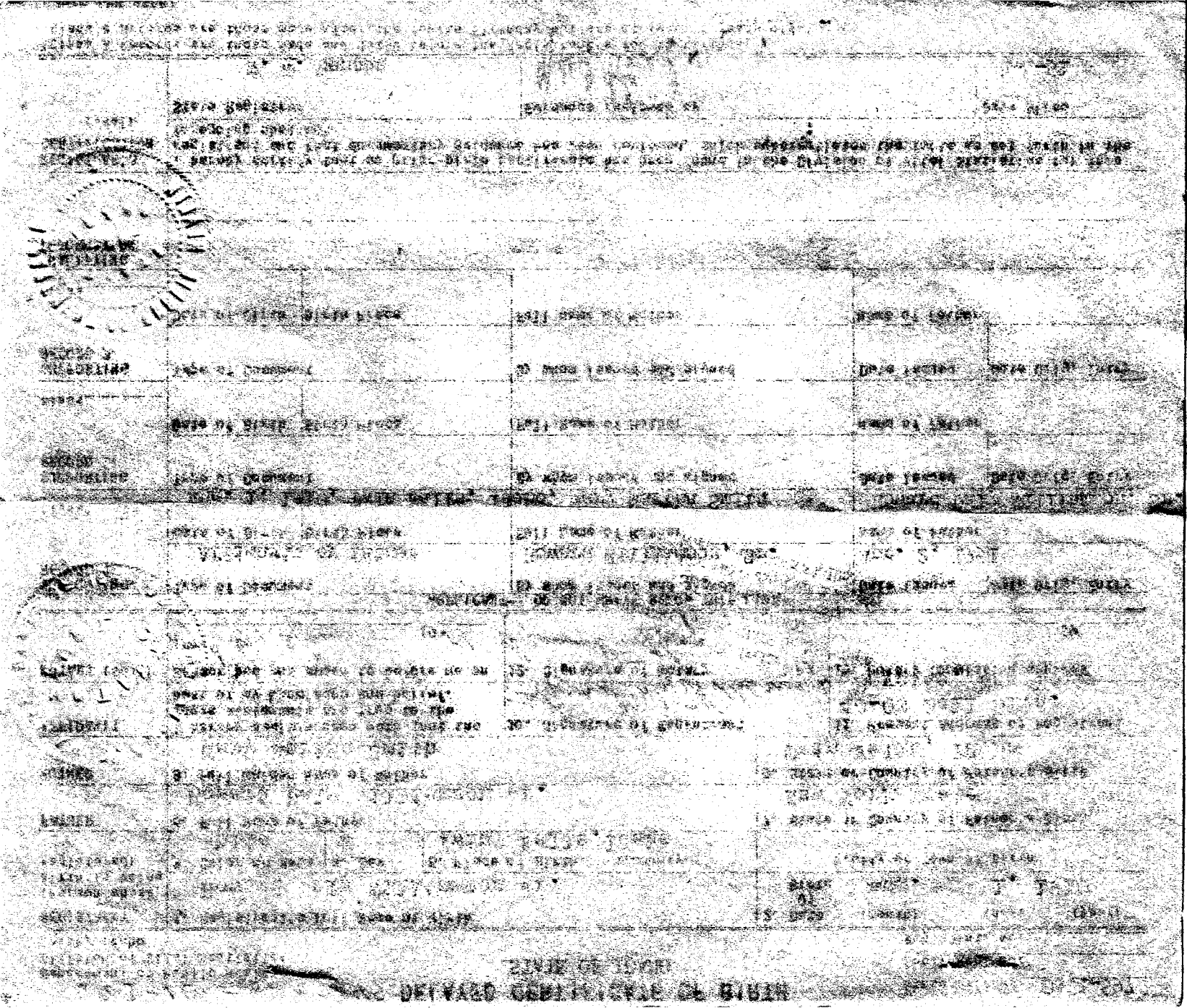
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heed	4-4-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



APR 5 1951

Sworn affidavit of Howard Daly Williamson Sr.
46-23 Little Neck Parkway
Little Neck, N.Y.

On August 1,1910 my son Howard Daly Williamson Jr. was born by my wife Mary Martha Smith (maiden name) in Twin Falls,Idaho. A mid-wife attended the birth. Her brother and his wife were there at time of birth. (both now deceased).

Left Idaho with child when he was around 6 months old.

Signed by
Howard Daly Williamson Sr.

Howard Williamson Sr
Howard Daly Williamson Sr

State of New York, County of Queens
Sworn to before me
this 2nd day of April 1951
Hyman D. Kurtzberg

HYMAN D. KURTZBERG
NOTARY PUBLIC, STATE OF NEW YORK
No. 41-2220800
Qualified in Queens County
Cert. filed with County Clerk & Register
Term Expires March 30, 1953

455-107-029.455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-710
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: Farm Home on Fix Ridge
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 9 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta Idaho

4. FULL NAME OF CHILD David Henry Dennler

5. Date of Birth of Child (Month, day, year) Aug. 7-1910

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd No **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Dennler
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Elsas Lothringen (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Stock And Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Kunigunda Dennler
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Bavaria (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farm House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum agNO3 Solution

~~**23.** Number of children of this mother: (a) At time of birth and including this child~~ 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive/still born) at 10 A.M. on the date And Still Born and at the place stated above, and that personal particulars were furnished by Kunigunda (First name) Dennler (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Juliaetta Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty Six years of age, that I have known this person for Fourty years, and that Dr (First name) Roe (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kunigunda Dennler Signature
Juliaetta Idaho P. O. Address

Subscribed and sworn to before me this 9 day of April, 19 51

(SEAL) Helen M. Nicholas Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 0 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

955-120-035-619

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-751
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Myrtle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Myrtle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Myrtle Idaho

4. FULL NAME OF CHILD Samuel Oliver Reed

5. Date of Birth of Child (Month, day, year) April 20, 1910

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William L. Reed
11. Color or Race White **12.** Age at time of THIS birth 34 yrs.
13. Birthplace San Antone (City or town) Texas (State or foreign country)
14. Exact Occupation
15. Industry or Business Stockman & Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie L. Warren
17. Color or Race White **18.** Age at time of THIS birth 15 yrs.
19. Birthplace Kendrick (City or town) Idaho (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business House Keeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature W. L. Reed M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 4-23-57 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

385225016-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-762
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Meldra A Cheney
2. Date Of Birth: (month) Nov. (day) 25 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cassia Co. b. City or Town of Birth: Burley, Idaho

FATHER

6. Full Name of Father: Elam George Cheney
7. State or Country of Father's Birth: Parawan, Utah (May 3, 1874)

MOTHER

8. Full Maiden Name of Mother: Louise Whittaker,
9. State or Country of Mother's Birth: Circleville, Utah. (Sept.12 1878)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Meldra A. Bateman
11. Present Address of Registrant: 1814 East 4500 South, Salt Lake City, Utah.

NOTARY (Seal)

Subscribed and sworn to before me on: April 19 1951
12. Signature of Notary: Verne H Ellison
13. Notary Commission expires: Mar. 27 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	11-27-1918	11-25-1918
Class* B	Date of Birth / Birth Place: 11-25-1910 Burley, Idaho	Full Name of Mother: Louise Whittaker	Name of Father: Elam Geo. Cheney	
SUPPORTING RECORD 2.	Type of Document: Personnel Record	By whom issued and signed: War Department, U. S.	Date Issued: 1-8-43	Date Orig. Entry: 1-8-43
Class B	Date of Birth / Birth Place: Nov. 25, 1910, Birley, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Burley Stake, L. D. S. Church	Date Issued: 4-10-42	Date Orig. Entry: 2-5-11
Class A	Date of Birth / Birth Place: Nov. 25, 1910, Burley, Idaho	Full Name of Mother: Louise Whittaker	Name of Father: Elam Geo. Cheney	

QUALIFYING INFORMATION

Also, letter from mother dated Nov. 25, 1930, stating the fact it was the 20th birthcay of Meldra A. Cheney.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Steele	Apr. 23, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

APR 23 1951

194-111-001-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-769
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Herbert Ardrey, Jr.			2. Date Of Birth (month) Jan, (day) 11 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: William Herbert Ardrey			7. State or Country of Father's Birth: Massachusette	
MOTHER	8. Full Maiden Name of Mother: Emma Jane Etchells			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William H Ardrey Jr		11. Present Address of Registrant: 4538 NE Campaign St. Portland 13, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: 23 April 1951	12. Signature of Notary: Gordon F. Reeves Notary Public for Oregon		13. Notary Commission expires: 23 August 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military Record	By whom issued and signed: U. S. Army	Date Issued:	Date Orig. Entry: 8-25-41
Class* B	Date of Birth: 1-11-1910 / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Walla Walla Public Schools	Date Issued: 3-27-51	Date Orig. Entry: 2-2-25
Class B	Date of Birth: Jan. 11, 1910 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Northern Life Insurance Co.	Date Issued:	Date Orig. Entry: 5-31-1933
Class B	Date of Birth: Jan. 11, 1910, Boise, Idaho / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Apr. 26, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 27 1951

933.250-029-386

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-771
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home: Born in family residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 4 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Rose Christina Illi

5. Date of Birth of Child (Month, day, year) 1/20/1910

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Illi
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Bonstetten, Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Josephina Thompson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace SACRED HEART, MINNESOTA (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Josephina Thompson Illi (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Fred Illi ~~M.D.~~ Midwife Address 120 N. Howard Moscow, Idaho Date 4/23/51

AFFIDAVIT

State of Idaho } ss.
County of Latah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Fred Illi (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) ....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 26, 1951 by W. W. Benson, Registrar

APR 2 7 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

219-219.028-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-824
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Louise Barnes			2. Date Of Birth (month) June (day) 19 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Spirit Lake	
FATHER	6. Full Name of Father: Thomas W. Barnes			7. State or Country of Father's Birth: London, England	
MOTHER	8. Full Maiden Name of Mother: Jestina E. Woods			9. State or Country of Mother's Birth: London, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Louise Barnes		11. Present Address of Registrant: Route 3, Coeur d'Alene, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1951	12. Signature of Notary: [illegible]		13. Notary Commission expires: March 15 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Naturaliation Papers	By whom issued and signed: U. S. District Court, for father, Kootenai County	Date Issued: 1938	Date Orig. Entry: 1914
Class* A	Date of Birth / Birth Place: 4 yrs. old	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Application for marriage license, Kootenai County Clerk	By whom issued and signed:	Date Issued:	Date Orig. Entry: June 6, 1929
Class B	Date of Birth / Birth Place: June 19, 1910,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Census Record, School	By whom issued and signed: County Board of Education Kootenai County	Date Issued:	Date Orig. Entry: 1922
Class B	Date of Birth / Birth Place: 12 yrs old, Spirit Lake, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: May 15, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

MAY 16 1951

764-203-032-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-825
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louise Elizabeth Gomes
2. Date Of Birth (month) (day) (year): September 3 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Shoshone Lincoln
b. City or Town of Birth: Shoshone, Idaho.

FATHER

6. Full Name of Father: Anthony Mariano Gomes
7. State or Country of Father's Birth: Azores Islands

MOTHER

8. Full Maiden Name of Mother: Mary Silva
9. State or Country of Mother's Birth: Azores Islands

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louise Elizabeth Gomes
11. Present Address of Registrant: 457 Bryan Ave.

NOTARY (Seal)

Subscribed and sworn to before me on: May 2, 1957
12. Signature of Notary: Ray Phillips
13. Notary Commission expires: Jan 16 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Our Lady of Good Counsel Mountain Home, Idaho	Apr. 25, 1914	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 3, 1910	Mountain Home, Idaho,	Mary Silva	Anthony Mariano Gomes

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Record	Northwestern Life Insurance Co.		Aug. 5, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 3, 1910	Shoshone, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Geden	May 15, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 16 1951

652-226-023-895

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-844
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laura Merritta West
2. Date Of Birth (month) (day) (year): December 26, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Emmett, Idaho.
b. City or Town of Birth: Emmett, Idaho.

FATHER

6. Full Name of Father: Joseph Alexander West
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Maggie Bell Hinshaw
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Laura Beaman
11. Present Address of Registrant: Rt. 2, Box 445, Yuba City, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on May 16, 19 51

12. Signature of Notary: Marjorie Akers
13. Notary Commission expires: My commission expires Feb. 1, 1952. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by sister	Ida Agatha Ballard	May 16, 1910	

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 26, 1910	Emmett, Idaho	Maggie Bell Hinshaw	Joseph Alexander West

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Insurance Policy	Beneficial Life	May 19, 1913	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
3 years old at that time			

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Geeding	May 21, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 22 1951

736-204-028-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-898
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Harrison
3. RESIDENCE OF FATHER (city, state) Harrison Ida

4. FULL NAME OF CHILD Leslie Emma Glover
5. Date of Birth (Month, day, year) Aug 4, 1910
6. Sex F
7. Twin or Triplet ns If so—born 1st, ~~2nd, 3rd~~
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Glover
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Denver (City or town) Colorado (State or foreign country)
14. Exact Occupation Grocery clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence May McClure
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Near Pendleton (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Oregon
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Claudine McClure, being first duly sworn, say that I am related (Related to (or) acquainted with) Leslie Emma Glover (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr John Busby (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Claudine McClure Name
R6 Box 703 Portland Ore P.O. Address

Subscribed and sworn to before me on this 10th day of February 1942

(SEAL) NOTARY PUBLIC FOR OREGON Notary Public, residing at Tigard Oregon

MY COMMISSION EXPIRES NOV. 24, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECLASSIFIED

DELAYED

515-730016-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-925
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carroll Aaron Van Dorn
2. Date Of Birth (month) (day) (year): October 30 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Burley, Idaho
b. City or Town of Birth:

FATHER

6. Full Name of Father: John Milo Van Dorn
7. State or Country of Father's Birth: Nebrasks

MOTHER

8. Full Maiden Name of Mother: Lillie Della Petersen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carroll Aaron Van Dorn
11. Present Address of Registrant: 307 5th Avenue, Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on June 1 1951
12. Signature of Notary: J. W. Johnson
13. Notary Commission expires: April 12, 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Honorable Discharge	U. S. Army	Dec. 31, 1945	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1910	Burley, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record	Salt Lake City Public School	May 1, 1951	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 30, 1910	Burley, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	June 8, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 17 1956

JUN 14 1956

1. Registrant's Full Name of Birth	Carroll Aaron Dorn
2. Color or Race	White
3. Sex	Male
4. Date of Birth	October 30 1910
5. Place of Birth	Burley, Idaho
6. Full Name of Father	John Milo Van Dorn
7. State or Country of Father's Birth	Nebraska
8. Full Maiden Name of Mother	Lillie Della Petersen
9. State or Country of Mother's Birth	Utah
10. Signature of Registrant	
11. Present Address of Registrant	307 5th Avenue Salt Lake City, Utah
12. Signature of Notary	
13. Notary Commission Expires	
Type of Document	
Date Issued	
Date Orig. Entry	
Date of Birth	
Place of Birth	
Date Issued	
Date Orig. Entry	
Type of Document	
By whom issued and signed	
Date Issued	
Date Orig. Entry	
Type of Birth	
Full Name of Mother	
Name of Father	
Type of Document	
By whom issued and signed	
Date Issued	
Date Orig. Entry	
Type of Birth	
Full Name of Mother	
Name of Father	

I hereby certify that no other birth certificate has been found in this Department of Statistics for this registrant and that documentary evidence has been reviewed, which supplies the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

219-203-001-962

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-948
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1815 Harrison Blvd.
   (d) Name of Hospital or Maternity Home: Nursing Home (Anna T. Caswell)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City Mt. Home,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Laura Marie Bartlett

5. Date of Birth of Child (Month, day, year) Dec. 3, 1910

6. Sex female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Newton Bartlett
11. Color or Race wht.
12. Age at time of THIS birth 37 yrs.
13. Birthplace Pleasant Lake, Indiana (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Kate Roberts
17. Color or Race wht.
18. Age at time of THIS birth 28 yrs.
19. Birthplace Peoples Township, Boon Co, Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 40 years, and that Dr. J. M. Taylor (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Kate Bartlett Signature

Mt. Home Idaho Box 374 P. O. Address

Subscribed and sworn to before me this 11th day of June, 19 51

(SEAL) Mabel Fleeson, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 11, 1951 by Mabel Fleeson, Registrar

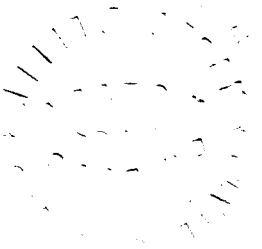
Form DPH-51130

JUN 1 1 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

418-205-025-949

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUL 10 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1040
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's ~~Name at~~ Birth: Anton Clarence Dahl			2. Date Of Birth: (month) June (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho County	b. City or Town of Birth: Grangeville
FATHER *	6. Full Name of Father: Anton C. Dahl			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: May Zumwalt			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Anton Dahl		11. Present Address of Registrant: Rt. 1- Box 10, Clarkston, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: February 16 19 51	12. Signature of Notary: [illegible]		13. Notary Commission expires: November 4, 19 52

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: June 5, 1910
	Date of Birth / Birth Place: June 5, 1910, Grangeville, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Sup't of Public Instruction	Date Issued: 2-28-51	Date Orig. Entry: May 1924
	Date of Birth / Birth Place: 13 years old	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by mother	By whom issued and signed: May Dahl Brooks	Date Issued: 2-16-51	Date Orig. Entry:
	Date of Birth / Birth Place: June 5, 1910, Grangeville, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by:	Date Filed: July 10, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

S63-229-014-995

RECEIVED
AUG 22 1952
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 0051-1167
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Emmett
   (c) Street Address or R.F.D. No. 2nd ST.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Mary Gertrude Noland
5. Date of Birth of Child (Month, day, year) June 29, 1910
6. Sex female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank A. Noland
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Gertrude Ireton
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) Sweet, (State or foreign country) Idaho.
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 40 years, and that Dr. Albert (First name) Clark (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel M. Potter Signature
Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of May, 1951.
(SEAL) Pearl T. Ostroot, Notary Public, residing at Eagle (Ada)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 27, 1951 by Mabel Heefer Deputy, Registrar

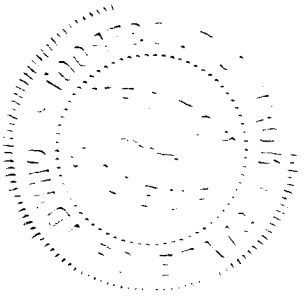
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 27 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

493-12.023-212

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 15 1951 DIVISION OF VITAL

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1168
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lionel Percy Miller			2. Date of Birth (month) (day) (year): June 27 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Emmett, Idaho Gem	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Frank Harrison Miller			7. State or Country of Father's Birth: Oregon U.S.A.
MOTHER	8. Full Maiden Name of Mother: Della Annette Baker			9. State or Country of Mother's Birth: Idaho U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. P. Miller		11. Present Address of Registrant: Box 507, Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 13, 1951 19	12. Signature of Notary: [signature]		13. Notary Commission expires: 1-1-54 January 1 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible		June 27, 1910
Class* A	**Date of Birth / Birth Place**: June 27, 1910, Emmett, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 2.	Application for change of Life Insurance, Service Insurance			Nov. 1944
Class B	June 27, 1910, Emmett, Idaho			
SUPPORTING RECORD 3.	Newspaper Announcement	Emmett Index	6-30-10	6-30-10
A	June 27, 1910, Emmett, Idaho		Frank Miller	
QUALIFYING INFORMATION				

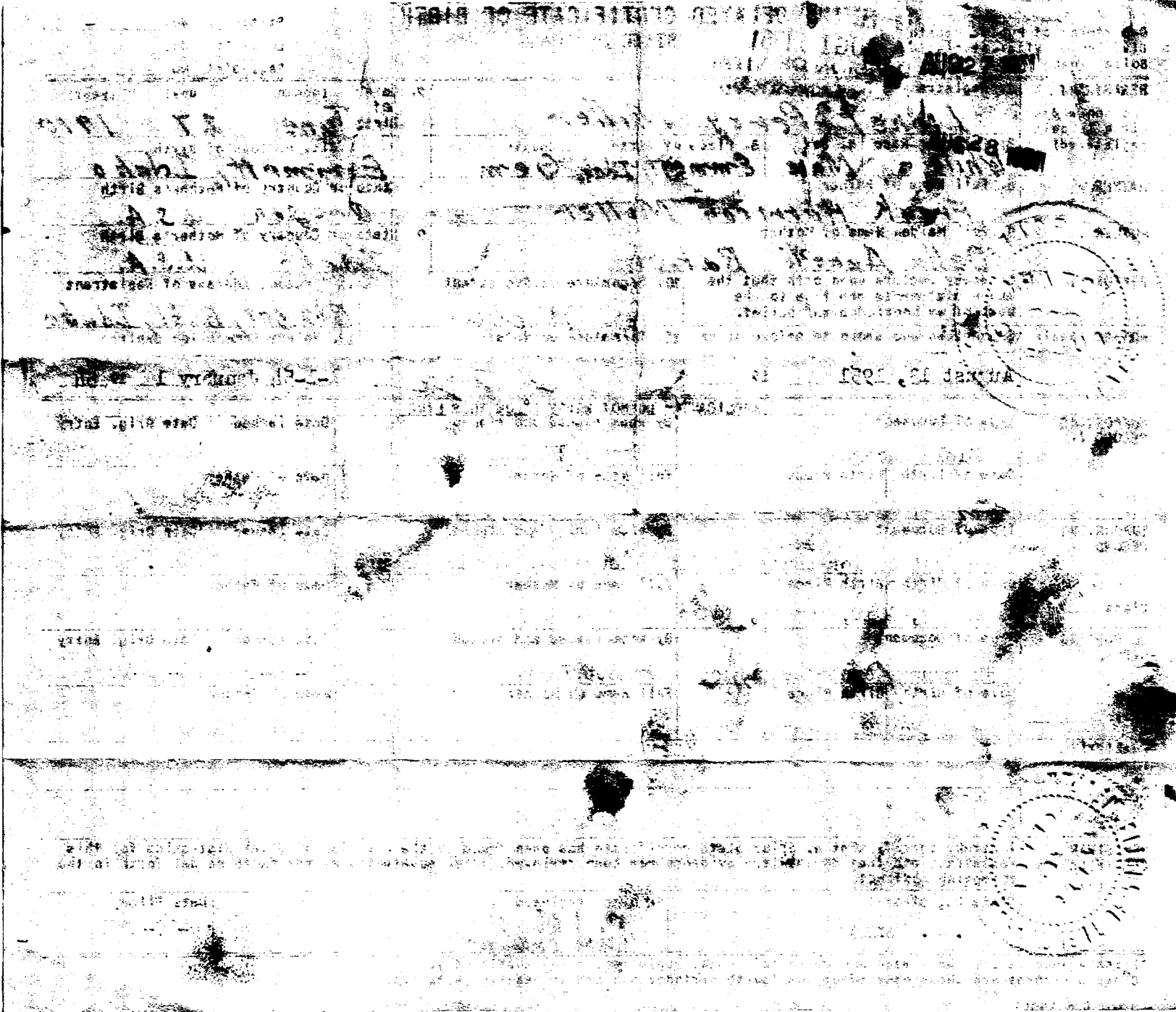
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	8-27-1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



594-31-004-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1185
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Emilie Albert Eiden
2. Date Of Birth (month) 12 (day) 31 (year) 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth: Boise
a. County: Ada
b. City or Town of Birth

FATHER

6. Full Name of Father: Nicholas J. Eiden
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Annetta V Walker
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Eiden
11. Present Address of Registrant: Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Aug 29 1951

12. Signature of Notary: Mabel F Elder
13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. Johns Cathedral	2-8-1914	Jan. 22, 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 31, 1910	Boise, Idaho	Annetta V. Walker	Nicholas John Eiden

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	On file Bureau of Vital Statistics, Boise, Idaho # 364207		1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
31 yrs old	Boise, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F Elder	Aug. 29, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 29 1954

SEP 22 1954

NOV 12 1954

859-204-003-145

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED SEP 7 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2020
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: GRACE ELLEN HERD
2. Date of Birth: (month) July (day) 4 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County PERRY b. City or Town of Birth PERRY - IDAHO

FATHER

6. Full Name of Father: CLARENCE Knowles HERD
7. State or Country of Father's Birth: FRANKLIN, IDAHO

MOTHER

8. Full Maiden Name of Mother: MARY ELMYRTLE AMES
9. State or Country of Mother's Birth: BEAR RIVER CITY, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Elmyrtle Ames
11. Present Address of Registrant: Registrant is in Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 6 1951
12. Signature of Notary: Martha F. Dolman
13. Notary Commission expires: Jan 31 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church		8-3-1919
Class* B	Date of Birth / Birth Place: July 4, 1910, Perry, Idaho	Full Name of Mother: Mary E. Ames	Name of Father: Clarence K. Herd	
SUPPORTING RECORD 2.	Affidavit by sister	Loetta Herd Hier	8-15-51	
Class B	Date of Birth / Birth Place: 7-4-1910, Perry, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Affidavit by Sister	Lois Elaine Herd Hoffman		9-6-51
Class B	Date of Birth / Birth Place: 7-4-1910, Perry, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Theelen	Sept. 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 7 1951

165-104-036-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De512059
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPH PALMER JONES	2. Date Of Birth (month) MAY (day) 4 (year) 1910
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: MALAD ONEIDA	b. City or Town of Birth: Malad Idaho
FATHER	6. Full Name of Father: HUGH WILLIAM JONES	7. State or Country of Father's Birth: MALAD - IDAHO
MOTHER	8. Full Maiden Name of Mother: MARGARET PALMER	9. State or Country of Mother's Birth: MALAD, IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Palmer Jones; 11. Present Address of Registrant: 408 No. 13th ave Buhl Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 25, 1951	12. Signature of Notary: [signature]; 13. Notary Commission expires: 2-4-53 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: Sept. 4, 1910
	Date of Birth: May 4, 1910; Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class A	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: Sept. 4, 1910
	Date of Birth: May 4, 1910; Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heeder	Sept. 21, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

Idaho

669-218-035-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 3 1951
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2130
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Velma Margret Ford		2. Date Of Birth (month) November (day) 18 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Idaho a. County: Nez Perce b. City or Town of Birth: Mount
FATHER	6. Full Name of Father: Hugh Christy Ford		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Alice Margret Parks		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velma Margaret Ford Richards	11. Present Address of Registrant: 915 Elizabeth St. Kelso Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: September 26 1951	12. Signature of Notary: Juliet McKenna	13. Notary Commission expires: March 9 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit	By whom issued and signed: Alice Margaret Ford	Date Issued	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Nov. 18, 1910, Mount, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Pilots License	By whom issued and signed: Civil Aeronautics Adm.	Date Issued	Date Orig. Entry: 8-9-1946
Class B	Date of Birth / Birth Place: Nov. 18, 1910,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: State of Washington	Date Issued	Date Orig. Entry: 11-1-41
Class B	Date of Birth / Birth Place: 30 yrs old Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeler	Oct. 15, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 16 1951

533-15-1044-458

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2139
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No. General Delivery
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida.

4. **FULL NAME OF CHILD** HAROLD ELDEN ELLIOT

5. Date of Birth of Child (Month, day, year) Sept. 15, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer William Elliot
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Jackson Co. Oregon (City or town) (State or foreign country)
14. Exact Occupation Sheep Raiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Meyers
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Genoa, Nevada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child: 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by E. W. Elliot (First name) (Last name) who is related as Father (Mother, etc.).

25. Attendant's **OWN** signature Mattie Corell M. Midwife Address 2121 Madison, Boise, Ida. Date Oct. 17, 1951

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on October 17, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 17 19

DELAYED

745-21-00K-312

RECEIVED
OCT 20 1951
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2150
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items as of time of birth)
   (a) County Bear Lake (b) City Geneva
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years 9 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bear Lake
   (c) City Geneva
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? all yrs.

3. **RESIDENCE OF FATHER** (city, state) Geneva, Ida

4. **FULL NAME OF CHILD** Jett Y-Arlene-Green

5. Date of Birth of Child (Month, day, year) Jan. 14-1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Stephen Green
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Geneva (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Joan Elizabeth-Lashbrook
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Geneva (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Elmore } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 41 years, and that Ericnia (First name) Blechart (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Joan Green ✓ Signature
Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of October, 1951.

(SEAL) D. Worley, Notary Public, residing at Mtn. Home, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 22, 1951 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

859-2191014-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 1 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2176
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN MARIE HERBERT	2. Date of Birth (month) (day) (year): February 19, 1910
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Robert Herbert	7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Grace Gladys Patterson	9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Conlin; 11. Present Address of Registrant: Alameda, California 2032½ Buena Vista Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: October 29, 1951	12. Signature of Notary: Jeannette Kelham; 13. Notary Commission expires: May 20, 1954 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Birth	By whom issued and signed: Grace Gladys Tadlock	Date issued: Oct. 25, 1951	Date Orig. Entry
Class* B	Date of Birth: Feb. 19, 1910; Birth Place: Nampa, Idaho	Full Name of Mother: Grace Gladys Patterson	Name of Father: Robert Herbert	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Sacramento High School	Date issued: Oct. 23, 1951,	Date Orig. Entry: 1923
Class B	Date of Birth: Feb. 19, 1910; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co.	Date issued:	Date Orig. Entry: Apr. 22, 1929
Class B	Date of Birth: Feb. 19, 1910; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		Nov. 1, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 9 1971

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: HELEN MARIE HERBERT	2. Date of Birth (month) (day) (year)	February 19, 1910
	3. Color or Race: White	4. Place of Birth (county): Genyon	5. City or Town of Birth: Nampa
FATHER	6. Name of Father: Robert Herbert	7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Name of Mother: Grace Gladys Patterson	9. State or Country of Mother's Birth: Nevada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Alameda, California 2052½ Buena Vista Ave.
NOTARY	Subscribed and sworn to before me on October 29, 1951	12. Signature of Notary: [illegible]	13. Notary Commission expires: May 20, 1954

APPLICABLE TO ANY WRITTEN RECORD PRESENTED

SUPPORTING RECORD 1	Type of Document: Birth Name of Birth	By whom issued and signed: Grace Gladys Patterson	Date Issued: Sept. 27, 1951	Date Orig. Entry:
	Date of Birth: Feb. 19, 1910	Birth Place: Nampa, Idaho	Full Name of Mother: Grace Gladys Patterson	Name of Father: Robert Herbert
Class				
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: Sacramento High School	Date Issued: Mar. 29, 1923	Date Orig. Entry:
	Date of Birth: Feb. 19, 1910	Birth Place:	Full Name of Mother:	Name of Father:
Class				
SUPPORTING RECORD 3	Type of Document: Hermanas Valley	By whom issued and signed: Sacramento Date Hermanas	Date Issued: Oct.	Date Orig. Entry: Apr. 22, 1929
	Date of Birth: Feb. 19, 1910	Birth Place:	Full Name of Mother:	Name of Father:
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]		Nov. 1, 1952

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

569-104-010-789

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 31 1951

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2216
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jean Franklin Norton		2. Date Of Birth (month) August (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Lincoln, Idaho
FATHER	6. Full Name of Father: Charles LeRoy Norton		7. State or Country of Father's Birth: U. S. A.
MOTHER	8. Full Maiden Name of Mother: Lillie May Phillips		9. State or Country of Mother's Birth: U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean Franklin Norton	11. Present Address of Registrant: Rosemary, Alberta, Canada
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 19 51	12. Signature of Notary: Glenn Stanford	13. Notary Commission expires: December 31 19 52

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lillie May Norton	Date issued: Oct. 26, 1951	Date Orig. Entry
Class* B	Date of Birth: Aug. 4, 1910; Birth Place: Lincoln, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Charles Leroy Norton	Date issued: Oct. 26, 1951	Date Orig. Entry
Class B	Date of Birth: Aug. 4, 1910; Birth Place: Lincoln, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date issued: 11-5-51	Date Orig. Entry: Oct. 2, 1910
Class A	Date of Birth: Aug. 4, 1910; Birth Place: Lincoln, Idaho	Full Name of Mother: Lillie May Phillips	Name of Father: Charles LeRoy Norton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

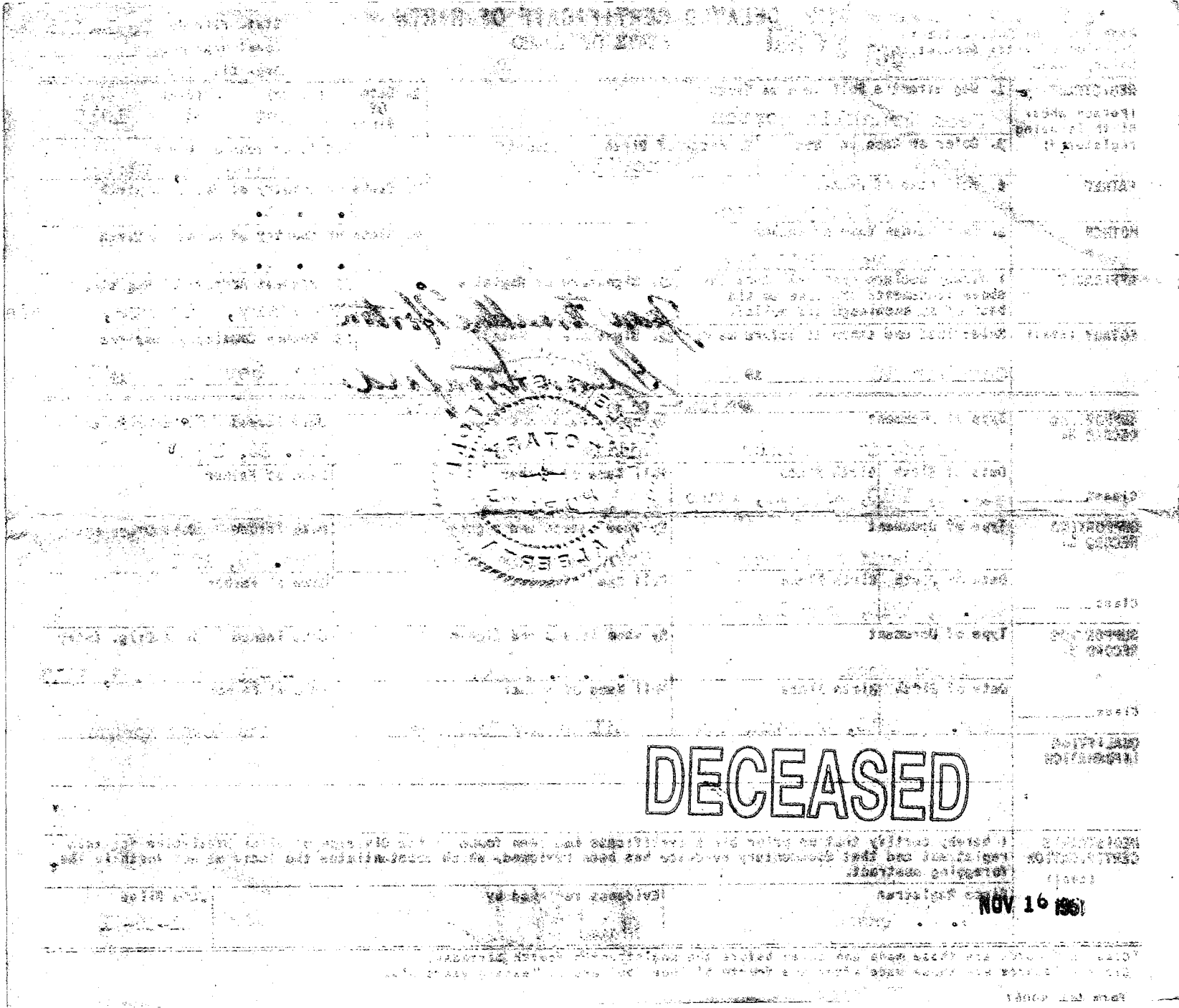
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel [illegible]	11-16-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067


DECEASED
NOV 16 1961

219-101-003-683

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2231
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: August Henry Barfuss
2. Date Of Birth (month) Aug. (day) 1 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Bancroft.

FATHER

6. Full Name of Father: Gatfred Barfuss
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Anna Wyttenback
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: August Barfuss
11. Present Address of Registrant: Way Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 3 1951
12. Signature of Notary: Carl R. Tuffs
13. Notary Commission expires: 10/24 1952

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church		Sept. 10, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 1, 1910	Bancroft, Idaho	Anna Wyttenback	Gatfred Barfuss

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hohorable Discharge	U. S. Army		May 10, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
23 yrs old	Bancroft, Idaho		

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census		1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9 yrs old	Idaho		

QUALIFYING INFORMATION

Also, school census for Bonner County gives date of birth as Aug. 1, 1910.

REGISTRAR'S CERTIFICATION (seal)

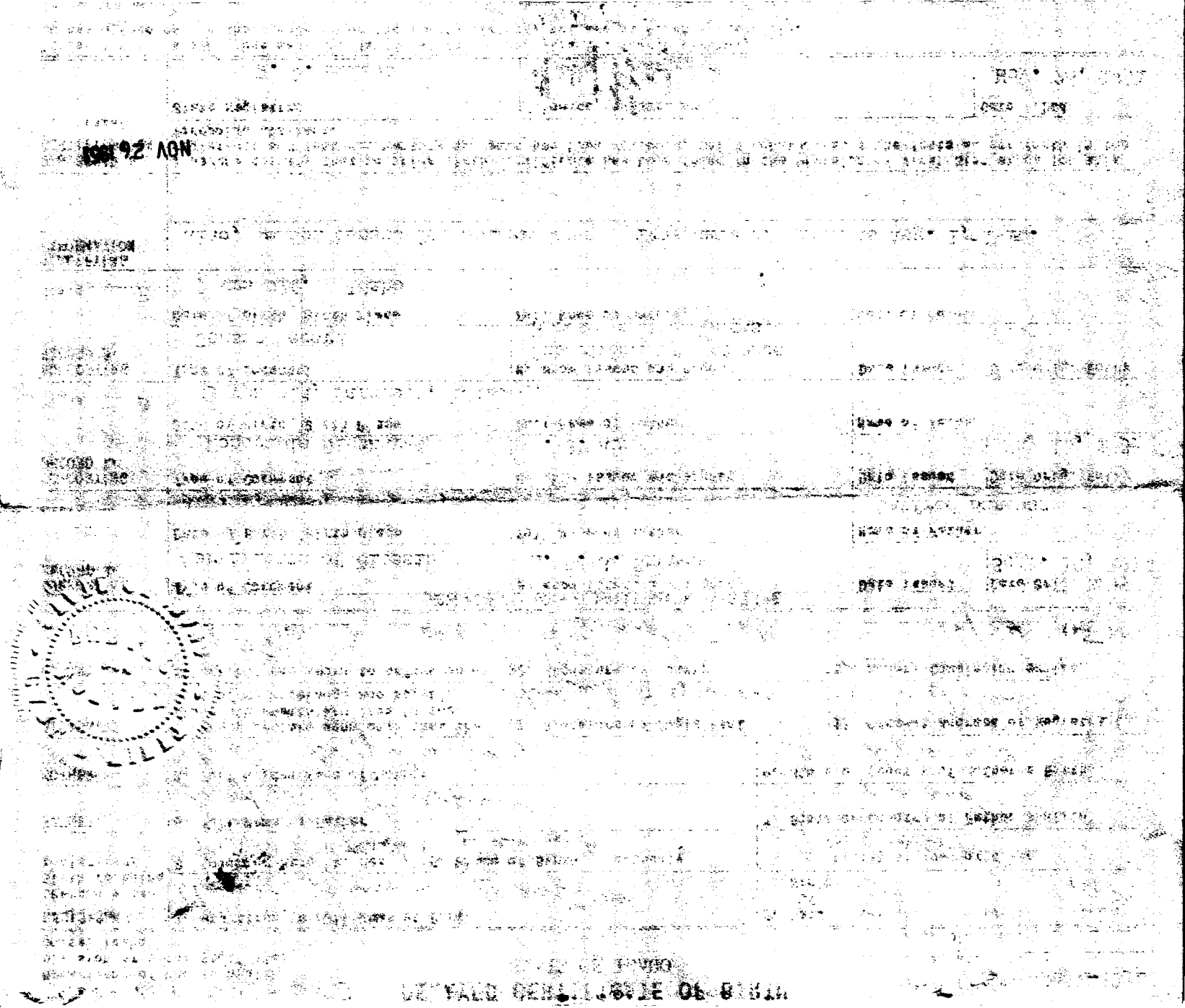
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Nov. 26, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 26 1951



469-206-025-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2235
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THELMA JEAN MORGAN			2. Date Of Birth (month) (day) (year): APRIL 6, 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: GRANGEVILLE, IDAHO	b. City or Town of Birth: GRANGEVILLE
FATHER	6. Full Name of Father: EARL GROVER MORGAN			7. State or Country of Father's Birth: OREGON
MOTHER	8. Full Maiden Name of Mother: MATTIE EMILY PALMATEER			9. State or Country of Mother's Birth: OREGON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Jean Davidson		11. Present Address of Registrant: 6518 W. 90th ST. LOS ANGELES
NOTARY (Seal)	Subscribed and sworn to before me on: NOVEMBER 14, 1951	12. Signature of Notary: Ann Gonzales		13. Notary Commission expires: My Commission Expires March 10, 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit for marriage license	By whom issued and signed: State of Oregon	Date Issued:	Date Orig. Entry: July 29, 1929
Class* B	Date of Birth: 19 yrs old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: Thomas J. Davidson, Prudential Insurance Co.	Date Issued:	Date Orig. Entry: 3-17-1936
Class B	Date of Birth: 25 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Census Record, School	By whom issued and signed: Heppner, Oregon Morrow County Schools	Date Issued: June 21, 1951	Date Orig. Entry: 1925
Class B	Date of Birth: 15 yrs old	Birth Place: in 1925, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION	Affidavit by mother, Mattie E. Morgan, gives the date of birth as April 6, 1910 In Grangeville, Idaho			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H. Fleener		Date Filed: Nov. 26, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 22 1973

NOV 26 1951

743-1171004-743

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2247
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Harris Putnam
2. Date of Birth: (month) July (day) 17 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Paris, Idaho

FATHER

6. Full Name of Father: Roy Gilman Putnam
7. State or Country of Father's Birth: Utah, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Elsie Elizebeth Putnam
9. State or Country of Mother's Birth: Utah, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John H. Putnam
11. Present Address of Registrant: Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 27 1952
12. Signature of Notary: Ira Leavy. Probate Judge
13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Record	George T. Cox, Clerk, L.D.S.	1-2-1921	1-2-1921
Class* B	Date of Birth: 7-17-1910 / Birth Place: Paris, Idaho	Full Name of Mother: Elsie E. Benzley Putnam	Name of Father: Roy G. Putnam	
SUPPORTING RECORD 2.	Employment Record	Union Pacific R. R. Co.	11-19-51	
Class B	Date of Birth: July 17, 1910 / Birth Place: Paris, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	School Record	Senior High School, Pocatello, Idaho	1925	
Class B	Date of Birth: July 17, 1910 / Birth Place: Paris, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Also, Bible Record gives the date of birth as July 17, 1910, Paris, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Beeler	Nov. 28, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

437-121-025-298

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 5 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2261
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Victor Walter McGuire	2. Date of Birth (month) (day) (year): June 21, 1910
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Idaho, Idaho Co	b. City or Town of Birth: Winona Idaho
FATHER	6. Full Name of Father: Albert Marion McGuire	7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Charlotte Lenor Bryant	9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Victor W. McGuire; 11. Present Address of Registrant: 707 Maple St Pasadena Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 2 1951	12. Signature of Notary: [signature]; 13. Notary Commission expires: Nov 24 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit	Laura W. Anway		Aug. 11, 1951
	Date of Birth / Birth Place: June 21, 1910, Winona, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Affidavit by mother	Charlotte L. McGuire		Aug. 15, 1951
	Date of Birth / Birth Place: June 21, 1910, Winona, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Affidavit by father	Albert M. McGuire	Nov. 17, 1951	
	Date of Birth / Birth Place: June 21, 1910, Winona, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Dec. 3, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 3 1951

352-/15028-486

RECEIVED
DEC 10 1951
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2284
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: 5 years months days IN **THIS** county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Floyd Milos Tesarik

5. Date of Birth of Child (Month, day, year) January 15, 1910

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Milos L. Tesarik
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Spokane (City or town) Washington (State or foreign country)
14. Exact Occupation Ice Man.
15. Industry or Business Ice Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Monecia Adair Doan
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Springville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 41 years, and that Dr. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Milos L Tesarik Signature

11118 4th, Opportunity, Washington P. O. Address

Subscribed and sworn to before me this 8th day of December, 19 51.

(SEAL) Herbert Hood Notary Public, residing at Opportunity

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

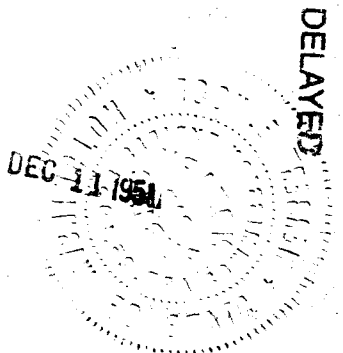
Received for filing on Dec. 10, 1951 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-207.001-814 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DEC 17 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2303
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laura Viola Carroll
2. Date Of Birth (month) January (day) 7 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Kuna

FATHER

6. Full Name of Father: John Henry Carroll
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Emma Abigail Hamilton
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura Viola Masshoff
11. Present Address of Registrant: Milwaukie, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on December 7th 1951

12. Signature of Notary: F. P. H. Mills
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires: Oct 16, 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible Record	Bible viewed by F. P. H. Mills Notary Public	Dec. 6, 1951	1-7-1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 7, 1910	Kuna, Idaho	Emma A. Carroll	John Henry Carroll

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Emma A. Carroll		Dec. 7, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 7, 1910	Kuna, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heller	Dec. 17, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOTARY PUBLIC
STATE OF IDAHO

DEC 26

363-28-034-169

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2355 B
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Near Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Janet N. Collin

5. Date of Birth of Child (Month, day, year) April 28, 1910

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Stewart Collin
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Stewartville, Minn (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez Jordan
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ames, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for life years, and that Dr. Killen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Collin Signature

Rupert, Idaho Rt. 3 P. O. Address

Subscribed and sworn to before me this 15th day of Jan. 1952

(SEAL) Mabel F. Felder, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 15, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JAN 2 7 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 16 1952

DELAYED

545-20-027-468

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 18 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2387
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roger Doyle Emeis		2. Date Of Birth: (month) 4 (day) 20 (year) 1910	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Jerome	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Walter Augusta Emeis		7. State or Country of Father's Birth: Iowa.	
MOTHER	8. Full Maiden Name of Mother: Lura Alma Doyle		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roger W. Emeis	11. Present Address of Registrant: 218 Iowa St. Davenport, Ia	
NOTARY (Seal)	Subscribed and sworn to before me on: October 15 1951	12. Signature of Notary: Thelma Blair	13. Notary Commission expires: July 4 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Life Insurance Policy	Penn Mutual Life Insurance Co		May 1, 1945
Class* B	Date of Birth / Birth Place: Apr. 20, 1910, Twin Falls, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued	Date Orig. Entry: 4-20-1910
Class A	Date of Birth / Birth Place: April 20, 1910,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Davenport Public Schools	Date Issued: Oct. 22, 1951	Date Orig. Entry: Aug. 30, 1915
Class B	Date of Birth / Birth Place: Apr. 20, 1910	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel K Eccles	Jan. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 24 1952

236-215 1022-282

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1952
DIVISION OF VITAL STATISTICS

State File No. De52-2419
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beulah Maude Scott
2. Date of Birth (month) (day) (year): October 15 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: ~~Annis~~ Fremont now Jefferson; b. City or Town of Birth: Annis, Idaho

FATHER

6. Full Name of Father: James Heber Scott
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Maude Bybee
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beulah S. Olson
11. Present Address of Registrant: Lorenzo, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 31 1952.

12. Signature of ~~Notary~~: Eileen Madsen
13. Notary Commission expires: CLERK OF THE DISTRICT COURT NINTH JUDICIAL DISTRICT 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church	July 2, 1911	
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 15, 1910, Annis, Idaho	Maude Bybee	James Heber Scott	
SUPPORTING RECORD 2.	Certificate of Baptism	L. D. S. Church	May 3, 1919	
Class B	Oct. 15, 1910, Annis, Idaho	Maude Bybee	James Heber Scott	
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Heuser	Feb. 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

DEC 24 1969

NOV 3 1976

1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
3. Color or Race	4. Sex	5. Place of Birth
6. Full Name of Father	7. State or Country of Father's Birth	
8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
10. Signature of Registrant	11. Present Address of Registrant	
12. Signature of Notary	13. Notary Commission Expires	

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: July 2, 1911	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father: James Robert Scott	
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: May 3, 1919	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father: James Robert Scott	
Class: B	Oct. 15, 1910, Annis, Idaho	Jane Bruce		
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class				

QUALIFYING INFORMATION

FEB 5 1952

CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed	Date Filed
W. W. Henson	[illegible]	Feb. 5, 1952

Class A Records are those made and dated before the Registrant's Fourth Birthday.
Class B Records are those made after the Fourth Birthday but all of least [illegible]

31-225-019-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Custer (b) City Houston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Mystum Lodge a residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years 5 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City at her home near City of Houston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? all her life 64 yrs.

3. **RESIDENCE OF FATHER** (city, state) Houston Idaho

4. **FULL NAME OF CHILD** Mildred Josephine Lambson

5. Date of Birth of Child (Month, day, year) Nov 25 1916

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred William Lambson
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Dairying
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Birdie Lambson
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace American Falls (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Custer } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that Mrs Sarah (First name) McFerran (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A N Lambson Signature

Box 464 Mackay Idaho P. O. Address

Subscribed and sworn to before me this 10th day of March, 1952

(SEAL) [signature], Notary Public, residing at Mackay Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 12, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-116-00-363

United States Department of Commerce
Bureau of the Census

MAR 11 1952 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2543
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ADA (b) City BOISE
   (c) Street Address or R.F.D. No. CITY
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County ADA
   (c) City BOISE
   (d) Street Address or R.F.D. No. CITY
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE IDAHO

4. **FULL NAME OF CHILD** RALPH EDWARD McMILLIN

5. Date of Birth of Child (Month, day, year) APRIL 16, 1910

6. Sex M

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JESSE EDWARD McMILLIN
11. Color or Race W
12. Age at time of THIS birth 29 yrs.
13. Birthplace NEBRASKA (City or town) (State or foreign country)
14. Exact Occupation PAINTER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH LUCINDA COLYER
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of WASHINGTON
County of YAKIMA } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that DR. - - - ? (First name) (HE WAS OLD) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Lucinda McMillin Signature
BOX 365 NACHES WASH. P. O. Address

Subscribed and sworn to before me this 28th day of FEB, 1952

(SEAL) Dewey H Baker, Notary Public, residing at Naches Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 12, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-146-001-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2635
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1715 State
   (d) Name of Hospital or Maternity Home: Mrs. George Graham
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Elmore
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Wayne Brown

5. Date of Birth of Child (Month, day, year) Apr. 16 1910

6. Sex Male

7. Twin or Triplet? If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Timothy L. Brown
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Diamond (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lora A. Keltner
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Keltner (City or town) Ky. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lora A. Brown (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs George Graham M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 8, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

APR 9 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-101-036-814

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2645
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lewis Hamblin Thomas
2. Date Of Birth (month) (day) (year): Oct. 1, 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth: Idaho — a. County: Oneida — b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: Edward J. Thomas
7. State or Country of Father's Birth: Samaria, Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Hamblin
9. State or Country of Mother's Birth: Samaria, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis H Thomas
11. Present Address of Registrant: Sun Valley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 10 1952
12. Signature of Notary: Mabel F Eldredge
13. Notary Commission expires: May 7 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's birthcertificate	On file with the Bureau of Vital Statistics #319932		Aug. 18, 1941
	Date of Birth / Birth Place: 30 yrs old / Idaho	**Full Name of Mother:**	**Name of Father:**	
SUPPORTING RECORD 2. Class B	Child's birth certificate	On file with the Bureau of Vital Statistics #181883		June 4, 1930
	Date of Birth / Birth Place: 19 yrs, old / Malad, Idaho	**Full Name of Mother:**	**Name of Father:**	
SUPPORTING RECORD 3. Class P	Navy Record	From the office of Veterans of Foreign Wars of U. S.	Apr. 10, 1952	1943-45
	Date of Birth / Birth Place: Oct. 1, 1910, Samaria(Idaho	**Full Name of Mother:** R. O. Wikoff	**Name of Father:**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F Eldredge	Apr. 10, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: Mamie Hamblin Thomas
2. Date of Birth (month) (day) (year): Oct. 1, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Idaho County: Oneida
6. City or Town of Birth: Malad

FATHER

7. Full Name of Father: Edward J. Thomas
8. State or Country of Father's Birth: Jamaica, Idaho
9. Maiden Name of Mother: Mary Hamblin
10. State or Country of Mother's Birth: Canada, Idaho

APPLICANT

11. Present Address of Registrant: Van Valley, Idaho
12. Signature of Registrant: [signature]
13. Signature of Notary: [signature]
14. Notary Commission expires: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me [illegible]

SUPPORTING RECORD 1

Type of Document: Childs Birth Certificate
Date of Birth: 20 yrs old
Birth Place: Idaho
By whom issued and signed: [illegible]
Full Name of Mother:
Date Issued:
Date Orig. Entry: [illegible]
Name of Father:

SUPPORTING RECORD 2

Type of Document: Childs Birth Certificate
Date of Birth: 19 yrs old
Birth Place: Malad, Idaho
By whom issued and signed: [illegible]
Full Name of Mother:
Date Issued:
Date Orig. Entry: [illegible]
Name of Father:

SUPPORTING RECORD 3

Type of Document: [illegible]
Date of Birth: [illegible]
Birth Place:
By whom issued and signed: [illegible]
Full Name of Mother:
Date Issued:
Date Orig. Entry: [illegible]
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that an other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [signature]
Date Filed: Apr. 10, 1962

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but not at least 1 year old.

Form DPH 4-0-6

819-107-006-435

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2798
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vaughn W. Harmon		2. Date Of Birth (month) (day) (year): March 7, 1910
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bingham Co., Idaho; b. City or Town of Birth:
FATHER	6. Full Name of Father: William O. Harmon		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Florence McVey		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vaughn W. Harmon	11. Present Address of Registrant: R.3 Afton, Iowa
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1952	12. Signature of Notary: Eldon L. Breese	13. Notary Commission expires: July 5 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Creston, Iowa Creston Public Schools	Date Issued:	Date Orig. Entry: Aug. 29, 1921
Class* B	Date of Birth: 12 yrs old; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Florence Harmon	Date Issued: Apr. 23, 1952	Date Orig. Entry:
Class B	Date of Birth: Mch. 7, 1910; Birth Place: Bingham County, Idaho	Full Name of Mother: Florence McVey	Name of Father: Wm. O. Harmon	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Connecticut Mutual	Date Issued:	Date Orig. Entry: Nov. 29, 1933
Class B	Date of Birth: March 7, 1910; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helfer	May 15, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise

State File No.
Local Reg. No.
Reg. Dist. No.

APR 8 1952

1. Department's Full Name at Birth: Harmon W. Harmon	2. Date of Birth (month) (day) (year): March 7, 1910
3. Sex: M	4. Place of Birth (County): Bingham Co., Idaho
5. Full Name of Father: William O. Harmon	7. State or Country of Father's Birth: Iowa
8. Full Maiden Name of Mother: Florence McVey	9. State or Country of Mother's Birth: Iowa
10. Signature of Registrant: [signature]	11. Present Address of Registrant: R.2 Afton, Iowa
12. Signature of Notary: [signature]	13. Notary Commission expires: July 5 1954

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY: Subscribed and sworn to before me on April 22 1952

SUPPORTING RECORD A: Type of Document: School Record; Date of Birth: Birth Place; By whom issued and signed: [signature]; Full Name of Mother; Date Issued; Date Orig. Entry; Name of Father

SUPPORTING RECORD B: Type of Document: [illegible]; Date of Birth: Birth Place; By whom issued and signed: [signature]; Full Name of Mother; Date Issued; Date Orig. Entry; Name of Father

Class: [illegible]

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] contract.

State Registrar: [signature]

Evidence reviewed by: [signature]

Date Filed: [illegible]

*Class A Records are those made and [illegible] the Registrar [illegible] Fourth Birthday.
Class B Records are those made after the Fourth Birthday but [illegible] Fourth Birthday.

819-210-035-255

Federal Security Agency
U. S. P. H. S.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De52-2805
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Nez Perce (b) City Peck
   (c) Street address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County NezPerce
   (c) City Peck
   (d) Street address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address (for registration notice):
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** Peck, Idaho
   (City, State)

4. **FULL NAME OF CHILD** Sophia Marcella Haralson

5. **DATE OF BIRTH** Nov. 10, 1910
   (Month, day, year)

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

FATHER OF CHILD

10. **FULL NAME** Theophilus Haralson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Missouri
    (City or Town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Enman Senter
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Missouri
    (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No # ..... Approximate date .....
23. Name prophylactic used to prevent Ophthamia Neonatorum AGNO3
24. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living .....
    (c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by other (First name) (Last name), who is related to this child as mother (Mother, etc.)

27. (a) May 16, 1952 (Date received) (b) W. N. Benson (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** J. M. Boyle, M.D. (D.O., Midwife, etc.)
and address Peck R. Ida Date .....

MAY 19 1952

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:-

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

849.117.040-458

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2818
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 300 Canyon Rd.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Wallace
(d) Street Address or R.F.D. No. 300 Canyon Rd.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Wallace, Idaho

4. **FULL NAME OF CHILD** Clarence Leland Quinn
5. Date of Birth of Child (Month, day, year) Oct. 17, 1910
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harley Alanson Quinn
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Fredonia, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lula Blanche Meyers
17. Color or Race white
18. Age at time of THIS birth 16 yrs.
19. Birthplace Craig Sps. West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 3 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. H. A. Quinn (First name) (Last name) who is related as Mrs. H. A. Quinn (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Francisco } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 42 years, and that Blanche Martha Quinn Donkle (First name) (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs H A Quinn Signature
3000-24 St. P. O. Address

Subscribed and sworn to before me this 16th day of May, 1952

(SEAL) John Ringermann, Notary Public, residing at San Francisco Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 19, 1952 by W. W. Benson Registrar

My Commission Expires September 22, 1952

MAY 19 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAY 20 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

141-22 11 046-114

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2856
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: at home (Grandparents)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years — months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Landore
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Landore, Ida.

4. **FULL NAME OF CHILD** Faye Louise Adams

5. Date of Birth of Child (Month, day, year) Sept. 21, 1910

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Ernest Adams
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Weiser (City or town), Idaho (State or foreign country)
14. Exact Occupation Farming + Stock +
15. ~~Industry or~~ Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna April James
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Overton (City or town), Nebr. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DONT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna A. Adams (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Oregon } ss.
County of Baker }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in item 4, above, that I am now 60 years of age, that I have known this person, for 38 years, and that Dr. Shirley of Weiser, Ida. (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna A. Adams — Signature

Homestead, Oregon — P. O. Address

Subscribed and sworn to before me this 17th day of May, 1952

(SEAL)

Grant A. Young, Co. Clerk Notary Public, residing at Baker, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

By Gladys M. Sutton Dep

Received for filing on May 28, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 8 1975

MAY 28 1952

APR 3 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

3642 71029-392

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2933
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DELCIE MAY COMPTON			2. Date of Birth (month) (day) (year): January 17 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Troy Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Abe Compton			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Margaret Aurelia Liskum			9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delcie May Brown		11. Present Address of Registrant: 921 North 178th St., Seattle 33, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: June 17, 1952	12. Signature of Notary: John N. Cheney		13. Notary Commission expires: April 22, 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife	By whom issued and signed: Gertrude Hubbard	Date Issued: 6/17/52	Date Orig. Entry:
Class* B	Date of Birth: Jan. 17, 1910 / Birth Place: Troy, Idaho	Full Name of Mother: Margaret Aurilla Compton	Name of Father: Abe Compton	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Mable Cooper	Date Issued: 6/17/52	Date Orig. Entry:
Class B	Date of Birth: Jan. 17, 1910 / Birth Place: Troy, Idaho	Full Name of Mother: Margaret Aurilla Compton	Name of Father: Abe Compton	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Sister	By whom issued and signed: Maude Hambly	Date Issued: 6/17/52	Date Orig. Entry:
Class B	Date of Birth: Jan. 17, 1910 / Birth Place: Troy, Idaho	Full Name of Mother: Margaret Aurilla Compton	Name of Father: Abe Compton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: June 20, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 1952-2953
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): January 17 1910
3. Color or Race: [illegible]
4. Sex: [illegible]
5. Place of Birth: [illegible] a. County: [illegible] b. City or Town of Birth: [illegible]

FATHER

6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: California

MOTHER

8. Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: New York

PRESENT ADDRESS

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

APPLICANT (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by [illegible]	Gertrude [illegible]	[illegible]	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Jan. 17, 1910 Troy, Idaho	Margaret Aurilla Compton	Abe Compton	

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister	Mable Cooper	6/17/52	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Jan. 17, 1910 Troy, Idaho	Margaret Aurilla Compton	Abe Compton	

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister	Maude Hambly	6/17/52	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Jan. 17, 1910 Troy, Idaho	Margaret Aurilla Compton	Abe Compton	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (see 1)

I hereby certify that no prior [illegible] Statistics for [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date a Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 20, 1952

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM DEC-[illegible]

249-22-1040-569

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 2939
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No. 201 W. Mullan
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In THIS county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No. 201 W. Mullan
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Ida.

4. **FULL NAME OF CHILD** Evelyn Louise Smith

5. Date of Birth of Child (Month, day, year) Oct. 28, 1910

6. Sex Female

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy ____

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Frederick Smith
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Fond du Lac, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Owner
15. Industry or Business Lumber & Building Material

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha A. Voigtlander
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Fond du Lac, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 8:35 A.M. on the date and at the place stated above, and that personal particulars were furnished by Martha A. Smith (First name) (Last name)
who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. R. Mason M.D. Midwife Address Kellogg Date 6/17-52

AFFIDAVIT

State of ____
County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 23, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JUN 23 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-912:021-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 6 1951 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2948
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Greaves		2. Date of Birth (month) July (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: John C. Greaves, Jr.		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Gracie Davis		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera G. Medford	11. Present Address of Registrant: Grace, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19___	12. Signature of Notary: Ingus Lasley	13. Notary Commission expires: 11/10/54 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing, L.D.S. Church	By whom issued and signed: Blessed by George H. Carver, signed by Ervin B. McCann	Date Issued: 6/23/52	Date Orig. Entry: 10/2/1910
Class* B	Date of Birth: July 12, 1910	Birth Place: Preston, Idaho	Full Name of Mother: Grace Davis	Name of Father: John Card Greaves
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation, L.D.S. Church	By whom issued and signed: Baptized by William T. Brown, signed by Ervin McCann	Date Issued: 6/23/52	Date Orig. Entry: 8/3/1918
Class B	Date of Birth: July 12, 1910	Birth Place: Preston, Idaho	Full Name of Mother: Grace Davis	Name of Father: John Card Greaves
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Caroline S. Merriam	Date Issued:	Date Orig. Entry:
Class B	Date of Birth: July 12, 1910	Birth Place: Preston, Idaho	Full Name of Mother: Gracie Davis Greaves	Name of Father: John C. Greaves

QUALIFYING INFORMATION

Class B. Affidavit signed by J. C. Greaves, Jr., father of Vera Greaves showing date of birth as July 12, 1910 and place of birth as Preston, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 25, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 26 1952

NAME

MOTHER

AFFIDAVIT

SUBSCRIBED

SUPPORTING RECORD

SUPPORTING RECORD

Place [illegible] Idaho [illegible]

[illegible]

[illegible]

[

652-107-025-432

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3038
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Charles Louis Westenhuser

5. Date of Birth of Child (Month, day, year) June 7 1910

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles R. Westenhuser
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Grangeville (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cassie Ella McKay
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace No Platte (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Grays Harbor } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 41 years, and that Rose (First name) Cowan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jay Westenhuser Orr Signature

Elma, Washington P. O. Address

Subscribed and sworn to before me this 28 day of March, 1952.

(SEAL) J. L. Miller, Notary Public, residing at Elma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 21, 1952 by W. W. Benson, Registrar

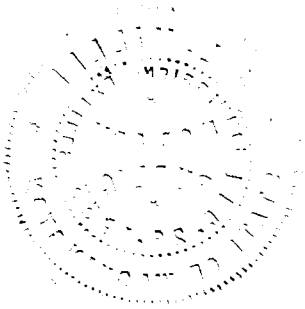
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

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Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 5 1952
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3082
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: STEWART MENEFIELD WALLING		2. Date Of Birth (month) (day) (year): September 5, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Boise, Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Sidney David Walling		7. State or Country of Father's Birth: Boise, Ada County, Idaho
MOTHER	8. Full Maiden Name of Mother: Nettie Frances Ingram		9. State or Country of Mother's Birth: Rich Hill, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stewart Menefield Walling	11. Present Address of Registrant: Brownsville, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: April 2, 1952	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 30, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nettie Frances Walling	Date issued: 3-21-52	Date Orig. Entry:
Class* B	Date of Birth: Sept. 5, 1910; Birth Place: Boise, Idaho	Full Name of Mother: Nettie Frances Walling	Name of Father: Sidney David Walling	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Sidney David Walling	Date issued: 3-21-52	Date Orig. Entry:
Class B	Date of Birth: Sept. 5, 1910; Birth Place: Boise, Idaho	Full Name of Mother: Nettie Frances Walling	Name of Father: Sidney David Walling	
SUPPORTING RECORD 3.	Type of Document: Membership in the Eagle Lodge	By whom issued and signed: The Fraternal Order of Eagles	Date issued: 9/25/44	Date Orig. Entry: 9/25/44
Class B	Date of Birth: Sept. 5, 1910; Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Edna Hamilton	August 5, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT — 1. Registrant's full name at Birth: [illegible] VALLING

2. Date of Birth (month) (day) (year): September 5, 1910

3. Color or Race: White — 4. Sex: Male — 5. Place of Birth: Boise, Idaho

6. Birth Name of Father: Sidney [illegible] Valling

7. State or Country of Father's Birth: Boise, Ada County, Idaho

FATHER

MOTHER — 8. Full Maiden Name of Mother: Nettie [illegible]

9. State or Country of Mother's Birth: Rich Hill, Missouri

APPLICANT — 10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Present Address of Registrant: [illegible]

12. Signature of Registrant: [illegible]

NOTARY — 13. Subscribed and sworn to before me on [illegible] 19[illegible]

14. Signature of Notary: [illegible]

15. Notary Commission expires: [illegible] 19[illegible]

AUG 6

SUPPORTING RECORD 1 — Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

SUPPORTING RECORD 2 — Type of Document: [illegible] Father

By whom issued and signed: Sidney [illegible] Valling

Date Issued: [illegible]-21-[illegible]

Date Orig. Entry: [illegible]

Date of Birth: Sept. [illegible], 1910 Boise, Idaho

Full Name of Mother: [illegible] Valling

Name of Father: Sidney David Valling

SUPPORTING RECORD 3 — Type of Document: Membership in the Eagle Lodge

By whom issued and signed: The Fraternal Order of Eagles

Date Issued: 9/25/44

Date Orig. Entry: 9/25/44

Date of Birth: Sept. 5, 1910 Boise, Idaho

Full Name of Mother:

Name of Father:

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (see*) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. [illegible]

Evidence reviewed by: [illegible]

Date Filed: August 5, 1958

*Class A Records are those made on or before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible]

168-20 2 1036-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3169
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET JOHNSON			2. Date of Birth (month) April (day) 2 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Clifton a. County: Oneida	b. City or Town of Birth: Clifton, Idaho	
FATHER	6. Full Name of Father: John Erastus Johnson			7. State or Country of Father's Birth: Brigham, Utah	
MOTHER	8. Full Maiden Name of Mother: Jennie May Mortensen			9. State or Country of Mother's Birth: Brigham, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret J Farge		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 22, 1952	12. Signature of Notary: Mabel Heller		13. Notary Commission expires: May 7, 1953	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Genealogical Record	By whom issued and signed: Jennie Johnson	Date Issued: April 1910	Date Orig. Entry: April 1910
Class* A	Date of Birth: April 2 1910 / Birth Place: Clifton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: State of Idaho No. 167696 Child's birth Certificate	By whom issued and signed: Bureau of Vital Statistics	Date Issued: 1/1/29	Date Orig. Entry: 1/1/29
Class B	Date of Birth: 18 yrs old / Birth Place: Clifton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Farnes	Date Filed: 8/22/52	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Ne72-3169
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: MARGARET JOHNSON
2. Date of Birth (month) (day) (year): April 2 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth: Clifton, Oneida
6. City or Town of Birth: Clifton, Idaho

FATHER

6. Full Name of Father: John Erastus Johnson
7. State or Country of Father's Birth: Brigham, Utah

MOTHER

8. Full Maiden Name of Mother: Jennie Kay Mortensen
9. State or Country of Mother's Birth: Brigham, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Johnson
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Family Genealogical Record
By whom issued and signed: Jennie Johnson
Date Issued: April 1910
Date Orig. Entry: April 1910
Date of Birth: April 2 1910
Birth Place: Clifton, Idaho
Full Name of Mother:
Name of Father:

Class A

SUPPORTING RECORD 2

Type of Document: State of Idaho No. 167696 Child's Birth Certificate
By whom issued and signed: Bureau of Vital Statistics
Date Issued: 1/1/29
Date Orig. Entry: 1/1/29
Date of Birth: [illegible]
Birth Place: Clifton, Idaho
Full Name of Mother:
Name of Father:

Class B

SUPPORTING RECORD 3

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:
Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: [illegible]
Date Filed: 4/22/52

Class A Records are those made and used before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

Form DFH-[illegible]

466-208-006 982

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3213
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Rigby
(c) ~~Street Address or~~ R.F.D. No. Rt #2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Rigby
(d) ~~Street Address or~~ R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nora LaVerne Moore
5. Date of Birth of Child (Month, day, year) Sept. 8, 1910
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** George Moore
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Spanish Fork (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nora Ryset
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Freedom (City or town), Wyoming (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 42 years, and that Sarah A Howard (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Moore Signature
Rigby Idaho RFD #2 P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942
(SEAL) Paul A Dixon Notary Public, residing at Rexburg Idaho Jefferson
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 4, 1952 by W. W. Benson, Registrar.

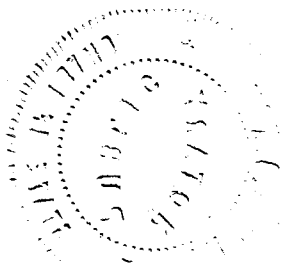
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 8 1952



DELAYED

499-22-5028-465

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Da52-3253
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 1003 C St.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Florence Lena Mize

5. Date of Birth of Child (Month, day, year) Mar. 25, 1910

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thorne Mize
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Coeur d'Alene (City or town) Idaho (State or foreign country)
14. Exact Occupation Boiler Fireman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Amelia Donart
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Country, Winona Co. (City or town) Minn. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho Washington ss.
County of Kootenai Pierce

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Since birth years, and that John (First name) Dwier (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thorne Mize
Signature
6615 So. Junett, Tacoma Wash.
Address

Subscribed and sworn to before me this 15 day of September, 1952

(SEAL)

Lawrence Nadeau, Notary Public, residing at Puyallup

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

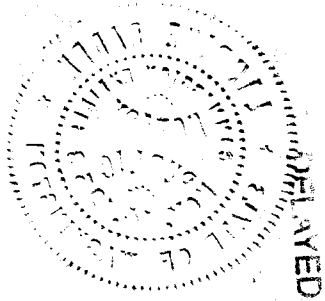
Received for filing on September 17, 1952 by W. W. Benson, Registrar

SEP 18 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



155-114-036469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3260
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Holbrook
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Holbrook
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Holbrook, Idaho

4. FULL NAME OF CHILD Glenden Jacob Jensen

5. Date of Birth of Child (Month, day, year) Nov. 14, 1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Andreas Jensen
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Simbalilla, Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elvira Caroline Mortensen
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Bear River City, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 41 years, and that Jesse (First name) Bradshaw (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elvira Jensen Signature

Box 104 Oxford, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of Sept, 1952

(SEAL) Orson Kofoed Notary Public, residing at Clifton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 18, 1952 by W. W. Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 19 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

49.202.01 K255

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52- 3271
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D. No. 1213 2nd Ave. S.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 4 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D. No. 1213 2nd Ave. S.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Erma Elizabeth Kirk

5. Date of Birth of Child (Month, day, year) March 2, 1910

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl E. Kirk
11. Color or Race white
12. Age at time of THIS birth 19 yrs.
13. Birthplace Heppner, Oregon (City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Lillian (Lillie) Kent
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Payette, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Susan Lillian Kent (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Payette Idaho Date 9/9/52

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[signature] Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on September 22, 1952 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

962-21-003-194

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED APR 16 1952 DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52-3317
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GULA LOUISE ROBISON			2. Date of Birth (month) Dec. (day) 21 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Bancroft
FATHER	6. Full Name of Father: Ray Holmes Robison			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Blanche Elizabeth Armstrong			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gula Louise Robison Cochran		11. Present Address of Registrant: Box 1216 Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1952	12. Signature of Notary: Arthur B. Chinn		13. Notary Commission expires: Jan. 1 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Ray Holmes Robison	Date Issued: 3-31-52	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: Dec. 21, 1910, Bancroft, Idaho	Full Name of Mother: Blanche Elizabeth Armstrong	Name of Father: Ray Homes Robison	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Blanche Elizabeth Robison	Date Issued: 3-31-52	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Dec. 21, 1910, Bancroft, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed:	Date Issued:	Date Orig. Entry: Dec. 21, 1910
Class A	Date of Birth / Birth Place: Dec. 21, 1910	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 3-2-19
Local reg. no.
No. births

CHILD

1. Name of child: Guy Holmes Robinson
2. Date of birth: Dec. 21 1910
3. Sex: M
4. Color or race: W
5. If not single birth, was child 1st, 2nd, 3rd, etc.:
6. Place of birth (a) City or town: Ranger
(b) If in hospital or institution, give its name:
(c) Length of stay in this place before this birth:
(d) Usual residence of mother: (Is it within the limits of this city or town?)

FATHER

7. Full name of father: Guy Holmes Robinson
8. Color or race: W
9. Age at last birthday: 21
10. Birthplace (State or foreign country): Idaho
11. Occupation: Farmer
12. Industry or business:
13. Was he in the U.S. Army, Navy or Marine Corps?

MOTHER

14. Maiden name of mother: Blanche Irving Armstrong
15. Color or race: W
16. Age at last birthday: 19
17. Birthplace (State or foreign country): Idaho
18. Number of children born to this mother, including present birth:
19. Number now living:

INFORMANT

I hereby declare that I have given the above statements are true to the best of my knowledge and belief.

Signature: Blanche Robinson
Address: Box 1210 Pocatello, Idaho

Sworn to and subscribed before me this March 31 1911

Signature of Notary:
Official Character:
My Commission expires: Jan. 1 1959

CERTIFICATE OF ATTENDANT OR CORONER

I hereby certify that I attended the birth of this child, who was born alive at 8 o'clock a.m. on the date above stated.

Signature:
Address:

CERTIFICATE OF PERSON IN CHARGE OF PREMISES

I hereby certify that I visited the premises mentioned above on the date given, and that I have truly stated the facts concerning the birth therein.

Signature:
Address:

Date received: OCT 7 1938

REGISTRAR'S NUMBER

Type of Document: Bible Record
Date of Birth: Dec. 21, 1910
Given Name: Guy Holmes
Full Name of Mother:
Name of Father:
Date Issued:
Date Orig. Entry: Dec. 21, 1910

Class A

SUPPLEMENTAL REGISTRATION NO. 2

Type of Document:
Date of Birth:
Given Name:
Full Name of Mother:
Name of Father:
Date Issued:
Date Orig. Entry:

Class B

SUPPLEMENTAL REGISTRATION NO. 3

Type of Document:
Date of Birth:
Given Name:
Full Name of Mother:
Name of Father:
Date Issued:
Date Orig. Entry:

Class B

DELAYED REGISTRATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Name Registrar: F. E. Johnson
Evidence reviewed by:
Date filed: Oct. 7, 1938

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth day but are by law to be dated as of the birth.

245-218-028-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3331
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Dorothy Sundin
2. Date of Birth (month) June (day) 18 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: 902 Young, Street, Kootenai
b. City or Town of Birth: Coeur d'Alene, Idaho

FATHER

6. Full Name of Father: Olaf Robert Sundin
7. State or Country of Father's Birth: Chassell, Michigan

MOTHER

8. Full Maiden Name of Mother: Christine Thompson
9. State or Country of Mother's Birth: Woodville, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Ethel D. Cooley
11. Present Address of Registrant: 1403 Ash, Coeur d'Alene, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 7, 1952
12. Signature of Notary: Dan M. Edwards
13. Notary Commission expires: 8-31-1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class*

SUPPORTING RECORD 2.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 3.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

I was the attending physician in this case and personally delivered the above child. Dan Edwards MD

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by: Walter Keeler | Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Ethel [illegible] Sunden
2. Date of Birth (month) (day) (year): June 18 1940
3. Color or Race: [illegible]
4. Sex: Female
5. Place of Birth: [illegible] Kootenai
6. City or Town of Birth: Coeur d'Alene, Idaho

FATHER

7. Full Name of Father: Robert Sunden
8. State or Country of Father's Birth: [illegible], Michigan

MOTHER

9. Full Name of Mother: Stine Thompson
10. State or Country of Mother's Birth: [illegible], Wisconsin

APPLICANT

I, [illegible] upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on 19[illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: 8-31-[illegible] 19[illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

OCT 10 1952

SUPPORTING RECORD 1.

Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 2.

Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 3.

Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

[illegible]

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

*Class A Records are those made [illegible] birthday.
Class B Records are those made after the [illegible] birthday [illegible] at least [illegible] years old.

381-115-1042-185

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3365
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDWARD SPENCER CHADWICK, JR.		2. Date of Birth (month) Nov. (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls, Ida. Twin Falls; b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Edward Spencer Chadwick		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Maud Ayers		9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward Spencer Chadwick Jr	11. Present Address of Registrant: 443 N. Palm Drive Beverly Hills, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 9, 1952	12. Signature of Notary: Josephine Vitamanti	13. Notary Commission expires: Jan. 25 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Doctor's record of the birth	By whom issued and signed: Margaret West, daughter of late Dr. Hubert Wilson*	Date issued: 10/13/52	Date Orig. Entry: Nov. 15, 1910
	Date of Birth: Nov. 15, 1910	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Census record of 1920	By whom issued and signed: Roy V. Peel	Date issued: 10/1/52	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: 9 yrs old	Birth Place: Idaho	Full Name of Mother: Maud A. Chadwick	Name of Father: Edward S. Chadwick
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit re application for Insurance	By whom issued and signed: Occidental Life Ins. Co. Howard J. Brace, Vice Pres. and Secretary	Date issued: 8/1/52	Date Orig. Entry: Application on Nov. 15, 1925
	Date of Birth: Nov. 15, 1910	Birth Place: Twin Falls, Ida.	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

* Margaret West, daughter of the Late Dr. Hubert Wilson, who died on June 24, 1935, signed an affidavit and submitted a photostatic copy of the record of this birth as entered in the doctor's record, which records are now in her possession.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2365

Local Reg. No.

Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 20 1952

REGISTRANT (Person in birth is being registered)

1. Registrant's Full Name at Birth: [illegible] Jr.

2. Date of Birth (month) (day) (year): Nov. 15 1910

3. Color or Race: White | 4. Sex: Male | 5. Place of Birth: Twin Falls, Idaho

6. Town of Birth: Twin Falls, Idaho

FATHER

7. Full Name of Father: [illegible] Spencer Chadwick

8. State or Country of Father's Birth: Nebraska

MOTHER

9. Maiden Name of Mother: [illegible]

10. State or Country of Mother's Birth: New York

AFFIDAVIT

11. Affidavit: I hereby certify that the above are true to the best of my knowledge and belief.

12. Signature of Registrant: [illegible]

13. Present Address of Registrant: [illegible] Drive, Beverly Hills, Calif.

NOTARY

14. Sworn to and subscribed on: [illegible]

15. Signature of Notary: [illegible]

16. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Doctor's record of the birth

By whom issued and signed: Margaret Best, daughter of late Dr. Hubert Wilson*

Date Issued: 10/13/52

Date Orig. Entry: Nov. 15, 1910

Name of Father

Class A

SUPPORTING RECORD 2.

Type of Document: Census record of 1920

By whom issued and signed: Rev. F. Peel

Date Issued: 10/1/52

Date Orig. Entry: Jan. 1, 1920

Date of Birth | Birth Place

Full Name of Mother

Name of Father

Class B

9 yrs old | Idaho

Maud A. Chadwick

Edward F. Chadwick

SUPPORTING RECORD 3.

Type of Document: Affidavit re application for Insurance

By whom issued and signed: Occidental Life Ins. Co. Edward J. Grace, Vice Pres.

Date Issued: 5/1/52

Date Orig. Entry: Application on Nov. 15, 1923

Date of Birth | Birth Place

Full Name of Mother and Secretary

Name of Father

Class B

Nov. 15, 1910 Twin Falls, Ind.

QUALIFYING INFORMATION

* Margaret Best, daughter of the late Dr. Hubert Wilson, who died on June 24, 1938, signed an affidavit and submitted a photostatic copy of the record of this birth as entered in the doctor's record, which records are now in her possession.

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar: [illegible] W. Benson

Evidence reviewed by: [illegible]

Date Filed: Oct. 17, 1952

Class A Records are those made and [illegible] the Registrar's Fourth Birthday.
Class B Records are those made [illegible] the [illegible] day [illegible] of [illegible] year [illegible]

Form [illegible]

622-207-016-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3374
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Goldie Hannah Osborne
2. Date of Birth (month) Feb. (day) 3 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Cassia Idaho; b. City or Town of Utah Oakley

FATHER

6. Full Name of Father: Joseph Oliver Osborne
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Stanger
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Goldie H. Garner
11. Present Address of Registrant: Groveville Oregon P.O. Box 324

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 9th 1952
12. Signature of Notary: Nora F. Stearns
13. Notary Commission expired: County Clerk 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Photostatic copy of Family Record	Certified to as true and correct by Nora F. Stearns County Clerk		
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb. 3, 1910 Oakley, Idaho	Mary Stanger	Joseph Oliver Osborn	
SUPPORTING RECORD 2. Class B	Return of Marriage	By whom issued and signed Lane Co. Ore. W. B. Dillard, County Clerk/	Date issued July 2, 1932	Date Orig. Entry Date of Marriag July 2, 1932
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	22 yrs 5 mos. Idaho			
SUPPORTING RECORD 3. Class	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

INSTRUCTIONS

1. Complete all items.
2. Date of birth
3. Place of birth
4. Sex
5. Color or race
6. Name of mother
7. Maiden name of mother
8. Birthplace of mother
9. Age of mother
10. Name of father
11. Birthplace of father
12. Age of father
13. Usual occupation of father
14. Industry or business of father
15. Date of delivery of father's birth
16. State or Country of father's birth
17. Usual occupation of mother
18. Industry or business of mother
19. Date of delivery of mother's birth
20. State or Country of mother's birth
21. Number of children born to this mother
22. Number of children now living
23. Number of children born dead
24. Signature of informant
25. Relationship
26. Address of informant
27. Signature of Registrar
28. Date filed

APPLICANT — DO NOT WRITE BELOW THIS LINE

Applicant is entitled to receive a certified copy of the record of birth of the person named herein because he is

- [ ] the person himself
- [ ] parent
- [ ] guardian
- [ ] child
- [ ] grandparent
- [ ] brother
- [ ] sister
- [ ] grandchild
- [ ] other (specify)

of the person named herein.

Applicant requests that a certified copy of the record of birth of the person named herein be issued to him.

Signature of applicant

Address of applicant

Date

Subscribed and sworn to before me on

Notary Public

My commission expires

Fee paid $

Receipt No.

Issued

Clerk

Deputy Clerk

RECORD

Name of child

Sex

Color or race

Date of birth

Place of birth

Name of father

Birthplace of father

Age of father

Occupation of father

Name of mother

Birthplace of mother

Age of mother

Occupation of mother

Number of children born to this mother

Number of children now living

Number of children born dead

Date filed

Registrar

Certificate prepared by

Date issued

Clerk

Deputy Clerk

RECORD

Name of child

Sex

Color or race

Date of birth

Place of birth

Name of father

Birthplace of father

Age of father

Occupation of father

Name of mother

Birthplace of mother

Age of mother

Occupation of mother

Number of children born to this mother

Number of children now living

Number of children born dead

Date filed

Registrar

Certificate prepared by

Date issued

Clerk

Deputy Clerk

RECORD

Name of child

Sex

Color or race

Date of birth

Place of birth

Name of father

Birthplace of father

Age of father

Occupation of father

Name of mother

Birthplace of mother

Age of mother

Occupation of mother

Number of children born to this mother

Number of children now living

Number of children born dead

Date filed

Registrar

Certificate prepared by

Date issued

Clerk

Deputy Clerk

365-203-003-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3392
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Katherine Loveland
2. Date of Birth (month) Sept (day) 3 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County Chesterfield Idaho Bannock. b. City or Town of Birth Cherlifield Idaho

FATHER

6. Full Name of Father: Anson Jerijorah Loveland
7. State or Country of Father's Birth: Brigham City Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Ethel Bevins Loveland
9. State or Country of Mother's Birth: [illegible] Hastings Onion.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kathrine Hopkins
11. Present Address of Registrant: 113 Ross Lane. Medford Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: September 16 1952
12. Signature of Notary: Carl J. Jengwald
13. NOTARY PUBLIC FOR OREGON
My Commission Expires Feb. 17, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Ward Record	L. D. S. Church	10/2/10	10/2/10
Class* A	Date of Birth: 9/3/10	Birth Place: Chesterfield, Ida.	Full Name of Mother: Sarah Ethel Bevins	Name of Father: Anson Josiah Loveland
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Sarah Ethel Loveland	Date Issued: 10/22/52	Date Orig. Entry: 10/22/52
Class B	Date of Birth: Sept 3 1910	Birth Place: Chesterfield, Ida.	Full Name of Mother: Sarah Ethel Loveland	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	10/22/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Place of Birth	4. Sex
FATHER	5. Full Name of Father	6. Date of Father's Birth
MOTHER	7. Maiden Name of Mother	8. State or Country of Mother's Birth
AFFIDAVIT	9. Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY	12. Subscribed and sworn to before me on	13. Signature of Notary
		14. Expiration of Commission

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class A				
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				

CERTIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed

*Class A Records are those made and dated before the Registrant's Fourth Birthday.
Class B Records are those made after the fourth birthday but not at least 3 years old.

TO WHOM THIS MAY CONCERN:

I, Sarah Ethel Loveland, state that I am 73 years old and am the mother of Katherine Loveland who was born on September 3, 1910 at Chesterfield, Idaho in Bannock County.

Sarah Ethel Loveland

Sarah Ethel Loveland

Subscribed and sworn to before me on this 22nd day of October, 1952.

Notary

OCT 22 1952

TO WHOM THIS MAY CONCERN:

I, Sarah Ethel Loveland, state that I am 73 years old and am the mother of Katherine Loveland who was born on September 3, 1910 at Chesterfield, Idaho in Bannock County.

Sarah Ethel Loveland

Subscribed and sworn to before me on this 22nd day of October, 1952.

OCT 25 1952

489-208-012 319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3398
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Anna Myrup
2. Date of Birth (month) (day) (year): February 9 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Arco, Idaho
b. City or Town of Birth: Arco

FATHER

6. Full Name of Father: Adolph Marinus Myrup
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Lillian Geraldine Larson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Anna Myrup (Alice M. Ldrsen)
11. Present Address of Registrant: 760 North 11 East, Provo Utah

NOTARY (Seal)

Subscribed and sworn to before me on: October 18 1952
12. Signature of Notary: M. J. Patterson
13. Notary Commission expires: Sept. 7 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Department of Education Salt Lake, Utah	1926	to 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. ', 1910			

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	L. D. S. Church	Baptised	Mch. 30, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 8, 1910,	Idaho	Lillian Larson	Adolpheus Myrup

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	American National Insurance Co.		Jan. 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 8, 1910	Arco, Idaho		

Class B

QUALIFYING INFORMATION

Hospital certificate for Lee George Larson gives the mother's date of birth as Feb. 8, 1910, mother, Alice Anna Myrup.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Oct. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

OCT 24 1952

REGISTRANT — 1. Registrant's Full Name of Birth (Person whose birth is being registered) [illegible]

2. Date of Birth (month) (day) (year) [illegible] 1918

3. Date of Reg. No. Sex [illegible] 4. Place of Birth (Town) [illegible]

5. City or Town of Birth [illegible]

FATHER — 6. Full Name of Father [illegible]

7. State or Country of Father's Birth [illegible]

MOTHER — 8. Full Maiden Name of Mother [illegible]

9. State or Country of Mother's Birth [illegible]

AFFIDAVIT — 9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant [illegible]

11. Present Address of Registrant [illegible]

NOTARY (Seal) — Subscribed and sworn to before me [illegible] 1952

12. Signature of Notary [illegible]

13. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1 — Type of Document: School Record — Date of Birth: Birth Place — Class: [illegible]

By whom issued and signed: Department of Education, Salt Lake City — Full Name of Mother

Date Issued: [illegible] 1952 — Name of Father

Date Orig. Entry

SUPPORTING RECORD 2 — Type of Document: Church Record — Date of Birth: Birth Place — Class: Feb. 8, 1910, Idaho

By whom issued and signed: [illegible] Church — Full Name of Mother: William Larson

Date Issued: Baptized Feb. 30, 1918 — Name of Father: Adolphus Myrup

Date Orig. Entry

SUPPORTING RECORD 3 — Type of Document: Insurance Policy — Date of Birth: Birth Place — Class: Feb. 8, 1910, Idaho

By whom issued and signed: American National Insurance Co. — Full Name of Mother

Date Issued: Jan. 1949 — Name of Father

Date Orig. Entry

REGISTRAR'S CERTIFICATION — Hospital certificate for Lee George Larson gives the mother's date of birth as Feb. 8, 1910, mother, Alice Anna Myrup.

REGISTRAR'S CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Hanson

Evidence reviewed by: [illegible]

Date Filed: Oct. 24, 1952

*Class A [illegible]
Class B [illegible]

691-103-023-163

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3448
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No. [illegible]
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No. [illegible]
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett

4. **FULL NAME OF CHILD** Preston Jack Franklin

5. Date of Birth of Child (Month, day, year) July 3-1910

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy ✓

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Obed Ulysis Franklin
11. Color or Race W
12. Age at time of THIS birth 43 yrs.
13. Birthplace Mo (City or town) (State or foreign country)
14. Exact Occupation Brick layer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Jack
17. Color or Race W
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4% Nit
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature J L Reynolds M.D. ~~Midwife~~ Address Emmett Ida Date July 3-1910

AFFIDAVIT

State of Idaho
County of Washington, Gem ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 17, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JAN 7 1958

NOV 17 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-219.014-713

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3456
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Opal Fretwell		2. Date Of Birth (month) Jan (day) 19 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: E. E. Fretwell		7. State or Country of Father's Birth: Clark County, Missouri
MOTHER	8. Full Maiden Name of Mother: Josephine Palmer		9. State or Country of Mother's Birth: Pendleton, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Fretwell; Married name Mary DeBord	11. Present Address of Registrant: 2015 Center Avenue Payette, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1952	12. Signature of Notary: Violet M. Robinson	13. Notary Commission expires: May 7 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Family Bible viewed by Vernon Daniel Notary	Date Issued:	Date Orig. Entry: Jan. 19, 1910
	Date of Birth: Jan. 19, 1910	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Wm. E. Leggitt, County Sup't Malheur Co. Oregon	Date Issued:	Date Orig. Entry: 1922
	Date of Birth: 12 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by father & mother	By whom issued and signed: E. E. Fretwell, Josephine Palmer Fretwell	Date Issued: Nov. 13, 1952	Date Orig. Entry:
	Date of Birth: Jan 19, 1910	Birth Place: Middleton, Idaho	Full Name of Mother: Josephine Palmer Fretwell	Name of Father: E. E. Fretwell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson,	Edna Hamilton	Nov. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 18 1957

662-218-00K-229

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3474
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 62 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mildred Jane Foster

5. Date of Birth of Child (Month, day, year) July 18, 1910

6. Sex Female

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hyrum Foster
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Stockton, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane K. Skinner
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Nounan (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 42 years, and that Mrs. Charley Clark (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jane K Skinner Foster Signature

Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of November, 1952

(SEAL) [illegible] Notary Public, residing at Soda Springs, Idah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 20, 1952 by W. W. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 11 1970

NOV 21 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

DELAYED

389-202.006-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3497
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Firth
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Firth
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Mildred Judith Christensen

5. Date of Birth of Child (Month, day, year) Oct. 2, 1910

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Heber Christensen
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Nelson
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Grefvie (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bingham }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Mrs (First name) Jimmett (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma K. Christensen Signature

211 E. 18th st. Idaho Falls, Ida. Address

Subscribed and sworn to before me this 25 day of November, 1952

(SEAL) Theodore N. Gathe Notary Public, residing at Pocatello Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on November 26, 1952 by W. W. Benson, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

DELAYED

935125-01X-495

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3504
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CHARLES LEROY ILETT
2. Date of Birth: (month) July (day) 25 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho — Canyon Co.; b. City or Town of Birth: New Plymouth, Idaho

FATHER

6. Full Name of Father: James Roy Ilett
7. State or Country of Father's Birth: Redwood Falls, Minnesota

MOTHER

8. Full Maiden Name of Mother: Frances Adeline Minor
9. State or Country of Mother's Birth: Retreat, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles L. Ilett
11. Present Address of Registrant: Route #1 Nyssa, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on Nov 28 1952
12. Signature of Notary: Mabel Keeler
13. Notary Commission expires: May 7, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Bible Record	Cora Ilett (aunt)	7/25/10	7/25/10
Class* A	Date of Birth: Jul 25 1910 — Birth Place: New Plymouth, Ida	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	School Record	New Plymouth Public Schools Arthur Hiemstra, Supt.	11/25/52	9/7/26
Class B	Date of Birth: July 25 1910 — Birth Place: New Plymouth, Idaho	Full Name of Mother:	Name of Father: J. R. Ilett	
SUPPORTING RECORD 3.	Affidavit by	J. F. Slater	11/26/52	11/26/52
Class B	Date of Birth: Jul 25 1910 — Birth Place: New Plymouth, Idaho	Full Name of Mother: Frances A. Minor	Name of Father: James R. Ilett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	11/28/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

CHILD	1. Registered's Full Name at Birth		2. Date of Birth	
	CHARLES LEROY ILETT		July 25 1910	
	3. Sex	4. Color or Race	5. Place of Birth (City or Town)	6. County
	Male	White	Idaho Falls	Bonneville
				7. City or Town of Birth
				New Plymouth, Idaho
FATHER	8. Full Name of Father		9. State or Country of Father's Birth	
	James Ilett		Bedford, England	
MOTHER	10. Full Maiden Name of Mother		11. State or Country of Mother's Birth	
	Frances Adeline Munro		Redmond, Wisconsin	
INFORMANT	I hereby swear that the facts stated above are true to the best of my knowledge and belief.		12. Present Address of Informant	
	13. Signature of Informant		Route #1 Vyas, Oregon	
NOTARIAL SEAL	Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires	
	[illegible]	[illegible]	[illegible]	

SUPPORTING RECORD 1.	Type of Document		Date Issued	Date Orig. Entry
	Family Bible Record		7/25/10	7/25/10
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class* A	[illegible]	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 2.	Type of Document		Date Issued	Date Orig. Entry
	Record		11/25/52	11/25/52
Class B	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]	J. F. Ilett
SUPPORTING RECORD 3.	Type of Document		Date Issued	Date Orig. Entry
	Affidavit by		11/26/52	11/26/52
Class C	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	July 25 1910	New Plymouth, Idaho	Frances A. Munro	James F. Ilett

CLASSIFICATION (cont.)

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date Registered	Evidence reviewed by	Date Filed
R. W. Dorsey	[illegible]	11/26/52

*Class A Records are those made and dated during the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

252-227-066-155

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3522
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AGNES ELINOR SESSIONS			2. Date of Birth (month) March (day) 27 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Goshen a. County: BINGHAM	b. City or Town of Birth: GOSHEN
FATHER	6. Full Name of Father: David Junius Sessions			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Alice Jensen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes Elinor Sessions		11. Present Address of Registrant: Shelley, Idaho, RFD 1
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1952	12. Signature of Notary: L. Ivan Jensen		13. Notary Commission expires: June 16 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: May 1, 1910
Class* A	Date of Birth: Mch. 27, 1910	Birth Place: Goshen, Idaho	Full Name of Mother: Mary A. Jensen	Name of Father: David Junius Sessions	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Alice Collins	Date issued: Oct. 28, 1952	Date Orig. Entry:
Class B	Date of Birth: Mach 27, 1910	Birth Place: Goshen, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Dec. 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF PUBLIC INSTRUCTION
STATE OF IDAHO

Division of Rural Education

Boise, Idaho

Local Reg. No.

1. Name of District: Rural Dist. No. 2

2. Date of Meeting: March 7, 1910

3. Place of Meeting: Gordon School

4. Hour: 8 P.M.

5. Color or Race: White

6. Sex: Female

7. Name of Clerk: Gordon

8. Address: Box 22

9. Total Number of Persons Present: 11

10. Total Number Entitled to Vote: 11

11. Number of Votes Cast: 11

12. Number of Votes Cast for Each Proposition:

For Bonds: 11

Against Bonds: 0

13. Number of Votes Cast for Each Person Voted for:

For Trustee: 11

For Trustee: 11

14. Number of Votes Cast for Each Proposition:

For Bonds: 11

Against Bonds: 0

15. Number of Votes Cast for Each Person Voted for:

For Trustee: 11

For Trustee: 11

16. Number of Votes Cast for Each Proposition:

For Bonds: 11

Against Bonds: 0

17. Number of Votes Cast for Each Person Voted for:

For Trustee: 11

For Trustee: 11

A F F I D A V I T

STATE OF IDAHO,)
:ss.
County of Bingham.)

Mary Alice Collins, formerly Mary Alice Jensen Sessions, being first duly sworn, deposes and says: That she is the mother of AGNES ELINOR SESSIONS, who is applying for a Delayed Birth Certificate; that her said daughter was born in Goshen, County of Bingham, State of Idaho, on the 27th day of March, 1910, and that a Certificate of Birth was issued to her on the 26th day of June, 1952, by Joseph Fielding Smith, Historian of the Church of Jesus Christ of Latter Day Saints, which shows her name as Agnus Ellena Sessions; that the said Agnus Ellena Sessions and Agnes Elinor Sessions refers to one and the same identical person, and affiant is the mother of said person and knows the facts above set forth.

That affiant is the mother of HAROLD FRANCIS SESSIONS, who is applying for a Delayed Certificate of Birth, and who is also known as Harold F. Sessions; that her said son was born in Goshen, County of Bingham, State of Idaho, on the 13th day of May, 1919.

That this affidavit is made for the purpose of securing DELAYED BIRTH CERTIFICATES FOR HER SAID SON AND DAUGHTER NAMED ABOVE, and that the facts herein set forth are true and correct.

Mary Alice Collins

Subscribed and sworn to before me this 28th day of October, 1952.

L. Duane Jensen

Notary Public for the State of Idaho,
Residing at Shelley, Idaho.

DEC 4 1952

AFFIDAVIT

STATE OF IDAHO,)
:ss.
County of Bingham.)

Mary Alice Collins, formerly Mary Alice Jensen Sessions, being first duly sworn, deposes and says: That she is the mother of [illegible], who is applying for a Delayed Birth Certificate; [illegible] was born in Goshen, County of Bingham, State of Idaho, on the [illegible] day of March, 1940, and that a Certificate of Birth was issued to him on the [illegible] day of June, 1952, by Joseph Fielding Smith, Historian of the Church of Jesus Christ of Latter Day Saints, which shows her name as [illegible] Sessions; that the said Agnes Ellen Sessions and Agnes [illegible] [illegible] to one [illegible] the same identical person, and affiant is the mother of [illegible] and [illegible] facts above set forth.

That affiant is the mother of [illegible] SESSIONS, who is applying for [illegible] [illegible] was born in Goshen, County of Bingham, State of Idaho, on [illegible] [illegible] day, [illegible].

[illegible] this affidavit is made for the purpose of securing DELAYED BIRTH [illegible] FOR HER SAID SON AND DAUGHTER NAMED ABOVE, and that [illegible] [illegible] and true and correct.

Mary Alice Collins

Subscribed and sworn to before me this [illegible] day of October, [illegible].

[illegible]

Notary Public for the State of Idaho,

Residing at Shelley, Idaho.

363-21-022-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 20 1953
DIVISION OF VITAL STATISTICS

State File No. De53-63
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Eugenie Collett	Date Of Birth (month) (day) (year): Nov 11 1910
	3. Color or Race: white; 4. Sex: Female; 5. Place of Birth a. County: Wilford Fremont	b. City or Town of Birth: Wilford Idaho
FATHER	6. Full Name of Father: Samuel Edwin Collett	7. State or Country of Father's Birth: Rexburg Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Mildred Larsen	9. State or Country of Mother's Birth: Utah - Logan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Eugenie Collett; 11. Present Address of Registrant: Chester Idaho
~~NOTARY~~ (Seal)	Subscribed and sworn to before me on: January 19 1953	12. Signature of Notary: Jack A. Stone, Clerk of District Court; 13. Notary Commission expires: Electric 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L. D. S. Church	Date issued:	Date Orig. Entry: Dec. 4, 1910
Class* A	Date of Birth: Nov. 11, 1910	Birth Place: Wilford, Idaho	Full Name of Mother: Elizabeth M. Larsen	Name of Father: Samuel E. Collett	
SUPPORTING RECORD 2.	Type of Document: Family Group Application		By whom issued and signed: Beneficial Protective Asso.	Date issued: 8-19-39	Date Orig. Entry:
Class B	Date of Birth: Nov. 11, 1910	Birth Place: Wilford, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: State of Montana	Date issued: 8-23-30	Date Orig. Entry:
Class B	Date of Birth: Age 19 yrs 9 mo.	Birth Place: 12 days Wilford, Idaho	Full Name of Mother: Mildred Larsen	Name of Father: Samuel E. Collett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Jan. 20, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 19 1985

DECEASED

573-216-036-632

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-66
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Preston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Uwarda Della Egley

5. Date of Birth of Child (Month, day, year) Jan. 16, 1910

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John William Egley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Della Olsen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mink Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California
County of Solano } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that A. R. Cutler (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ann Della Egley Signature

704 Humboldt Street Vallejo, Calif. P. O. Address

Subscribed and sworn to before me this 17th day of January, 19 53.

(SEAL) Thomas H. Hoag, Notary Public, residing at Vallejo, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on Jan. 21, 1953 by W. W. Benson, Registrar

14

DELAYED REGISTRATION LAW

JAN 22 1953

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

995-107017-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-67
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Forrest Charles Zink
2. Date of Birth (month) (day) (year): Sept. 7 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Kilgore Clark
b. City or Town of Birth: Kilgore Idaho

FATHER

6. Full Name of Father: Joseph Henry Zink
7. State or Country of Father's Birth: Knox County Missouri

MOTHER

8. Full Maiden Name of Mother: Katie Dailing
9. State or Country of Mother's Birth: Knox County Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Forrest Charles Zink
11. Present Address of Registrant: St Anthony, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: October 15 19 52
12. Signature of Notary: [illegible]
13. Notary Commission expires: October 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Baptism	Holy Rosary Church	June 6, 1911	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 7, 1910	Kilgore, Idaho	Katie Dailing	Joseph Zink

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	Census	of 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9 yrs old	Idaho	Kate E and	Joseph H. Zink

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Jan. 21, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DUPLICATE CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 22 1958

October 22 19 52

October 19 55

893-213-042-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 111
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 160-7th Ave. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 4 years 6 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 160-7th Ave. No.
(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Dorothy Hill

5. Date of Birth of Child (Month, day, year) Feb. 13, 1910

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles M. Hill
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Red Wing, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Real Estate + Insurance
15. Industry or Business " " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora B. Hill
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Birchdale, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of CALIFORNIA
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Dr T. O. Boyd (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Boyd H. Fuller Signature

P. O. Address

Subscribed and sworn to before me this 30th day of January, 1953.
(SEAL) Frances Harris, Notary Public, residing at 6801 Santa Monica
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 4, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

FEB 4 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

895-219025-385

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 119
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Alice Hinz		2. Date Of Birth (month) (day) (year): June 19 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: William Hinz		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Eva Tyer		9. State or Country of Mother's Birth: Colorado.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Alice Hinz (Mrs. Lillian Vesco)	11. Present Address of Registrant: Lovelock, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: December 29 1952	12. Signature of Notary: Mary Helen Mascuch	13. Notary Commission expires: March 19 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: Rupert Methodist Sunday School by F. B. Hardin, Pastor	Date Issued: Nov. 12, 1910	Date Orig. Entry: Nov. 12, 1910
Class* A	Date of Birth: June 19, 1910	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: announcement Newspaper clipping of birth/	By whom issued and signed: The Minidoka County News, by Larry H. Robinson, Publisher	Date Issued: 1/30, 1953	Date Orig. Entry: Published on June 23, 1910
Class A	Date of Birth: June 19, 1910	Birth Place: Rupert, Idaho	Full Name of Mother	Name of Father: William Hinz
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Baptismal Record In Methodist Church Issued--- November 12, 1910

Living Aunt residing in Rupert, Idaho. Mrs. Arthur Tyer

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 6, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 9

299-20-3022-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 140
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home Delivery
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Idaho

4. **FULL NAME OF CHILD** Luella Birch

5. Date of Birth of Child (Month, day, year) 9-3-1910

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Peter Birch
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bennington, Idaho (City or town) (State or foreign country)
14. Exact Occupation Wage worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Vilate Thompson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wilford, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John (First name) Birch (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Jefferson } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Dr. (First name) West (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Peter Birch Signature

Rigby, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of February, 1953.

(SEAL) Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 10, 1953 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

FEB 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

962-122-092-161

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

FEB 10 [illegible] sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53 144
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lawrence Frederick Roberts

5. Date of Birth of Child (Month, day, year) 8-22-1910

6. Sex M

7. Twin or Triplet no

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John P Roberts
11. Color or Race W
12. Age at time of THIS birth 40 yrs.
13. Birthplace Wales, Br. Isles (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Ellen Jones
17. Color or Race W
18. Age at time of THIS birth 37 yrs.
19. Birthplace Wales (City or town) (State or foreign country)
20. Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Connard (First name) (Last name) who is related as sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Missouri
County of Jackson } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 42 years, and that Doctor unknown (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie M Connard Signature
4445 Terrace KC Mo P. O. Address

Subscribed and sworn to before me this 7th day of Feb., 1953

(SEAL) Fred H. Dion, Notary Public, residing at K. C. Mo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on February 10, 1953 by W. W. Benson, Registrar

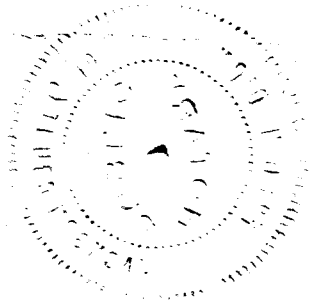
MAR 4 1966

FEB 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

363-21-1003-759

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 160
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Lucile Locke
2. Date of Birth (month) (day) (year): June 17 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello IDAHO

FATHER

6. Full Name of Father: Harry Higbey Locke
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Lena Grace Perry
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Lucile Locke Williams
11. Present Address of Registrant: 1028 N. Arthur-Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: February 10 1953
12. Signature of Notary: Freddie Adolph
13. Notary Commission expires: June 21 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	School record	Class A. School Dist. No. 25 Leona Roberts, Secretary	1/29/53	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 17, 1910 Pocatello, Idaho		H. H. Locke	
SUPPORTING RECORD 2. Class B	Affidavit by father	Harry H. Locke	10/18/52	
	June 17, 1910 Pocatello, Idaho			
SUPPORTING RECORD 3. Class A *	Birth certificate on file in Bannock County	Bannock County Anna Keefe, Clerk & Recorder	10/10/52	
	June 17, 1910 Pocatello, Idaho			

QUALIFYING INFORMATION

* Class A Document, As recorded in Book 1, No. 1023, Page 24, reported by Dr. Francis H. Poole,

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT — 1. Name of child at birth

2. Date of birth (Month) (Day) (Year)

3. Sex

4. Color or race

5. Place of birth (City) (County)

PARENTS — 6. Full name of father

7. State or country of father's birth

MOTHER — 8. Full maiden name of mother

9. State or country of mother's birth

AFFIDAVIT — 10. I certify (declare under penalty that the information and statements are true to the best of my knowledge and belief.

11. Personal Address of Registrant

Subscribed and sworn to before me on

12. Signature of Attorney

13. Notary Commission expires

CERTIFICATION — 14. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date Registered

Evidence reviewed by

Date Filed

Class A records are those made upon a date prior to the registrant's 1st birthday

Class B records are those made after the first birthday but prior to (illegible)

Form DHW 40041

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT — 1. Name of child at birth

2. Date of birth (Month) (Day) (Year)

3. Sex

4. Color or race

5. Place of birth (City) (County)

PARENTS — 6. Full name of father

7. State or country of father's birth

MOTHER — 8. Full maiden name of mother

9. State or country of mother's birth

AFFIDAVIT — 10. I certify (declare under penalty that the information and statements are true to the best of my knowledge and belief.

11. Personal Address of Registrant

Subscribed and sworn to before me on

12. Signature of Attorney

13. Notary Commission expires

CERTIFICATION — 14. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date Registered

Evidence reviewed by

Date Filed

Class A records are those made upon a date prior to the registrant's 1st birthday

Class B records are those made after the first birthday but prior to (illegible)

Form DHW 40041

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT — 1. Name of child at birth

2. Date of birth (Month) (Day) (Year)

3. Sex

4. Color or race

5. Place of birth (City) (County)

PARENTS — 6. Full name of father

7. State or country of father's birth

MOTHER — 8. Full maiden name of mother

9. State or country of mother's birth

AFFIDAVIT — 10. I certify (declare under penalty that the information and statements are true to the best of my knowledge and belief.

11. Personal Address of Registrant

Subscribed and sworn to before me on

12. Signature of Attorney

13. Notary Commission expires

CERTIFICATION — 14. I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date Registered

Evidence reviewed by

Date Filed

Class A records are those made upon a date prior to the registrant's 1st birthday

Class B records are those made after the first birthday but prior to (illegible)

Form DHW 40041

844-101-006-466

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

FEB 21 1953

State File No. De53-181
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Everett Hudson			2. Date of Birth (month) Sept. (day) 1 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blackfoot Ida. Bingham Co	b. City or Town of Birth: Blackfoot Idaho
FATHER	6. Full Name of Father: Harry Clyde Hudson			7. State or Country of Father's Birth: So Dakota, Gettysburg
MOTHER	8. Full Maiden Name of Mother: Lennie May Downing			9. State or Country of Mother's Birth: Misouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Everett H. Hudson		11. Present Address of Registrant: Atomic City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1953	12. Signature of Notary: Harry B. Adamson		13. Notary Commission expires: Nov 1 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Harry C. Hudson	Date Issued: 1-21-53	Date Orig. Entry:
Class* B	Date of Birth / Birth Place: Sept. 1, 1910, Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: United States Army	Date Issued:	Date Orig. Entry: Aug. 5, 1948
Class B	Date of Birth / Birth Place: Sept. 1, 1910, Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Neola D. Taylor	Date Issued:	Date Orig. Entry: Feb. 19, 1953
Class B	Date of Birth / Birth Place: Sept. 1, 1910, Blackfoot, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel H. Nelson	Date Filed: Feb. 23, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

289-206-036-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 189
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fern Shipley
2. Date of Birth (month) Feb. (day) 6 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Franklin, Ida. then Oneida; b. City or Town of Birth: Franklin, Idaho

FATHER

6. Full Name of Father: William Cecil Shipley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ellen Tams
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern Shipley
11. Present Address of Registrant: 519 North 4th East, Logan, Utah

NOTARY (Seal)

Subscribed and sworn to before me on February 21 1953
12. Signature of Notary: Josan B. Allen
13. Notary Commission expires: Nov. 26 1953

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family record of births			Feb. 6, 1910
Class* A	Date of Birth / Birth Place: Feb. 6, 1910 Franklin, Idaho	Full Name of Mother: Ellen Tams Shipley	Name of Father: William Cecil Shipley	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Alvin C. Fluckiger, Ward Clerk 18th Ward, L. D. S. Church	Date Issued: 2/21/53	Date Orig. Entry
Class B	Date of Birth / Birth Place: Feb. 6, 1910 Franklin, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Appointment Request Blank U.S.Dept. of Agriculture	By whom issued and signed: William Pehrson, State Director of Extension Service	Date Issued: Mar.23,1936	Date Orig. Entry: Mar. 23, 1936
Class B	Date of Birth / Birth Place: Feb. 6, 1910 Franklin, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 24, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFIED CERTIFICATE OF BIRTH

STATE OF IDAHO

Class B

Certificate No. 1893

1. Name of Child: [illegible]

2. Date of Birth: [illegible]

3. Sex: [illegible]

4. Place of Birth: [illegible]

5. Name of Father: [illegible]

6. Maiden Name of Mother: [illegible]

7. Birthplace of Father: [illegible]

8. Birthplace of Mother: [illegible]

9. Name and Address of Informant: [illegible]

10. Signature of Informant: [illegible]

11. Date Received by Registrar: [illegible]

12. Signature of Registrar: [illegible]

13. Remarks: [illegible]

Family record of births

Date of Birth	Birth Place	Full name of Mother	Full name of Father	Date Filed
Feb. 6, 1910	Franklin, Idaho	William Neil Murphy	Ruth Reed Murphy	Feb. 9, 1910

Witness my hand and official seal this 6th day of March, 1939.

Clarence Reed
Registrar

Feb. 6, 1910 Franklin, Idaho
Date of Birth Birth Place

Clarence Reed
Name of Registrar

Type of Document: Application for Passport
U. S. Dept. of Agriculture
Inspector of Extension Service

Date Issued: Mar. 25, 1939

Evidence received by:
Ethan Hamilton
Full name of Author

Date Filed: Feb. 25, 1939

Name of Issuer

Date Issued: Feb. 9, 1910

Name of Issuer

Date Issued: May 25, 1939

Name of Issuer

Class B

Certificate No. 1893

1. Name of Child: [illegible]

2. Date of Birth: [illegible]

3. Sex: [illegible]

4. Place of Birth: [illegible]

5. Name of Father: [illegible]

6. Maiden Name of Mother: [illegible]

7. Birthplace of Father: [illegible]

8. Birthplace of Mother: [illegible]

9. Name and Address of Informant: [illegible]

10. Signature of Informant: [illegible]

11. Date Received by Registrar: [illegible]

12. Signature of Registrar: [illegible]

13. Remarks: [illegible]

Family record of births

Date of Birth	Birth Place	Full name of Mother	Full name of Father	Date Filed
Feb. 6, 1910	Franklin, Idaho	William Neil Murphy	Ruth Reed Murphy	Feb. 9, 1910

Witness my hand and official seal this 6th day of March, 1939.

Clarence Reed
Registrar

Feb. 6, 1910 Franklin, Idaho
Date of Birth Birth Place

Clarence Reed
Name of Registrar

Type of Document: Application for Passport
U. S. Dept. of Agriculture
Inspector of Extension Service

Date Issued: Mar. 25, 1939

Evidence received by:
Ethan Hamilton
Full name of Author

Date Filed: Feb. 25, 1939

Name of Issuer

Date Issued: Feb. 9, 1910

Name of Issuer

Date Issued: May 25, 1939

Name of Issuer

667-201-003-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-224
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY EVELYN FOX		2. Date of Birth (month) (day) (year): SEPTEMBER 1 1910
	3. Color or Race: WHITE	4. Sex: FEM.	5. Place of Birth a. County: County of Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: WILLIAM E. FOX		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: PANSY VIOLA HARRIS		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Fox Simonsen (Evelyn Fox Simonsen)	11. Present Address of Registrant: 75 Hilltop Drive, San Carlos, California
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 1953	12. Signature of Notary: Samuel W. Wicklow	13. Notary Commission expires: January 13 1954

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of Saint Joseph, Pocatello, Idaho	Date Issued:	Date Orig. Entry: Nov. 13, 1910
Class* A	Date of Birth / Birth Place: Sept. 1, 1910, Pocatello, Ida	Full Name of Mother: ho Viola Harris	Name of Father: William E. Fox	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible Bible viewed by S. W. Wicklow Notary Public	Date Issued: about	Date Orig. Entry: Nov. 13, 1910
Class A	Date of Birth / Birth Place: Sept. 1, 1910	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: P. Viola Fox	Date Issued: Feb. 26, 1953	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Sept. 1, 1910, Pocatello, Ida	Full Name of Mother: o P. Viola Harris	Name of Father: William E. Fox	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mary Reeder		Date Filed: March 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

1. Registered full name at birth: BABY BOY [illegible] MAR 1953

2. Date of birth: SEPTEMBER 1 1910

3. Place of birth: County of BANCOCK

4. City or town of birth: Pocatello

5. Full name of father: WILLIAM E. FOX

6. Mother: Full maiden name: BABY VIOLA HAMBLY

7. Birthplace of mother: State or Country: IDAHO

8. Age at last birthday: 43

9. Occupation: HOUSEWIFE

10. Birthplace of father: State or Country: IDAHO

11. Mother's maiden name: [illegible]

12. Attendant: [illegible]

13. Address: [illegible]

14. Date signed: January 13 1954

15. Name and address of informant: Mrs. William Fox, 75 Hilton Drive, San Carlos, California

16. Date received by Registrar: [illegible] 1953

17. Signature of Registrar: [illegible]

18. Date of Registration: [illegible]

19. Signature of Local Registrar: [illegible]

20. Signature of Deputy: [illegible]

21. Remarks: [illegible]

22. Evidence submitted with application: [illegible]

23. Name and address of person making statements: [illegible]

24. Basis of statements: [illegible]

25. Signature of applicant: [illegible]

26. Date signed: [illegible]

27. Witness to signature: [illegible]

28. Address of witness: [illegible]

29. Clerk of Court: [illegible]

30. Date filed by Registrar: [illegible]

31. Number: [illegible]

32. Volume: [illegible]

33. Page: [illegible]

34. Certificate of Birth: [illegible]

35. Issued: [illegible]

36. Date issued: [illegible]

37. Amended: [illegible]

38. Date amended: [illegible]

39. Original on file: [illegible]

40. Delayed Certificate of Birth: [illegible]

41. Date filed by Registrar: [illegible]

42. Signature of Registrar: [illegible]

43. Seal: [illegible]

44. Remarks: [illegible]

45. Evidence submitted with application: [illegible]

46. Name and address of person making statements: [illegible]

47. Basis of statements: [illegible]

48. Signature of applicant: [illegible]

49. Date signed: [illegible]

50. Witness to signature: [illegible]

51. Address of witness: [illegible]

52. Clerk of Court: [illegible]

53. Date filed by Registrar: [illegible]

54. Number: [illegible]

55. Volume: [illegible]

56. Page: [illegible]

57. Certificate of Birth: [illegible]

58. Issued: [illegible]

59. Date issued: [illegible]

60. Amended: [illegible]

61. Date amended: [illegible]

62. Original on file: [illegible]

63. Delayed Certificate of Birth: [illegible]

64. Date filed by Registrar: [illegible]

65. Signature of Registrar: [illegible]

66. Seal: [illegible]

67. Remarks: [illegible]

68. Evidence submitted with application: [illegible]

69. Name and address of person making statements: [illegible]

70. Basis of statements: [illegible]

71. Signature of applicant: [illegible]

72. Date signed: [illegible]

73. Witness to signature: [illegible]

74. Address of witness: [illegible]

75. Clerk of Court: [illegible]

76. Date filed by Registrar: [illegible]

77. Number: [illegible]

78. Volume: [illegible]

79. Page: [illegible]

80. Certificate of Birth: [illegible]

81. Issued: [illegible]

82. Date issued: [illegible]

83. Amended: [illegible]

84. Date amended: [illegible]

85. Original on file: [illegible]

86. Delayed Certificate of Birth: [illegible]

87. Date filed by Registrar: [illegible]

88. Signature of Registrar: [illegible]

89. Seal: [illegible]

90. Remarks: [illegible]

91. Evidence submitted with application: [illegible]

92. Name and address of person making statements: [illegible]

93. Basis of statements: [illegible]

94. Signature of applicant: [illegible]

95. Date signed: [illegible]

96. Witness to signature: [illegible]

97. Address of witness: [illegible]

98. Clerk of Court: [illegible]

99. Date filed by Registrar: [illegible]

100. Number: [illegible]

293-24-044-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-242
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALBERT MILTON KILBORN
2. Date Of Birth (month) June (day) 24 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Washington
b. City or Town of Birth: Midvale, Idaho

FATHER

6. Full Name of Father: Cyrus Marvin Kilborn
7. State or Country of Father's Birth: Midvale, Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Etta Morris
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert M Kilborn
11. Present Address of Registrant: Mesa, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 27th 1953
12. Signature of Notary: W W Benson
13. Notary Commission expires: April 7th 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit of Mother	Mary Etta Morris Kilborn	2/27/53	2/27/53
	Date of Birth / Birth Place: June 24, 1910 Washington County Midvale, Idaho	Full Name of Mother: Mary Etta Morris Kilborn	Name of Father: Cyrus Marvin Kilborn	
SUPPORTING RECORD 2. Class B	Birth Certificate of Son	By whom issued and signed: Bureau of Vital Statistics State of Idaho #194433	9/21/31	9/17/31
	Date of Birth / Birth Place: 21 yrs old / Midvale, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Insurance Policy	American Home Benefit Assoc.		June 16, 1938
	Date of Birth / Birth Place: June 24, 1910	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Karnes	3/10/53

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 5-5-52
Local Reg. No.
Reg. Dist. No.

REGISTRANT
1. Registrant's Full Name at Birth (Person whose birth is registered)
ALBERT MILTON KILBOURN

2. Date of Birth: Month, June; Day, 28; Year, 1910

FATHER
3. Color or Race: White
4. Age at Time of Birth
5. Place of birth: a. County, Washington; b. City or Town of birth, Midvale, Idaho
6. Full Maiden Name of Father: Orpha Peavey Kilborn
7. State or Country of Father's Birth: Midvale, Idaho

MOTHER
8. Full Maiden Name of Mother: Mary Etta Morris
9. State or Country of Mother's Birth: Illinois

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Applicant
11. Present Address of Applicant: Nese, Idaho
12. Signature of Notary
13. Notary Commission expires: April 7th, 56

Subscribed and sworn to before me this 27th day of February, 52

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document: AFFIDAVIT OF MOTHER
Date of Birth: June 28, 1910 Midvale, Idaho

Name of Person Registered: ALBERT MILTON KILBOURN
Date of Birth: June 28, 1910
Place of Birth: Midvale, Idaho
Sex: Male
Color or Race: White
Name of Father: Orpha Peavey Kilborn
Maiden Name of Mother: Mary Etta Morris
Birthplace of Parents: Father: Midvale, Idaho; Mother: Illinois
Full Name of Informant: Mary Etta Morris Kilborn
Relationship to Registrant: Mother
Mailing Address of Informant: Nese, Idaho

Evidence Received:
By whom Issued and Signed: Bureau of Vital Statistics, State of Idaho
Date Issued: 2/29/52
Date Orig. Entry Recorded: 2/29/52

Evidence Received:
By whom Issued and Signed:
Date Issued:
Date Orig. Entry Recorded:

Evidence Received:
By whom Issued and Signed:
Date Issued:
Date Orig. Entry Recorded:

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant; that all facts and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Date Registered: 2/29/52
Registrar: W. H. Denson
Evidence Reviewed by: Eva Barnes
Date Prepared: 2/29/52

Corrections are those made on the Registrar's Copy. Corrections are those made on the birthday but after June 5 1910.

713 222 0006-264

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-254
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RHODA ELIZABETH PATTON
2. Date of Birth (month) (day) (year): NOVEMBER 22 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: BONNEVILLE (Now), BINGHAM (in 1910)
b. City or Town of Birth: IDAHO FALLS

FATHER

6. Full Name of Father: WALTER FLEETWOOD PATTON
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: BERTHA MABEL BOUD
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rhoda Elizabeth Patton Lawrance
11. Present Address of Registrant: 811 HIRTH AVE., COLUMBIA, MISSOURI

NOTARY (Seal)

Subscribed and sworn to before me on: March 7, 1953
12. Signature of Notary: Katherine Crowley
13. Notary Commission expires: Nov. 7, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	Bureau of the Census Department of Commerce	1920 Census	
Class* B	Date of Birth: 9 yrs old / Birth Place: Idaho	Full Name of Mother: Mabel &	Name of Father: Walter F. Patton	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Prudential Life Insurance Co.	Date Issued:	Date Orig. Entry: 5-21-32
Class B	Date of Birth: Nov. 22, 1910, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mabel B. Patton	Date Issued: Oct. 2, 1952	Date Orig. Entry:
Class B	Date of Birth: Nov. 22, 1910, Idaho Falls	Full Name of Mother: Mabel B. Patton	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeden	3-13-1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. District No.

APR 29 1963

REGISTRATION

1. Registrant's Full Name of Birth: RHODA ELIZABETH PATTON

2. Date of Birth (month) (day) (year): NOVEMBER 22 1910

(Person whose Birth is being registered)

3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: DONNEVILLE (New), BINGHAM (Idaho)
6. City or Town of Birth: IDAHO FALLS

FATHER

6. Full Name of Father: WALTER FLEETWOOD PATTON

7. State or Country of Father's Birth: MISSOURI

MOTHER

7. Full Maiden Name of Mother: BERTHA MABEL BOUD

9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: 811 Hirst Ave., Columbia, Missouri

NOTARY FINAL

Subscribed and sworn to before me on: [illegible] 1963

12. Signature of Notary: [illegible]

13. Notary Commission expires: [illegible] 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Bureau of the Census, Department of Commerce	1920 Census	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Prudential Life Insurance Co.		[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 22, 1910, Idaho			

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	[illegible] Patton	Oct. 2, 1952	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 22, 1910, Idaho		Mabel B. Patton	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jackson	[illegible]	3-13-1963

Please a Record: are those used and dated before the [illegible] birthday.
Please a Record: are those used after the [illegible] but are at least [illegible] years o

455-22-1022-619

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-359
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maude Delores Menan

2. Date of Birth (month) October (day) 29 (year) 1910

3. Color or Race: White

4. Sex: Female

5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: Warren Lewis Menan

7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Pearl Ella Oard

9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delores M. Alexander

11. Present Address of Registrant: Hq. 5th AF (Adv) Box 51 - APO 970, c/o P.M., San Fran.

NOTARY (Seal)

Subscribed and sworn to before me on 3 April 1953

12. Signature of Notary: Alfred H. Sedgley

13. Notary Commission expires: Calif. My Commission expires January 26, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Longmont Public Schools Longmont, Colorado	1920 census	
Class* B	Date of Birth: Oct. 29, 1910 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Insurance Policy	World Insurance Co.	Oct. 13, 1944	
Class B	Date of Birth: Oct. 29, 1910 / Birth Place: Ashton, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Census Record	Census Record Department of Commerce	Census of 1920	
Class B.	Date of Birth: 9 yrs old / Birth Place: Idaho	Full Name of Mother: Pearl Menan	Name of Father: W. L. Menan	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	April 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

469-403-00-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-365
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theodore Eugene Morrison		2. Date Of Birth (month) April (day) 3 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Ada	b. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: Seth Thomas Morrison		7. State or Country of Father's Birth: New York State	
MOTHER	8. Full Maiden Name of Mother: Kathleen Lamb		9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theodore Eugene Morrison By Helen Millard Morrison, wife	11. Present Address of Registrant: Inmate State Hospital, Blackfoot Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 7th 1953	12. Signature of Notary: Geo A Dixon	13. Notary Commission expires: Feby 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Life Insurance Policy	Grand Lodge A. O. U. W. of Fargo, North Dakota	10/12/40	10/12/40
Class* B	Date of Birth: April 3, 1910 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Birth Certificate of Son	By whom issued and signed: Bureau of Vital Statistics State of Idaho #274752	Date Issued: 1/6/39	Date Orig. Entry: 12/13/38
Class B	Date of Birth: 28 yrs old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Census Record	By whom issued and signed: Fred W. Anderson Canyon Co. Supt. of Schools	Date Issued: 4/8/53	Date Orig. Entry: Sept. of 1923
Class B	Date of Birth: 13 yrs old / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: Apr. 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

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363-12-91016-285

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-401
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Albert Collins
2. Date of Birth (month) June (day) 29 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Idaho a. County: Cassia b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: Aaron Collins
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Marget Shepard
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George A Collins
11. Present Address of Registrant: Bonanza Utah

NOTARY (Seal)

Subscribed and sworn to before me on: March 19th 1953
12. Signature of Notary: Wallace A Hale
13. Notary Commission expires: Notary Public residing at Oakley, Idaho. My commission expires May 20, 1956 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Cassia County Schools	3-19-53	1925-29
Class* B	Date of Birth / Birth Place: June 29, 1910	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Affidavit by mother	Mrs. Aaron Collins	3-20-53	
Class B	Date of Birth / Birth Place: June 29, 1910 Oakley, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Insurance application	Benefit Life Insurance Co.	June 6, 1946	
Class B	Date of Birth / Birth Place: June 29, 1910, Oakley, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fredericksen	Apr. 20, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

313-220-014-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 449
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Rhoda Call	2. Date Of Birth (month) December (day) 20 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Idaho; a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Rufus Vosco Call	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Gertrude Lucy Rice	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Rhoda Call Knudsen [illegible]
		11. Present Address of Registrant: 1018-24th St. Santa Monica Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 29 1953	12. Signature of Notary: [illegible]
		13. Notary Commission expires: 12/13/56 19

My Commission Expires 12/13/56 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church, by Emma Christensen, Clerk	Date issued: Feb. 23, 1911	Date Orig. Entry: Blessed on Feb. 5, 1911
	Date of Birth: Dec. 20, 1910; Birth Place: Nampa, Idaho	Full Name of Mother: Gertrude Lucy Rice	Name of Father: R. V. Call	
SUPPORTING RECORD 2. Class B	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date issued: 4/21/53	Date Orig. Entry: Census of Jan. 1, 1920
	Date of Birth: 9 yrs old; Birth Place: Idaho	Full Name of Mother: Gertrude Call	Name of Father: Rufus Call	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth: ; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	May 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: [illegible] Gail
2. Date of Birth (month) (day) (year): December 20 1910
3. Sex: [illegible] 4 YAM
4. Place of Birth: Idaho
5. County: Canyon
6. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Julius Vosco Gail
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Gertrude Lucy Rice
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

[illegible] that the statements are true to the [illegible] knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]-24th St. Calif.

CLERK (Seal)

[illegible] and sworn to before me on [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 19

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church, by [illegible] Christensen, Clerk	Feb. 23, 1911	Filed on Feb. 5, 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
		[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Bureau of the Census	4/21/53	Census of Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Idaho	[illegible] Gail	[illegible] Gail

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar	Evidence reviewed by	Date Filed
[illegible] Person	[illegible]	May 4, 1953

*Class A Records are those made and filed before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday and are at least 4 years old.

133-171006-418

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-477
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sterling Lloyd Allred
2. Date of Birth (month) October (day) 17 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County Bingham b. City or Town of Birth: Blackfoot, Idaho

FATHER

6. Full Name of Father: Joseph S. Allred
7. State or Country of Father's Birth: Lehi, Utah, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Mary Jeannette Dayley
9. State or Country of Mother's Birth: Oakley, Idaho U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sterling L. Allred
11. Present Address of Registrant: Fairbanks, Alaska

NOTARY (Seal)

Subscribed and sworn to before me on: March 27th 1953

12. Signature of Notary: Lavina Williams
13. Notary Commission expires: September 8th 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L. D. S. Church	Baptized	Aug. 3, 1919
Class* B	Date of Birth / Birth Place: Oct. 17, 1910, Blackfoot, Idaho	Full Name of Mother: Mary Jennet Dailey	Name of Father: Joseph S. Allred	
SUPPORTING RECORD 2.	Bible Record	Family Bible		Oct. 17, 1910
Class A	Date of Birth / Birth Place: Oct. 17, 1910,	Full Name of Mother: Mary Jeanette Dayley	Name of Father: Joseph S. Allred	
SUPPORTING RECORD 3.	Affidavit by	Lot P. Adams	May 11, 1953	
Class B	Date of Birth / Birth Place: Oct. 17, 1910, Blackfoot, Idaho	Full Name of Mother: Mary J. Allred	Name of Father: Joseph S. Allred	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Gladson	May 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

462-227.044-462

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-485
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RETA LITTITA MOSMAN			2. Date of Birth (month) (day) (year): January 27 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Washington County	b. City or Town of Birth: Cambridge, Idaho	
FATHER	6. Full Name of Father: William Mosman			7. State or Country of Father's Birth: Holland	
MOTHER	8. Full Maiden Name of Mother: Margarett Mosman			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reta L. Mosman		11. Present Address of Registrant: Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 19 53	12. Signature of Notary: Mabel Fielder		13. Notary Commission expires: May 7 19 57	

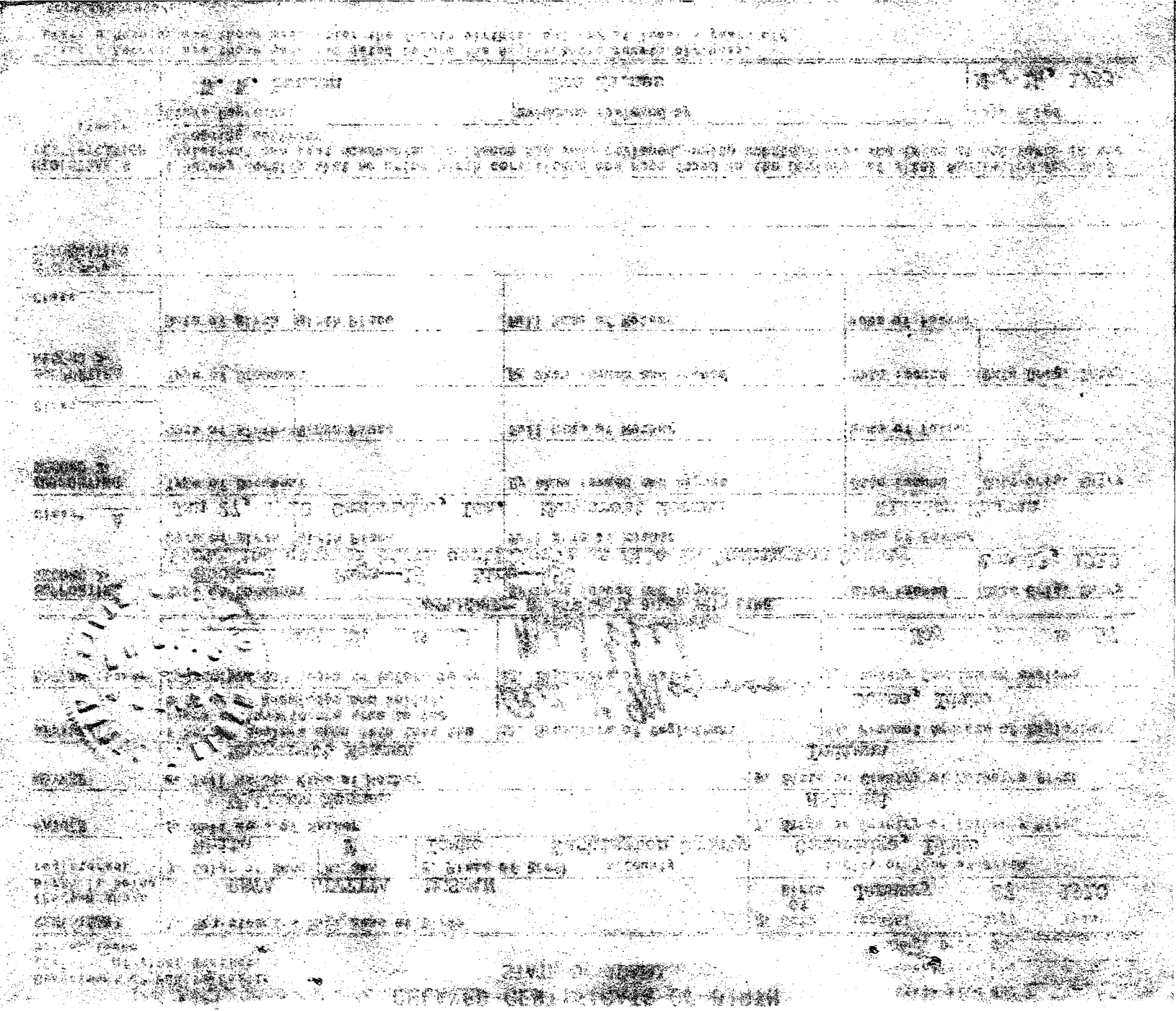
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Book—1 Page—15 Line—458 Certified copy of birth certificate on file in Washington County	By whom issued and signed	Date Issued	Date Orig. Entry: Apr 13, 1910
Class* A	Date of Birth: Jan 27, 1910	Birth Place: Cambridge, Ida.	Full Name of Mother: Margarett Mosman	Name of Father: William Mosman
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Karnes	Date Filed: May 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



INSTRUMENT NO. 63853

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH

State of Idaho)
) ss.
County of Ada)

I do solemnly swear that I am the Mother of Reta Littita Mosman who was born in Cambridge Washington County, Idaho, on Jan 27, 1910 (and that such birth is a matter of my own personal knowledge.)

That in the original certificate of birth the name of the child was omitted; that the correct name of the child is Reta Littita Mosman and that this affidavit is made for the purpose of correcting such omission. and the date of birth.

Signed: Margare Mosman

Subscribed and sworn to before me this 30 day of November, 1942.

Seal
(District Court 3rd Judicial)
(District of the State of) By Len. L. Simpson
(Idaho in & for Ada County)

Otto F. Peterson, Clerk of Dist Ct. Ada Co.

Filed for record at the request of Mrs. William Shopp at 11:30 o'clock A. M., December 5, 1942.

Fee $0.20

Ray Wilson, Recorder

STATE OF IDAHO)
) ss.
County of Washington)

I, Ray Wilson, Recorder in and for the County of Washington, State of Idaho, hereby certify that the within and foregoing is a full, true and complete copy of the Affidavit to Correct or Amend an Original Certificate of Birth as the same appears of record in Book 4 of Miscellaneous Record, page 379, records of Washington County, State of Idaho.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Recorder's office this 7th day of December, 1942.

Ray Wilson
Recorder

MAY 15 1953

INSTRUMENT NO. 63853

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

OF BIRTH

State of Idaho)
) ss.
County of Ada)

I do solemnly swear that I am the Mother of Reta Littita Mosman who was born in Cambridge Washington County, Idaho, on Jan 27, 1910 (and that such birth is a matter of my own personal knowledge.)

That in the original certificate of birth the name of the child was omitted; that the correct name of the child is Reta Littita Mosman and that this affidavit is made for the purpose of correcting such omission, and the date of birth.

Signed: Marrare Mosman

Subscribed and sworn to before me this 30 day of November, 1942.

Seal
(District Court 3rd Judicial)
(District of the State of)
(Idaho in & for Ada County)

Otto E. Peterson, Clerk of Dist Ct. Ada Co.
By Lee L. Simpson

Filed for record at the request of Mrs. William Shopp at 11:30 o'clock A. M., December 5, 1942.

Fee $0.25

Ray Wilson, Recorder

STATE OF IDAHO)
) ss.
County of Washington)

I, Ray Wilson, Recorder in and for the County of Washington, State of Idaho, hereby certify that the within and foregoing is a full, true and complete copy of the Affidavit to Correct or Amend an Original Certificate of Birth as the same appears of record in Book 4 of Miscellaneous Record, page 373, records of Washington County, State of Idaho.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Recorder's office this 7th day of December, 1942.

Recorder

[illegible]

COPY OF BIRTH RECORD OF
A GIRL BORN TO Wm. &MARGARETT MOSSMAN

RECORD NO.	DATE OF BIRTH Month	Day	Year	BIRTH PLACE	SURNAME AND CHRISTIAN NAME IF ONE BE GIVEN	SEX	RACE OR COLOR	NO. IN FAMILY	LIVING OR STILLBORN
458	Jan.	27	1910	Cambridge	oooooooooooooooo	Girl	W.	4	L.

PARENTS' NAMES	COLOR	OCCUPATION	BIRTHPLACE	AGE	RESIDENCE	MAIDEN NAME OF MOTHER	IS CHILD LEGITIMATE
Wm. Mossman	W.	Ranching	Holland	46	Cambridge	Walker	Yes
Margarett Mossman	W.	oooooooooooooooo	Indiana	34	Cambridge		

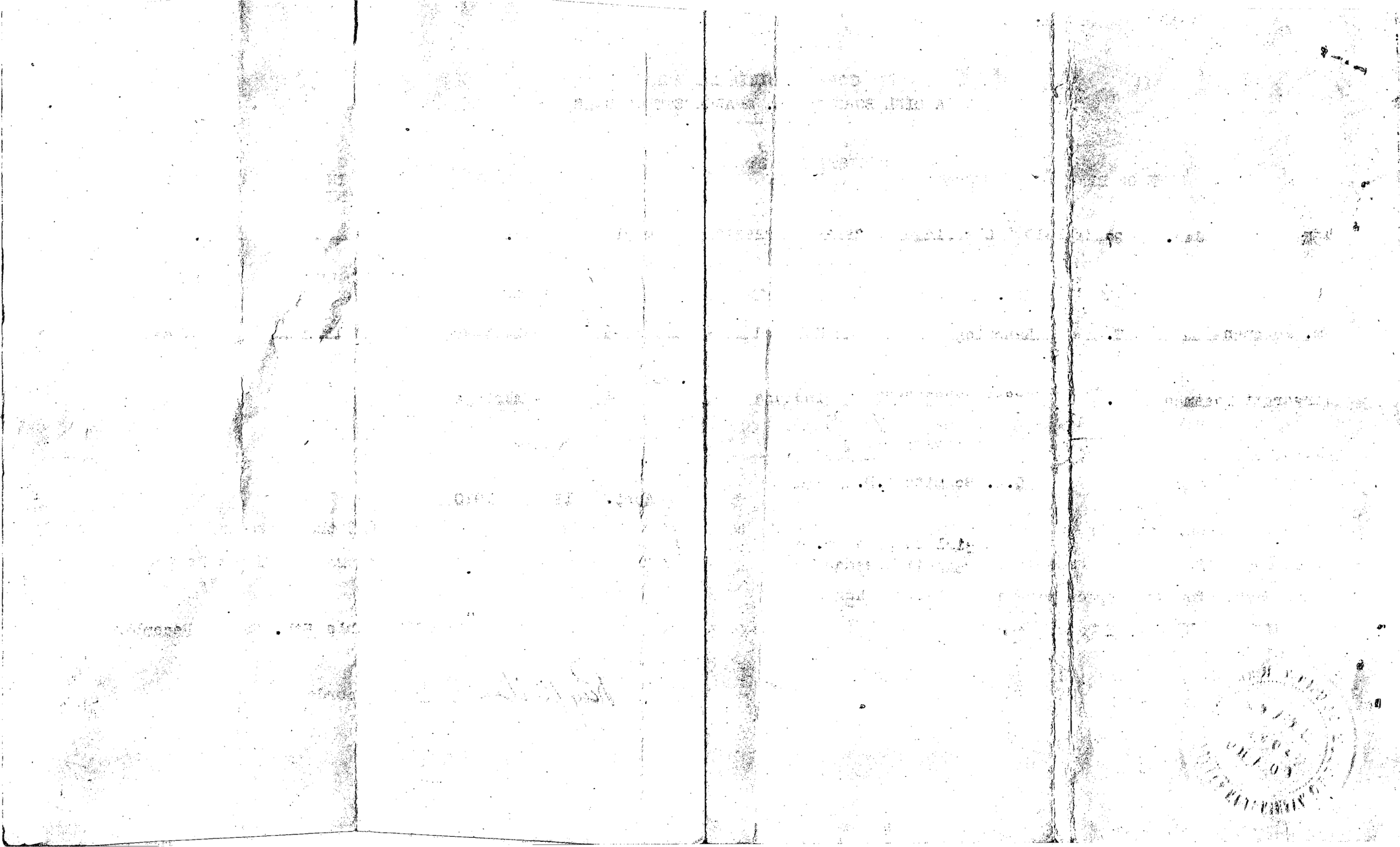
BY WHOM RETURNED: C.E. Schmitz M.D.

DATE RETURNED: Month Apri. Day 13 Year 1910

I, Ray Wilson, Recorder in a nd for the County of Washington, State of Idaho, hereby certify that the foregoing is a true and
rrect cop y of the birth record of A girl born to Wm. & Margarett Mossman as the same now appears of record in Book 1 of the Register of
ths, Washington County, on page 15 Line No. 458.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Recorder's Office this 5th. day of December
2.

Ray Wilson Recorder.



213-225 1018-258

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-638
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mayme Thelma Ball		2. Date Of Birth (month) Jan (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Orofino, Clearwater	b. City or Town of Birth: Orofino, Idaho
FATHER	6. Full Name of Father: Francis Sherman Ball		7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Charlotte Jane Snyder		9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mayme Ball	11. Present Address of Registrant: Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 28th 1953	12. Signature of Notary: Ray Steele	13. Notary Commission expires: April 19th 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible record	By whom issued and signed: Examined by Cayle Hayden, Clerk of the Dist. Ct., Clearwater County,	Date Issued: on 12/15/52	Date Orig. Entry: Jan. 25, 1910
Class* A	Date of Birth: Jan. 25, 1910.	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Board of Education, Orofino, By Edith E. Crowley, Supt.	Date Issued: 11/19/52	Date Orig. Entry: School year Sept., 1918
Class B	Date of Birth: 8 yrs old	Birth Place:	Full Name of Mother:	Name of Father: Frank Ball
SUPPORTING RECORD 3.	Type of Document: Affidavit	By whom issued and signed: Albert P. Carr	Date Issued: June 18, 1953	Date Orig. Entry:
Class B	Date of Birth: Jan. 25, 1910, near Orofino,	Birth Place: Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freden	June 22, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[illegible] CERTIFICATE OF BIRTH

STATE OF [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (Month, Day, Year)
	3. Sex of Race of Birth	4. Place of Birth (County)
		5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby certify that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission Expires

APPROVAL — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Family Bible record	Ordained by Davis Gordon, Clerk of the Dist. Ct., Clearwater County, on 12/10/52	Jan. 22, 1910	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	School Record	Board of Education, Grafton, by Edith E. Crawley, Supt.	11/19/52	School Sept., 1913
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
Class	8 yrs old			
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit	Albert P. Carr	June 18, 1963	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
Class	1910, [illegible]			

JUN 23 1963

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]		[illegible]

Class A Records are those [illegible]

A F F A D A V I T

To: DEPARTMENT OF PUBLIC HEALTH

STATE OF IDAHO

Vital Statistics Section

I, the undersigned Albert P. Carr, my present age being sixty-six year, do hereby tender this affadavit attesting to the date and place of birth for:

Maxine Phelance Ball

To my personal knowledge, the above named person was born on the 25 day of Jan. 1870 at or near Orofino, Clearwater County, Idaho.

Albert P Carr

On this 8th day of June 1933, personally appeared Albert P Carr, personally known to me and did execute this Affadavit in my presence.

S. A. Hawkins

Notary Public in and for the State of Idaho with residence at Pierce therein. My commission expires April 15, 1934.

JUL 7 - 1933

A F F A D A V I T

To: DEPARTMENT OF PUBLIC HEALTH

STATE OF IDAHO

Vital Statistics Section

I, the undersigned Albert P. Carr, my present age being sixty-six year, do hereby tender this affidavit attesting to the date and place of birth for:

Dwayne Thelmer Bell

To my personal knowledge, the above named person was born on the 25 day of June 1970 at or near Orofino, Clearwater County, Idaho.

On this 28 day of June 1970, personally appeared Albert P Carr, personally known to me and did execute this Affidavit in my presence.

Albert P. Carr

Notary Public in and for the State of Idaho with residence at Pierce Shoreline. My commission expires April 18, 1970.

STATE OF IDAHO

JUL 2 - 1970

259-19-008-466

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-680
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth David Kerby			2. Date of Birth (month) (day) (year): November 19 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Boise	b. City or Town of Birth: Alpha
FATHER	6. Full Name of Father: David H. Kerby			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Gertrude Moore			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Kerby		11. Present Address of Registrant: Santa Ana, California
NOTARY (Seal)	Subscribed and sworn to before me on: January 14th 1953	12. Signature of Notary: Agnes Moore		13. Notary Commission expires: June 17th 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Health Record		By whom issued and signed: U. S. Marines	Date Issued: 12/13/46	Date Orig. Entry: 12/13/46
Class* B.	Date of Birth: 11/19/10	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit of Mother		By whom issued and signed: Gertrude M. Kerby	Date Issued: 12/31/52	Date Orig. Entry: 12/31/52
Class B.	Date of Birth: Nov 19, 1910	Birth Place: Alpha, Idaho	Full Name of Mother: Gertrude M. Kerby	Name of Father: David H. Kerby	
SUPPORTING RECORD 3.	Type of Document: Affidavit of		By whom issued and signed: Ella Cantrall	Date Issued: 12/31/52	Date Orig. Entry: 12/31/52
Class B.	Date of Birth: Nov 19, 1910	Birth Place: Alpha, Idaho	Full Name of Mother: Gertrude Kerby	Name of Father: David H. Kerby	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Turnipseed	Date Filed: July 10, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Serial File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Kenneth David Kerby	2. Date of Birth (month) (day) (year): November 19 1910	
	3. Color or Race: White; 4. Sex: male	5. Place of Birth: Alpha; Accounty: Boise	Quality or Town of Birth: Alpha
FATHER	6. Full Name of Father: David M. Kerby	7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Gertrude Moore	9. State or Country of Mother's Birth: Iowa	
APPLICANT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Santa Ana, California
Notary Seal	9. Enrolled and sworn to before me on [illegible]	12. Signature of Notary: [signature]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Health Record	By whom issued and signed: U. S. Marines	Date Issued: 12/13/46	Date Orig. Entry: 12/13/46
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class B.	[illegible]			
SUPPORTING RECORD 2.	Type of Document: Affidavit of Mother	By whom issued and signed: Gertrude M. Kerby	Date Issued: 12/31/52	Date Orig. Entry: 12/31/52
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class B.	Nov 19, 1910 Alpha, Idaho	Gertrude M. Moore	David M. Kerby	
SUPPORTING RECORD 3.	Type of Document: Affidavit of	By whom issued and signed: Ella Cantrall	Date Issued: 12/31/52	Date Orig. Entry: 12/31/52
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class B.	[illegible] 1910 Alpha, Idaho	Gertrude Moore	David M. Kerby	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Eva Tornieseed	July 10, 1953

*Class A Records are those made and later sworn the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

Form Reg. [illegible]

731-227-003-763

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-684
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED BERTHA GLADWIN			2. Date of Birth (month) August (day) 27 (year) 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: a. County: Idaho — Bannock County	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: William Alfred Gladwin			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Florence Golsby			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred G. Worden		11. Present Address of Registrant: Route No. 1 — Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1953	12. Signature of Notary: Mabel Fiedler		13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Father	By whom issued and signed: William A. Gladwin	Date Issued: 8/9/52	Date Orig. Entry: 8/9/52
Class* B	Date of Birth: Aug 27, 1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Florence Golsby Gladwin	Name of Father: William A. Gladwin	
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: 2/1/26	Date Orig. Entry: Feb 1, 1926
Class B	Date of Birth: Aug 27-1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Florence M. Gladwin	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Birth Certificate of Son	By whom issued and signed: Bureau of Vital Statistics State of Idaho #317777	Date Issued: 7/23/41	Date Orig. Entry: July 18-1941
Class B	Date of Birth: 29 yrs old / Birth Place: Pocatello, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Eva Turnipseed	Date Filed*: July 13, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Bureau of Vital Statistics
Boise, Idaho

Local reg. No. _____

Reg. state No. _____

REGISTRANT — 1. Registrant's full name at birth: [illegible] CHARMIN

2. Date of birth (month) August (day) 25 (year) 1910

3. Place of birth: (a) City [illegible] (b) County [illegible] (c) State Idaho

4. Usual residence: [illegible] Idaho

5. Color or race: White

6. Full name of father: [illegible]

7. State or Country of father's birth: [illegible]

MOTHER — 8. Maiden name of mother: [illegible]

9. State or Country of mother's birth: [illegible]

AFFIDAVIT — 10. Signature of affiant: [illegible]

11. Present address of affiant: [illegible]

Subscribed and sworn to before me this [illegible] day of [illegible] 19[illegible]

NOTARY OR OTHER — (Official capacity of person administering oath) [illegible]

15. Notary Commission expires [illegible]

SUPPORTING DOCUMENT — Type of Document: [illegible]

Date Issued: [illegible]

Name of Father: [illegible]

SUPPORTING DOCUMENT — Type of Document: [illegible]

Date Issued: [illegible]

Name of Father: [illegible]

SUPPORTING DOCUMENT — Type of Document: [illegible]

Date Issued: [illegible]

Name of Father: [illegible]

Date Filed: JUL 17 1953

Date Filed: [illegible]

Date Filed: [illegible]

Date Filed: [illegible]

291-21-1001-192

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 736
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Mable Brashears			2. Date of Birth (month) September (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada County	b. City or Town of Birth: Eagle, Idaho
FATHER	6. Full Name of Father: George Riley Brashears			7. State or Country of Father's Birth: Berryville, Arkansas
MOTHER	8. Full Maiden Name of Mother: Mable Jane Aikens			9. State or Country of Mother's Birth: Eagle, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Mable Givart		11. Present Address of Registrant: Box No. B— Eagle, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 4 1953	12. Signature of Notary: Nell Elsie		13. Notary Commission expires: March 25 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Mable Brashears–Mother	Date Issued: 1910	Date Orig. Entry: Sept of 1910
Class* A.	Date of Birth: Sept 19–1910	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: United BenefitCo. of Omaha	Date Issued: 10/16/33	Date Orig. Entry: 10/16/33
Class B.	Date of Birth: Sept 19–1910	Birth Place: Eagle, Idaho	Full Name of Mother: Mable J. Brashears	Name of Father: George R. Brashears
SUPPORTING RECORD 3.	Type of Document: Geneology Record	By whom issued and signed: Mable Brashears–Mother	Date Issued: 1910	Date Orig. Entry: Sept of 1910
Class A.	Date of Birth: Sept 19–1910	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Eva Turnipseed	Aug. 4, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 756

Reg. Dist. No. _____ Local Reg. No. _____

CHILD — 1. Registrant's Full Name at Birth: Thelma Mable Breashears

2. Date of Birth: September 19 1910

3. Order or Place of Birth: Twin

4. Sex: Female

5. Place of Birth: County: Ada City or Town: Boise, Idaho

FATHER — 6. Full Name of Father: George Riley Breashears

7. State or Country of Father's Birth: Pennsylvania, Arkansas

MOTHER — 8. Full Maiden Name of Mother: Mable Jane Allsops

9. State or Country of Mother's Birth: Boise, Idaho

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Informant: Mabel Jane Breashears

11. Present Address of Informant: Box No. B— Boise, Idaho

NOTARY (seal) — Subscribed and sworn to before me on [illegible] 1933

12. Signature of Notary: [illegible]

13. Notary Commission expires: March 16 1937

SUPPORTING RECORD 1. — Class A. Sept 19-1910

Type of Document: Family Bible Record

Date of Birth Birth Place: Sept 19-1910

By whom issued and signed: Mable Breashears-Mother

Full Name of Mother

Name of Father

Date Issued: 1910

Date Orig. Entry: Sept of 1910

SUPPORTING RECORD 2. — Class B. Sept 19-1910 Boise, Idaho

Type of Document: Date Pennsylvania Policy

Date of Birth Birth Place

By whom issued and signed: United Benefits. of Omaha

Full Name of Mother: Mable L. Breashears

Name of Father: George R. Breashears

Date Issued: 10/15/33

Date Orig. Entry: 10/15/33

SUPPORTING RECORD 3. — Class A.

Type of Document: Genealogy Record

Date of Birth Birth Place: Sept 19-1910

By whom issued and signed: Mable Breashears-Mother

Full Name of Mother

Name of Father

Date Issued: 1910

Date Orig. Entry: Sept of 1910

I hereby certify that no prior birth certificate has been issued by the Division of Vital Statistics for this registrant and that documentary evidence has been presented, which substantiates the facts as set forth in the foregoing abstract.

Date Issued: (month) Aug (day) 4 (year) 1933

Registrar: W. W. Denson

Evidence reviewed by: Eva Turnipseed

Date Filed: Aug. 4, 1933

(Class A Records are those made out of the regular time limit. Delay Out are at least 5 years old.
Class B Records are those made out of the regular time limit. Delay Out are at least 1 year old.
Delay Out Records are Registrar's Form No. 1.)

394-239-C42-266

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-829
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Helen Trueblood
2. Date of Birth (month) (day) (year): June 29 1910
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County:
b. City or Town of Birth: Twin Falls, Idaho

FATHER

6. Full Name of Father: Oliver Franklin Trueblood
7. State or Country of Father's Birth: Keatsville, Missouri

MOTHER

8. Full Maiden Name of Mother: Inez Elvira Swope
9. State or Country of Mother's Birth: Marquette, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Helen Trueblood (Mrs. Margaret McElhiney)
11. Present Address of Registrant: 2401 W. 6th St. Duluth, Minn.

NOTARY (Seal)

Subscribed and sworn to before me on AUG 23 1953 19___

12. Signature of Notary: Nick C. Nielsen
13. Notary Commission expires: NICK C. NIELSEN, Notary Public, Meeker County, Minn. My Commission Expires Sept. 2, 1959.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Newspaper notice	Twin Falls Times	July 7, 1910	
Class* A	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	June 29, 1910, Twin Falls, Idaho	Mrs. and	Oliver Trueblood	
SUPPORTING RECORD 2.	Affidavit	Beulah E. Sweet	Aug. 4, 1953	
Class B	June 29, 1910, Twin Falls, Idaho	Inez E. Swope	Oliver F. Trueblood	
SUPPORTING RECORD 3.	Affidavit by	C. P. Bowles	Aug. 4, 1953	
Class B	June 29, 1953, Twin Falls, Idaho	Inez E. Swope	Oliver F. Trueblood	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Peeler	Aug. 31, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]-329
Local Reg. No.
Reg. Dist. No.

SEP 1 1953

REGISTRARY (Person or Birth is being registered)

1. Name of Birth: Mamaret Helen Trueblood
2. Date of Birth (month) (day) (year): June 29 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth: Twin Falls, Idaho
6. Birth Place of Birth: Twin Falls, Idaho

FATHER

7. Full Name of Father: Oliver Franklin Trueblood
8. State or Country of Father's Birth: Keatsville, Missouri

MOTHER

9. Full Maiden Name of Mother: Inez Elvira Swope
10. State or Country of Mother's Birth: Marquette, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Present Address of Registrant: 2401 W. 4th St. Duluth, Minn.

NOTARY (Seal)

Subscribed and sworn to before me on AUG 19 [illegible]

12. Signature of Notary

13. Notary Commission expires: Notary Public, Mecklen County, Minn. My Commission Expires Sept. 2, 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Newspaper notice	Twin Falls Times	July 7, 1910	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1910	Twin Falls, Idaho		

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Beulah E. Sweet	Aug. 4, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1910	Twin Falls, Idaho	Inez E. Swope	Oliver F. Trueblood

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by	[illegible] F. Bowles	Aug. 4, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 29, 1910	Twin Falls, Idaho	Inez E. Swope	Oliver F. Trueblood

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar: W. W. Benson

By Sence reviewed by: [signature]

Date Filed: Aug. 31, 1953

[illegible]

15-4-111-022-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 12 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 954
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JESSE DALLAS ANDRUS	2. Date of Birth: (month) MAY (day) 11 (year) 1910	
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: a. County: Fremont	b. City or Town of Birth: Garfield	
FATHER	6. Full Name of Father: William S. Andrus	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Rose Bateman	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jesse Dallas Andrus	11. Present Address of Registrant: Box 306 Lewisville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 10th 1953	12. Signature of Notary: Percy Gwynn	13. Notary Commission expires: Feb 26- 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: Sept. 5, 1910	Date Orig. Entry: Blessed on Sept. 4, 1910	
	Date of Birth: May 11, 1910	Birth Place: Garfield, Idaho	Full Name of Mother: Rose Bateman	Name of Father: William S. Andrus	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Older Brother	By whom issued and signed: Alfred W. Andrus	Date Issued: 9/26/53	Date Orig. Entry:	
	Date of Birth: May 11, 1910	Birth Place: Garfield, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:	
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 14, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD	a. First	b. Middle	c. Last	2. Sex: Male
				3. Date of birth: Month, Day, Year
				4. Color or race
				5. Place of birth: County
				City or town of birth
				Hospital
FATHER	6. Name			7. State or Country of Father's Birth
	8. Age at last birthday			9. Color or race
MOTHER	10. Maiden name of Mother			11. State or Country of Mother's Birth
	12. Age at last birthday			13. Color or race
ATTENDANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		14. Signature of Physician	15. Address
	16. Signature of Attendant			17. Address
REGISTRAR	Received and made a record of in my office		18. Signature of Registrar	19. Address
				20. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Records	Type of Document	Issued by whom, dated and signed	Date Issued	Date Rec'd, Entry Stamped on
	1. Birth Affidavit	U. S. Bureau	Feb. 5, 1910	Sept. 4, 1910
		Name of Mother	Name of Father	
	May 11, 1910 Cecil C. Lewis	Rose Stevens	William C. Lewis	
	Certified by Physician	Affied by Mother	Date of Birth	
			May 11, 1910 Cecil C. Lewis	
	Certified by DJ or Brother	Affied T. Morris	Date of Birth Place	
		Full Name of Mother	Name of Father	
	Type of Document	By whom issued and dated	Date Issued	Date Rec'd, Entry Stamped on
	Date of Birth Birth Place	Full Name of Mother	Name of Father	

REGISTRAR'S CERTIFICATE

I hereby certify that no other birth certificate has been found on the question of Fact Establishing the Date and Place of Birth and that the necessary evidence has been received, which satisfies the facts as set forth in the above statement.

Notary Registrar	Evidence received by	Date filed
H. H. Watson	Idaho Penitentiary	Oct. 14, 1953

Clerk's Memo: Date made and serial number of Delayed Certificate if any.
Clerk's Memo: Date made after the fourth birthday but prior to the fifth birthday.

266-218-D28-271

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 997
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louella Gertrude Kooney
2. Date of Birth (month) (day) (year): March 18 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Kootenai
b. City or Town of Birth: Harrison

FATHER

6. Full Name of Father: James Wilbur Kooney
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Gertrude Emma Sparshott
9. State or Country of Mother's Birth: Washington D.C.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louella Hall
11. Present Address of Registrant: St. John, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: June 5 1952
12. Signature of Notary: Thomas R. Kimball
13. Notary Commission expires: Jan. 16 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Gertrude E. Kooney	June 5, 1952	
Class* B	Date of Birth / Birth Place: March 18, 1910, Harrison, Idaho	Full Name of Mother: Gertrude Emma Sparshott	Name of Father: James Wilbur Kooney	
SUPPORTING RECORD 2.	Type of Document: Marriage Return	By whom issued and signed: Harold Purdin, County Auditor Yakima County, Washington	Date Issued: 10/20/53	Date Orig. Entry: Married on Feb. 1, 1930
Class B	Date of Birth / Birth Place: last birthday 19 yrs old / Harrison, Idaho	Full Name of Mother: Emma Gertrude Sparshott	Name of Father: James Wilbur Kooney	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Washington State Board of Health Certificate # 119	Date Issued	Date Orig. Entry: Child born on May 3, 1936
Class B	Date of Birth / Birth Place: 26 yrs old / Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 30, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Louella Gertrude Kooney
2. Date of Birth (month) (day) (year): March 18 1910
3. Color or Race: White
4. Place of Birth: Idaho County: Knoleman
5. Date of Birth: Harrison
6. Full Name of Father: James Wilbur Kooney
7. State or Country of Father's Birth: Pennsylvania
8. Full Maiden Name of Mother: Gertrude Emma Sparshatt
9. State or Country of Mother's Birth: Washington D.C.

CERTIFICATE (Person whose birth is being registered)

1. Hereby declare upon oath that the above statements are true in the best of my knowledge and belief.
2. Signature of Registrant: [illegible]
3. Mailing Address of Registrant: [illegible]
4. Subscribed and sworn to before me on: June [illegible] 1952
5. Signature of Notary: [illegible]
6. Notary Commission expires: May 16 1954

SUPPORTING RECORD 1

Type of Document: Affidavit by mother
By whom issued and signed: Gertrude E. Kooney
Date Issued: June 5, 1952
Date Orig. Entry:
Date of Birth: Birth Place
Full Name of Mother
Name of Father

SUPPORTING RECORD 2

Type of Document: Marriage Return
By whom issued and signed: Marriage Return, County Auditor
Date Issued: 10/20/53
Date Orig. Entry: Feb. 1, 1930
Date of Birth: Birth Place
Full Name of Mother
Name of Father
Class: B
Last birthday: 19 yrs old
Harrison, Idaho
Emma Gertrude Sparshatt
James Wilbur Kooney

SUPPORTING RECORD 3

Type of Document: Child's birth certificate
By whom issued and signed: Washington State Board of Health
Date Issued: Child born on May 5, 1938
Date of Birth: Birth Place
Full Name of Mother
Name of Father
Class: B
26 yrs old
Idaho

QUALIFYING INFORMATION

CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 20, 1953

Class A Records are those made and set forth before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

599-220-040-655

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da53 1022
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Marie Erickson
2. Date Of Birth: (month) Aug. (day) 20 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Shoshone; b. City or Town of Birth: Mullan

FATHER

6. Full Name of Father: Henry Edward Erickson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Hulda Wennberg
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen Marie Erickson / Ellen M Erickson
11. Present Address of Registrant: 230-39th.st Richmond

NOTARY (Seal)

Subscribed and sworn to before me on Oct. 16th. 1953 19__

12. Signature of Notary: Emma Elearman
13. Notary Commission expires: Oct. 22 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Sandra Erickson Tervo	July 24, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 20, 1910	Mullan, Idaho	Hulda Erickson	Henry Erickson

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record of Age	Dist. No. 12, Shoshone Co. Mildred S. Badgley, Supt.	10/25/53	Sept. 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 20, 1910			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License	County of Alameda, California G. E. Wade, County Clerk	June 4, 1938	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
27 yrs old	Idaho	Hulda Wennberg	Henry Erickson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	Nov. 9, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Sacramento

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. ____
Reg. Dist. No. ____

REGISTRANT (Person whose birth is being registered)

1. Registrant's full name at birth: Ellen Marie Jenkinson
2. Date of birth (month, day, year): May 20, 1930
3. Place of birth: County: [illegible] City or Town: [illegible]
4. Sex: Female
5. Color or Race: White

FATHER

6. Full name of father: Edward Jenkinson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full maiden name of Mother: Hilda Vernberg
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

10. Affidavit duly sworn to before me on: Sept. 10th, 1953
11. Signature of Registrant: [illegible]
12. Present Address of Registrant: 230 - 11th St., Richmond

AFFIDAVIT (Person above)

The statements made above on this affidavit are true to the best of my knowledge and belief.

13. Notary Commission expires: Oct. 22, 1955

SUPPORTING EVIDENCE

Type of Document: Personal Knowledge
Date of Birth: May 20, 1930
Birth Place: Richmond, Calif.
Full Name of Mother: Hilda Vernberg
Maiden Name of Mother: Hilda Vernberg
Full Name of Father: Edward Jenkinson
Occupation of Father: Engineer
Date Filed: July 24, 1953

RECORD A-

Type of Document: School record of Age
Date of Birth: May 20, 1930
Birth Place: [illegible]
Full Name of Mother: [illegible]
Maiden Name of Mother: [illegible]
Full Name of Father: [illegible]
Occupation of Father: [illegible]
Date Filed: [illegible]

RECORD B-

Type of Document: Marriage License
Date of Birth: 27 yrs old
Birth Place: Idaho
Full Name of Mother: Hilda Vernberg
Maiden Name of Mother: Mary Jenkinson
Full Name of Father: [illegible]
Occupation of Father: [illegible]
Date Filed: [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received which substantiates the facts as set forth in the foregoing particulars.

Date Registered: [illegible]
Evidence reviewed by: Anna Jenkinson
Date Filed: Nov. 9, 1953

R. W. Jenson

Please do not write above this line.
Type or print all items. Use black ink.

452-29-040-557

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D53 1031
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VASHI ALTHEA DE SAUSSURE			2. Date of Birth: (month) April (day) 29 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kellogg	
FATHER	6. Full Name of Father: Charles Alfred DeSaussure			7. State or Country of Father's Birth: Dayton, Washington	
MOTHER	8. Full Maiden Name of Mother: Thea V. Engelke			9. State or Country of Mother's Birth: St. Louis, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs. Vashi A. Forman	11. Present Address of Registrant: Polson, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 9 1953		12. Signature of Notary: Florence M. Hammon	13. Notary Commission expires: June 10th 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: School enrollment record		By whom issued and signed: Lake County Montana, by Ina Mae Kain, Co. Supt.	Date Issued: 11/2/53	Date Orig. Entry: 1923
	Date of Birth: April 29, 1910	Birth Place:	Full Name of Mother: Thea DeSaussure	Name of Father: Charles DeSaussure	
SUPPORTING RECORD 2. Class B	Type of Document: Voting Registration record		By whom issued and signed: Hazel Kinnick, Clerk & Recorder Lake County, Montana	Date Issued: 11/2/53	Date Orig. Entry: Registered on Aug. 13, 1937
	Date of Birth: 27 yrs old	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Marriage License		By whom issued and signed: D. A. Cubbage, Clerk Lake County, Montana	Date Issued:	Date Orig. Entry: June 28, 1928
	Date of Birth: 18 yrs old	Birth Place: Kellogg, Idaho	Full Name of Mother: Thea Engelke	Name of Father: Charles A. DeSaussure	

QUALIFYING INFORMATION

Class B. Also affidavit by mother, Thea V. DeSaussure, which shows birthdate as April 29, 1910 and Place of Birth as Kellogg, Shoshone County, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 12, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

NOV 12 1952

Teller, Idaho

Apr. 25, 1910

Female

Caucasian

Single

Farmer

Teller, Idaho

Teller, Idaho

Apr. 25, 1910

Teller, Idaho

Teller, Idaho

Teller, Idaho

Nov. 12, 1952

Teller, Idaho

Teller, Idaho

Nov. 12, 1952

Teller, Idaho

Teller, Idaho

Nov. 12, 1952

369-124-026-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1038
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edmund Mark Cordon		2. Date Of Birth (month) May (day) 24 (year) 1910	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth and County: RIGBY JEFFERSON	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Arthur Edmund Cordon		7. State or Country of Father's Birth: Ut.	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Whitmore		9. State or Country of Mother's Birth: Ut.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edmund Mark Cordon	11. Present Address of Registrant: 151 West 18th	
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1953	12. Signature of Notary: Louise Malloy	13. Notary Commission expires: May 25 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Church record of Baptism	By whom issued and signed: L. D. S. Church, by Thayle Nielsen, Bishop	Date Issued: 11/1/53	Date Orig. Entry: Baptized on April 5, 1919
	Date of Birth: May 24, 1910	Birth Place: Rigby, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class A	Type of Document: Bible record of Births	By whom issued and signed: Bible also examined by Wm. P. Henningen Notary Public for Idaho, Rigby, Ida.	Date Issued: 11/10/53	Date Orig. Entry: May 24, 1910
	Date of Birth: May 24, 1910	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class B	Type of Document: Application for Insurance	By whom issued and signed: Beneficial Protective Assn.	Date Issued: June 5, 1939	Date Orig. Entry
	Date of Birth: May 24, 1910	Birth Place: Rigby, Idaho	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

CLASS B. Affidavits by an older sister and an older brother showing date of birth as May 24, 1910, and place of birth as Rigby, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	Nov. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth: May 24 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth (Ave. County): [illegible]
6. City or Town of Birth: [illegible]

FATHER

6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]

MOTHER

8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

ATTEST

Subscribed and sworn to before me on [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: May 25 1957

APPLICATION — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Church record of baptism	L. D. [illegible], by Thayle Nielsen, Bishop	11/1/53	Baptized on April 5, 1919

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class B

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Bible record of Births	Bible also examined by Mr. P. Hennigsen Notary Public for Idaho, Kirby, Ida.	11/10/53	May 24, 1910

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class A

May 24, 1910

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Application for Insurance	Beneficial Protective Assn.	June 5, 1939	

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class B

May 24, 1910 Kirby, Idaho

QUALIFYING INFORMATION

CLASS B. Affidavits by an older sister and an older brother showing date of birth as May 24, 1910, and place of birth as Kirby, Idaho

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. E. Hanson	Edna Hamilton	Nov. 16, 1953

Class A [illegible] are those made and dated before the Registrant's fourth birthday.
Class B [illegible] are those made after the fourth birthday but are at least [illegible]

Form [illegible]

396-212-010-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 3 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1039
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bonita Elizabeth Croft ([illegible])		2. Date Of Birth (month) (day) (year): August 12, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Iona, Bonneville; b. City or Town of Birth: Iona.
FATHER	6. Full Name of Father: James Edward Croft		7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Emma Jean Gardiner		9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bonita Elizabeth Croft. Ossmen	11. Present Address of Registrant: Rigby, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: November 3rd, 1953	12. Signature of Notary: Percy Groom (Ossmen) Bonita Elizabeth Croft	13. Notary Commission expires: February 26th 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. CHURCH, Ella D. Jack Custodian	Date issued: 10/29/53	Date Orig. Entry: Baptized on Sept. 6, 1919
	Date of Birth: Aug. 12, 1910	Birth Place: Iona, Idaho	Full Name of Mother: Emma J. Gardner	Name of Father: James E. Croft
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit	By whom issued and signed: Mrs. Bell Winders	Date issued: Nov. 3, 1953	Date Orig. Entry:
	Date of Birth: Aug. 12, 1910	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Child's birth certificate	By whom issued and signed: Idaho Bureau of Vital Statistics, No. 447179	Date issued: Filed on Jan. 14, 1948	Date Orig. Entry: Child born on Dec. 18, 1947
	Date of Birth: 37 years old	Birth Place: Iona, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 3 1953

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): August 16, 1941
	3. Color of Race: Sex	5. Place of Birth: Country; City or Town of Birth: [illegible]
FATHER	4. Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	6. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. [illegible], Elk D. Jack	Date Issued: 10/29/53	Date Orig. Entry: Baptized on Sept. 6, 1919
	Date of Birth: Birth Place	Full Name of Mother: Custodian	Name of Father: [illegible]	
Class B	[illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Mrs. Bell Winders	Date Issued: Nov. 3, 1953	[illegible]
	Date of Birth: Birth Place	Full Name of Mother:	Name of Father:	
Class B	Aug. 12, 1910			
SUPPORTING RECORD 3.	Type of Document: Childs birth certificate	By whom issued and signed: Idaho Bureau of Vital Statistics, No. 447179	Date Issued: filed on Jan. 14, 1948	Date Orig. Entry: Child born on Dec. 18, 1947
	Date of Birth: Birth Place	Full Name of Mother:	Name of Father:	
Class B	37 years old Lone, Idaho			
QUALIFYING INFORMATION				

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Registrar	Evidence reviewed by	Date Filed
N. W. Benson	Edna Hamilton	Nov. 18, 1953

[illegible] Check [illegible] and dated before the Registrar's fourth birthday.
Class B [illegible] made after the fourth birthday but are at least 3 years old.

719-207-041-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 53-1055
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ESTELLA MAY GARLICK
2. Date Of Birth (month) (day) (year): MAY 7 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: VICTOR TEATON
b. City or Town of Birth: VICTOR IDAHO

FATHER

6. Full Name of Father: DAVID GARLICK
7. State or Country of Father's Birth: AMERCIAN FORK UTAH

MOTHER

8. Full Maiden Name of Mother: MARY GARLICK
9. State or Country of Mother's Birth: FAIRVIEW UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Estella May Garlick
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 6 1953
12. Signature of Notary: Eria G. Osterberg
13. Notary Commission expires: June 3 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L.D.S. Church	Nov. 20, '53	
Class* A	**Date of Birth** / **Birth Place**: May 7, 1910 Victor, Idaho	**Full Name of Mother**: Mary Campbell Garlick	**Name of Father**: David Garlick	
SUPPORTING RECORD 2.	Birth Record	On file Div. of Vital Statistics - 263541	March 7, 1938	
Class B	**Date of Birth** / **Birth Place**: 22 Victor, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 3.	Baptismal Record	L.D.S. Church	Baptised	Feb. 1, 1920
Class B	**Date of Birth** / **Birth Place**: May 8, 1910 Victor, Idaho	**Full Name of Mother**: Mary Campbell	**Name of Father**: David Garlick	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Opal Peterson	Nov. 20, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 13 1972

NOV 23 1953

REGISTRY

1. Registrant's Name and Birth

2. Date of Birth

3. Place of Birth

4. State or Country of Birth

FATHER

5. Full Name of Father

6. Place of Birth

7. State or Country of Birth

MOTHER

8. Full Maiden Name of Mother

9. Place of Birth

10. State or Country of Birth

AFFIDAVIT

Hereby declare that the statements made by me are true and correct to the best of my knowledge and belief.

11. Signature of Registrant

12. Signature of Witness

13. Notary Commission expires

OATH

Subscribed and sworn to before me

Sept. 6 1953

Date Issued | Date Orig. Entry

Name of Document

Date of Birth | Birth Place

Full Name of Mother

Name of Father

Date Issued | Date Orig. Entry

Date of Birth | Birth Place

Full Name of Mother

Name of Father

Date Issued | Date Orig. Entry

Date of Birth | Birth Place

Full Name of Mother

Name of Father

QUALIFYING INFORMATION

Hereby certify that no prior birth or death record has been found in the Division of Vital Statistics for this registrant and that the document presented has been reviewed, which actually sets the facts as set forth in the foregoing affidavit.

Registrar

Evidence reviewed by

Date Filed

Nov. 20, 1953

595-702100?-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1075
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Orvil Lyndon Nielson
2. Date of Birth (month) (day) (year): Oct. 2, 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Idaho — Blaine; b. City or Town of Birth: Fairfield

FATHER

6. Full Name of Father: Erastus Franklin Nielson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Edna Christina Peterson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orvil Lyndon Nielson
11. Present Address of Registrant: Gooding, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 11th day of September 1953
12. Signature of Notary: James W. Lucie
13. Notary Commission expires: Nov. 9 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible		Oct. 2, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 2, 1910	Fairfield, Idaho	Edna Peterson	Erastus F. Nielson

Class* A

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	Bureau of Vital Statistics Boise, Idaho #291748	Mch. 26, 1940	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
29 yrs old	Fairfield, Idaho		

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Helen Fields	Nov. 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

994-208-027-845

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De53-1080
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARIE QUINT RIDDLE		2. Date of Birth (month) May (day) 8 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Idaho / Jerome	b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Walter Sidney Riddle		7. State or Country of Father's Birth: Owasco, Missouri	
MOTHER	8. Full Maiden Name of Mother: Carola Elizabeth Quint		9. State or Country of Mother's Birth: Green Castle, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Quint Riddle Rundquist	11. Present Address of Registrant: 207 E. Edith Drive, Springfield, Missouri	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar 27 1953	12. Signature of Notary: D. L. Shannan	13. Notary Commission expires: July 14 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	498-14-7272 account no. Application for Social Security	Social Security Administration		Sept. 5, 1940
Class* B	Date of Birth: May 8, 1910 / Birth Place: Jerome, Idaho	Full Name of Mother: Carola Elizabeth Quint	Name of Father: Walter Sidney Riddle	
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: Edith Singley	Date Issued: July 24, 1953	Date Orig. Entry
Class B	Date of Birth: May 8, 1910 / Birth Place: Lincoln County,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: C. E. Quint	Date Issued: July 24, 1953	Date Orig. Entry
Class B	Date of Birth: May 8, 1910 / Birth Place: Lincoln County,	Full Name of Mother: Idaho	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fielder	Date Filed: Nov. 30, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

666-130-023-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DEC 2 - 1953
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1092
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Seth Abraham Woody	2. Date Of Birth (month) May (day) 30 (year) 1910
	3. Color or Race: White; 4. Sex: male; 5. Place of Birth: Emmett; a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Charles Asque Woody	7. State or Country of Father's Birth: Emmett Idaho
MOTHER	8. Full Maiden Name of Mother: Blanche Frances Gilmore	9. State or Country of Mother's Birth: Hubbel Nebr.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Seth Abraham Woody; 11. Present Address of Registrant: Yoncalla, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on (as to lines 6 and 8) November 23rd 1953	12. Signature of Notary: W. Dewey Herkelrath; 13. Notary Commission expires: October 31st 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible viewed by W. Dewey Herkelrath, Notary	Date issued: May 30, 1910	Date Orig. Entry:
Class* A	Date of Birth: May 30, 1910, Birth Place:	Full Name of Mother: Blanche Frances Woody	Name of Father: Chas. Askew Woody	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: University of Oregon	Date issued: Sept. 1930	Date Orig. Entry:
Class B	Date of Birth: May 30, 1910, Birth Place: Emmett, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth: Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Dec. 2, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

DEC 2 1953

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible] 30 1910
3. Sex: [illegible]
4. Place of Birth: [illegible]
5. Duty or Loan of Birth: [illegible]

FATHER

6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]

MOTHER

8. Full Maiden Name of Mother: [illegible]
9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on (as to lines 6 and 8) November 23rd to 53

12. Signature of Notary: [illegible]
13. Notary Commission expires: October 31st to 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Bible Record
By whom issued and signed: Bible viewed by [illegible], Notary
Date Issued: May 30, 1910
Date Orig. Entry:
Date of Birth: Birth Place: May 30, 1910
Full Name of Mother: Blanche Frances Woody
Name of Father: Chas. Ashew Woody

SUPPORTING RECORD 2

Type of Document: School Record
By whom issued and signed: University of Oregon
Date Issued: Sept. 1930
Date Orig. Entry:
Date of Birth: Birth Place: May 30, 1910, Emmett, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:
Date of Birth: Birth Place:
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

Reviewed by: [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: Dec. 2, 1953

Class 1 Records are those made and later before the [illegible] Fourth birthday.
Class 2 Records are those made after the fourth birthday but are at least [illegible] years old.

296105-028-959

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
DEC 3 - 1953
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-1096
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Justin Broderick
2. Date of Birth: July 5th 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Coeur d'Alene, Idaho

FATHER

6. Full Name of Father: Patrick J. Broderick
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Nellie Reilly
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Justin Broderick
11. Present Address of Registrant: 809 Foster Ave Coeur d'Alene, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on NOV 17 1953 19___

12. Signature of Notary: S. J. McMillan
13. Notary Commission expires: Postmaster 19___

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Church of St. Thomas Coeur d'Alene, Idaho	Baptized	July 23, 1910
Class* A	Date of Birth / Birth Place: July 5, 1910 Coeur d'Alene Idaho	Full Name of Mother: Nellie Reilly	Name of Father: Patrick Broderick	
SUPPORTING RECORD 2.	School Record	Academy of Immaculate Heart of Mary, Coeur d'Alene Idaho	entered	Sept. 1917
Class B	Date of Birth / Birth Place: July 5, 1910, Coeur d'Alene, Idaho	Full Name of Mother: Mrs. and Mr. P. J. Broderick	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mary Fielder	Dec. 3, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Vital Statistics
Boise, Idaho

RECEIVED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 3 - 1953

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name (Given) [illegible]	2. Date of Birth (month) (day) (year) July 24 1916
	3. Color or Race 4. Sex [illegible]	5. Place of Birth a. County Kootenai b. City or Town of Birth Coeur d'Alene, Idaho
FATHER	6. Full Name of Father Patrick J. Frederick	7. State or Country of Father's Birth Iowa
MOTHER	8. Full Maiden Name of Mother [illegible]	9. State or Country of Mother's Birth Iowa
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant [illegible] 11. Present Address of Registrant [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on NOV 17 1953 19	12. Signature of Notary [illegible] 13. Notary Commission expires [illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry July 23, 1910
	Date of Birth [illegible] Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
SUPPORTING RECORD 2.	Type of Document School Record	By whom issued and signed Academy of Immaculate Heart of Mary, Coeur d'Alene, Idaho	Date Issued [illegible]	Date Orig. Entry Sept. 1917
Class B	Date of Birth [illegible] Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
SUPPORTING RECORD 3.	Type of Document [illegible]	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Sign Registrar W. W. Benson	Evidence reviewed by [illegible]	Date Filed Dec. 3, 1953

Press Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 3 years old.

294-226-011-356

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-10
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL MARQUERITE SIMONDS		2. Date Of Birth (month) Dec. (day) 26 (year) 1910
	3. Color or Race	4. Sex	5. Place of Birth a. County: b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Clinton Dwight Simonds		7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: Inga Sophia Tew		9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Simonds Estes	11. Present Address of Registrant: 1114 East Sixth, Moscow Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 5, 1954	12. Signature of Notary: Marjorie Moore	13. Notary Commission expires: Aug. 7, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Doctor's Record	By whom issued and signed: Dr. R. M. Bowell taken from the records of E. E. Fry	Date Issued:	Date Orig. Entry: Dec. 26, 1910
Class* A	Date of Birth: Dec. 26, 1910 / Birth Place: Bonners Ferry	Full Name of Mother: Inga Tew	Name of Father: Clinton Dwight Simonds	
SUPPORTING RECORD 2.	Type of Document: Idaho Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #404281	Date Issued: 3-6-45	Date Orig. Entry:
Class B	Date of Birth: 3 yrs old / Birth Place: Bonners Ferry	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Fleder		Date Filed: Jan. 7, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF HEALTH
STATE OF IDAHO

CERTIFICATE OF BIRTH

(TYPEWRITE)

1. Registrant's Name
2. Color or Race
3. Sex
4. Date of Birth
5. Place of Birth
6. County
7. Usual Home of Mother
8. Birthplace of Father
9. Maiden Name of Mother
10. Birthplace of Mother
11. Name of Informant
12. Mailing Address of Informant
13. Date Filed
14. Signature of Registrar

I hereby certify that I attended the birth of the child named above, who was born alive at the time, date and place stated above.

15. Signature of Attendant
16. Address
17. Date Signed

I hereby certify that I attended the birth of the child named above, who was born alive at the time, date and place stated above.

18. Signature of Attendant
19. Address
20. Date Signed

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112. Address
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135. Signature of Attendant
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802. Address
803. Date Signed

I hereby certify that I attended the birth of the child named above, who was born alive at the time, date and

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

RECEIVED
DEC 10 1953
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No. 53-149
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Hazel
b. (Middle):
c. (Last): Simonds

4. SEX: Female

5a. THIS BIRTH: SINGLE [#] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): December 26 1910

FATHER OF CHILD

7. FULL NAME
a. (First): Clinton
b. (Middle): Dwight
c. (Last): Simonds

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): South Dakota

11a. USUAL OCCUPATION: Druggist

11b. KIND OF BUSINESS OR INDUSTRY: Drug

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Inga
b. (Middle):
c. (Last): Tew

13. COLOR OR RACE: White

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): North Dakota

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): C.D.Simonds — Father

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E.E.Fry

18b. ATTENDANT AT BIRTH: M. D. [#] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Bonners Ferry Idaho

18d. DATE SIGNED: Dec 26 1910

19. DATE REC'D BY LOCAL REG.: Dec 7 1953

20. REGISTRAR'S SIGNATURE: R. M. Bonnell

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum.....

Form DPH-48001

R. M. BOWELL, M. D.
BONNERS FERRY, IDAHO

RECEIVED
DEC 15 1953
Division of Vital Statistics

December 7 1953

The Registrar of Vital Statistics,
Boise Idaho,

Dear Sir:-

I hereby certify that the enclosed birth record presented for delayed filing, is taken from the private records of my late associate, Dr E.E.Fry, deceased. From investigation and acquaintance with the family I can vouch for the accuracy of this birth certificate.

R M Bowell

Subscribed and sworn to, before me, a notary public, in and for the State of Idaho this 8th day of December 1953.

J A Mc Nally

Notary Public for the State of Idaho
Residing at Bonners Ferry, Idaho
My Commission Expires Aug. 1, 1956

R M BOWELL

BONNERS FE IDAHO

RECEIVED
DEC 15 1930
Bureau of Vital Statistics

385-214-001-317

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 13 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-41
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Valetta Agnes L'Herisson

2. Date of Birth (month) Feb. (day) 14 (year) 1910

3. Color or Race: White

4. Sex: Female

5. Place of Birth a. County: Ada

b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: David Alphonse L'Herisson

7. State or Country of Father's Birth: Louisanna

MOTHER

8. Full Maiden Name of Mother: Sarah Adeline La Page

9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Valetta L'Herisson Bey

11. Present Address of Registrant: Mountain Home, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 12 1954

12. Signature of Notary: Salome McNilly

13. Notary Commission expires: December 6 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	birth Newspaper announcement of/	North Side News, W. F. MacKnight, publisher		Feb. 24, 1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb. 14, 1910, Boise, Idaho	Mr. and Mrs. D. A. L'Herisson		
SUPPORTING RECORD 2. Class B	Type of Document: Joint Class A School record	By whom issued and signed: School District No. 261 Jerome, Idaho	Date Issued: 1-4-1954	Date Orig. Entry
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Feb. 14, 1910, Boise, Idaho			
SUPPORTING RECORD 3. Class B	Type of Document: Birth Certificate of daughter	By whom issued and signed: Idaho Bureau of Vital Statistics	Date Issued	Date Orig. Entry: Child born on June 16, 1944
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	34 yrs old / Boise, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Felton	Jan. 21, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 14 1967

JAN 22 1970

JAN 21 1954

JUL 18 1967

DECEASED

655-224-014-272

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAR 11 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-188
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Mildred Fenrich	2. Date of Birth (month) May (day) 24 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Fargo; a. County: Canyon	b. City or Town of Birth: Fargo Community (Caldwell)
FATHER	6. Full Name of Father: George Mathew Fenrich	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Nellie Minnie Baker	9. State or Country of Mother's Birth: Wisconson
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris M. Huffer; 11. Present Address of Registrant: Parma, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 20th 19 53	12. Signature of Notary: Lue A Kress; 13. Notary Commission expires: 6/25/55 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Family Record	Family of Geo. M. Fenrich		May 24, 1910
	Date of Birth: May 24, 1910; Birth Place: Fargo, Idaho	Full Name of Mother: Nellie M. Baker	Name of Father: George M. Fenrich	
SUPPORTING RECORD 2. Class B	School Record	Canyon County Sup't of Public Instruction	year	1927
	Date of Birth: 17 yrs old; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Affidavit by	Francis M. Camp	Aug. 20, 1953	
	Date of Birth: May 24, 1910; Birth Place: Fargo, Idaho	Full Name of Mother: Nellie Minnie Baker	Name of Father: George Mathew Fenrick	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Felder	3-11-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAR 12 1954

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: a. County: [illegible]	b. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on August 20th 19 53	12. Signature of Notary: [illegible] 13. Notary Commission expires: 6/25/55 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family of Geo. M. Fenrich	Date Issued:	Date Orig. Entry: May 24, 1910
Class A	Date of Birth: [illegible] Birth Place: [illegible]	Full Name of Mother: Nellie M. Baker	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Canyon County Sup't of Public Instruction	Date Issued: year	Date Orig. Entry: 1927
Class B	Date of Birth: 17 yrs old Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by	By whom issued and signed: Francis M. Camp	Date Issued: Aug. 20, 1953	Date Orig. Entry:
Class B	Date of Birth: May 24, 1910, Fargo, Idaho Birth Place:	Full Name of Mother: Nellie Minnie Baker	Name of Father: George Mathew Fenrick	

QUALIFYING INFORMATION

DECEASED

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
R. H. Benson	[illegible]	3-11-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

847-125040-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 198
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George (W) Hughes		2. Date of Birth (month) Feb. (day) 25 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Burke Idaho
FATHER	6. Full Name of Father: Charles Morgan Hughes		7. State or Country of Father's Birth: U S A - Illinois	
MOTHER	8. Full Maiden Name of Mother: Anna Marie Peterson		9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Hughes	11. Present Address of Registrant: Wallace Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 18 1954	12. Signature of Notary: J Christine Brown	13. Notary Commission expires: Feb 5 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for Insurance	Mutual Trust Life Ins. Co.		Aug. 18, 1930
Class* B	Date of Birth / Birth Place: Feb. 25, 1910 Burke, Idaho	Full Name of Mother: [illegible]	Name of Father: Charles M. Hughes	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Anna Hughes Bennon	Date Issued: Feb. 18, 1954	Date Orig. Entry
Class B	Date of Birth / Birth Place: Feb. 25, 1910 Burke, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother	By whom issued and signed: Mervin E. Hughes	Date Issued: Feb. 18, 1954	Date Orig. Entry
Class B	Date of Birth / Birth Place: Feb. 25, 1910 Burke, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	March 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 16 1954

State File No. [illegible]
Local Reg. No.
Reg. State No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: George (?) Hughes	2. Date of Birth (month) (day) (year): Feb. 25 1910
	3. Color or Race (M. Sex): White Male	4. Place of Birth (Country): Shoshone	5. City or Town of Birth: Burke Idaho
FATHER	6. Full Name of Father:	7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother:	9. State or Country of Mother's Birth:
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:	11. Present Address of Registrant:
NOTARY CLAUSE	Subscribed and sworn to before me on 19	12. Signature of Notary:	13. Notary Commission expires 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: Aug. 12, 1936
	Date of Birth: Feb. 25, 1910 Burke, Idaho	Full Name of Mother:	Name of Father: [illegible] Hughes	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Anne Hughes Sermon	Date Issued: Feb. 18, 1954	Date Orig. Entry:
	Date of Birth: Feb. 25, 1910 Birth Place: Burke, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother	By whom issued and signed: Marvin T. Hughes	Date Issued: Feb. 18, 1954	Date Orig. Entry:
	Date of Birth: Feb. 25, 1910 Birth Place: Burke, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. [illegible]	[illegible]	March 15, 1954

*Check if Records are those made and dated before the Registrant's fourth birthday.
*Check if Records are those made after the fourth birthday but are at least [illegible]

793-205-022-43

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 17 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-231
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Gillis			2. Date of Birth (month) July (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: St. Anthony ~~Fremont~~	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Charles Gillis			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jennie McKinley			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Gillis Young		11. Present Address of Registrant: 359 So. Cleveland, Blackfoot
NOTARY (Seal)	Subscribed and sworn to before me on: March 15, 1954	12. Signature of Notary: [signature]		13. Notary Commission expires: Jan. 6, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father	Charles O. Gillis	Feb. 12, 1954	
Class* B	Date of Birth / Birth Place: July 5, 1910, St. Anthony, Idaho	Full Name of Mother: Jennie McKinlay	Name of Father: Charles O. Gillis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by	By whom issued and signed: Gwendolyn Jensen	Date Issued: Feb. 12, 1954	Date Orig. Entry
Class B	Date of Birth / Birth Place: July 5, 1910, St. Anthony, Idaho	Full Name of Mother: Jennie McKinlay	Name of Father: Charles O. Gillis	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: July 6, 1918
Class B	Date of Birth / Birth Place: July 5, 1910, St. Anthony, Idaho	Full Name of Mother: Barbara Jane McKinlay	Name of Father: Charles Gillis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Mch 26, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 26 1954

255-231-044-275

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-234
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS MARIE KENT			2. Date Of Birth (month) August (day) 31 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Jonah Kent			7. State or Country of Father's Birth: Blue Earth, Minnesota	
MOTHER	8. Full Maiden Name of Mother: Emma Jane Spencer			9. State or Country of Mother's Birth: Haddam, Republic Co., Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Gladys Drinkwine	11. Present Address of Registrant: Box 364 Payette, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 1954		12. Signature of Notary: W. R. McClure	13. Notary Commission expires: July 5 1956.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Class A School District Weiser, Idaho #431	Date Issued: 3-5-52	Date Orig. Entry:
Class* B	Date of Birth: Aug. 31, 1910 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Emma Jane Kent	Date Issued: May 12, 1952	Date Orig. Entry:
Class B	Date of Birth: Aug. 31, 1910 / Birth Place: Weiser, Idaho	Full Name of Mother: Emma Jane Spencer	Name of Father: Jonah Kent	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Boise, Idaho #9846	Date Issued: 8-3-48	Date Orig. Entry:
Class B	Date of Birth: 38 yrs old / Birth Place: Weiser, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

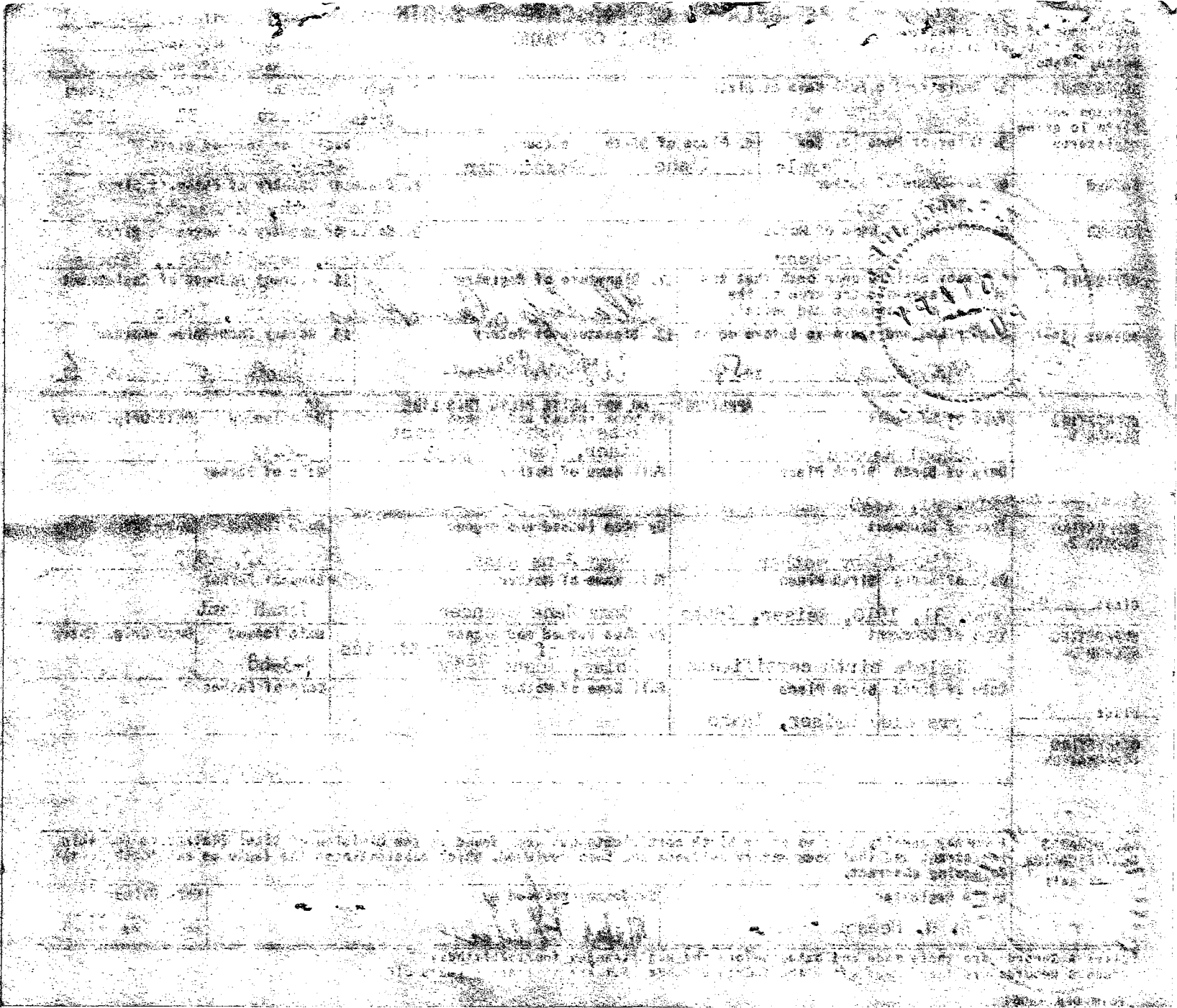
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Elder	Mch 29, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



RECEIVED
FEB 3 - 1954

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of ~~Commerce~~ Bureau of the Census — Division of Vital Statistics

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State..... (b) County.....
   (c) City.....
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho?..... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gladys Marie Kent

5. Date of Birth of Child (Month, day, year) Aug. 31, 1910

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jonah Kent
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Blue Earth, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jane Spencer
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Haddam, Republic co. Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Payette } ss.

I, the undersigned, being first duly sworn, say that I am the ~~mother~~ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for all her life years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Jane Kent Signature

Payette Idaho P. O. Address

Subscribed and sworn to before me this 12th day of May, 19 52.

(SEAL) W. R. McClure, Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar

MAR 29 1954
MAR 22 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-20104-795

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAR 29 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 239
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Kenneth McKinney			2. Date of Birth (month) (day) (year): December 20, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Lemuel Lewis McKinney			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Estella May Binkerd			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Kenneth McKinney		11. Present Address of Registrant: 836 Hanover Street, Daly City 25, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 18 1954	12. Signature of Notary: Dorothy V. Selvin		13. Notary Commission expires: My Commission Expires Dec. 17, 1954 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Marshall's Report	By whom issued and signed: Doris Stradley, Supt., of Twin Falls County, Idaho		Date Issued: 3/1/54	Date Orig. Entry: School Census of Sept. 1928
Class* B	Date of Birth: Dec. 20, 1910	Birth Place	Full Name of Mother: Mrs. Estella McKinney	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Helen McKinney Denbo		Date Issued: March 12, 1954	Date Orig. Entry
Class B	Date of Birth: Dec. 20, 1910, Twin Falls	Birth Place	Full Name of Mother: Estella May Binkerd McKinney	Name of Father: Lemuel Lewis McKinney	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed		Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Class B. Certificate of Registration, San Mateo County, California, dated April 15, 1947, which shows his place of birth as Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	March 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 30 1954

MAR 31 1954

389-22-036-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-253
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Mary Christensen
2. Date of Birth (month) (day) (year): January 22, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Malad, Idaho Oneida
b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: John Martin Christensen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Ida L. Scarper
9. State or Country of Mother's Birth: New York

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma M. Oman
11. Present Address of Registrant: 1706 N. 18th Boise Ida

NOTARY (Seal)

Subscribed and sworn to before me on: March 31 1954
12. Signature of Notary: Mabel Peterson
13. Notary Commission expires: May 7 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Record	Mother	1/25/1910	1/25/1910
Class* A	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	1/22/1910 Malad, Idaho	Ida L. Scarper	John M. Christensen	
SUPPORTING RECORD 2.	Life Insurance Policy	New World Life Insurance Co. of Seattle, Washington	2/21/1941	
Class B	1/22/1910 Malad, Idaho			
SUPPORTING RECORD 3.				
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Opal Peterson	March 31, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 9 1973

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible] 1910
	3. Color or Race: [illegible]	5. Place of Birth (Country): [illegible]
	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
APPLICANT	I hereby declare upon oath that the above statement is are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on 19 [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Family Record	By whom issued and signed: Mother	Date Issued: 1/25/1910	Date Orig. Entry: 1/25/1910
Class A	Date of Birth: 1/25/1910	Birth Place: Malad, Idaho	Full Name of Mother: [illegible]	Name of Father: John W. [illegible]
SUPPORTING RECORD 2	Type of Document: Life Insurance Policy	By whom issued and signed: New World Life Insurance Co. of Seattle, Washington	Date Issued: 2/21/1911	Date Orig. Entry:
Class B	Date of Birth: [illegible]/1910	Birth Place: Malad, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. [illegible] Benson	Opal [illegible]	March 31, 1958

*Class A Records are those made and added before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but prior at least 5 years old.

Form DPH 40067

847-220-00-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 22 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-326
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Minnie Hughes			2. Date of Birth (month) Feb. (day) 20 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bonneville	b. City or Town of Birth: Idaho Falls Idaho	
FATHER	6. Full Name of Father: Joseph Lee Hughes			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Leona Mary Harris			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Margaret Pardonnet	11. Present Address of Registrant: Lima Mont	
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1954		12. Signature of Notary: T. M. Piffner	13. Notary Commission expires: Aug 20 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census	By whom issued and signed: Theo E. Bay, Sup't of Schools Dillon, Montana	Date Issued: census of	Date Orig. Entry: Sept. 1912
Class* A	Date of Birth: Feb. 20, 1910 2 yrs	Birth Place	Full Name of Mother: Leona Hughes	Name of Father: Joseph Hughes
SUPPORTING RECORD 2.	Type of Document: Marriage License Affidavit	By whom issued and signed: State of Idaho County of Bonneville	Date Issued: Apr. 2, 1927	Date Orig. Entry
Class B	Date of Birth: 17 yrs old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Application for Social Security	By whom issued and signed: Social Security Adm.	Date Issued: Dec. 1, 1936	Date Orig. Entry
Class B	Date of Birth: Feb. 20, 1910, Idaho Falls, Idaho	Birth Place	Full Name of Mother: Leona M. Harris	Name of Father: Lee Hughes

QUALIFYING INFORMATION

Affidavit by Leona M. Hughes Moran, mother, gives the date of birth as Feb. 20, 1910, Idaho Falls, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hedges	Apr. 22, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 cc pd

263-120-009-RFC

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 30 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 354
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyde Walter Kochendoerfer		2. Date of Birth (month) (day) (year): August 20, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Sand Point, Idaho
FATHER	6. Full Name of Father: Herbert Leonard Kochendoerfer		7. State or Country of Father's Birth: Buffalo City, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Anna Hilda Gassert		9. State or Country of Mother's Birth: Minneapolis, Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyde Walter Kochendoerfer	11. Present Address of Registrant: 5574 S. E. Stark Street, Portland, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1954	12. Signature of Notary: Hazel Hass	13. Notary Commission expires: MY COMMISSION EXPIRES SEPT. 26, 1954.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism	By whom issued and signed: Lutheran Church	Date Issued:	Date Orig. Entry: Baptized on Oct. 16, 1910
	Date of Birth: Aug. 20, 1910	Birth Place: Sandpoint, Idaho	Full Name of Mother: Anna Kochendoerfer	Name of Father: Herbert Kochendoerfer
SUPPORTING RECORD 2. Class B	Type of Document: School census report	By whom issued and signed: Portland Public Schools Leila D. Cather, Secretary	Date Issued: 4-20-54	Date Orig. Entry: School term os 1916-1917
	Date of Birth: Aug. 20, 1910	Birth Place: Sandpoint, Idaho	Full Name of Mother: Anna Kochendoerfer	Name of Father: Herbert Kochendoerfer
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 14 1973

REGISTRANT

1. Registrant's Full Name at Birth: Glyde [illegible] Kochendoerfer

2. Date of Birth (month) (day) (year): August 20, 1910

3. Place of Birth: Sand Point, Idaho

4. Color or Race: Male

5. Sex: Female

6. Place of Birth: Bonner

7. Date of Birth: Sand Point, Idaho

8. Full Name of Father: Herbert Leonard Kochendoerfer

9. State or Country of Father's Birth: Buffalo City, Wisconsin

10. Full Maiden Name of Mother: Anna Hilda Dessert

11. Present Address of Registrant: Minneapolis, Minnesota

12. Signature of Registrant: [illegible]

13. Signature of Notary: [illegible]

14. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

Record	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
A	Certificate of Baptism	Lutheran Church		Baptized on Oct. 16, 1910
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Aug. 20, 1910 Sandpoint, Idaho	Anna Kochendoerfer	Herbert Kochendoerfer	
B	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	School census report	Portland Public Schools Lulu [illegible], Secretary	4-20-54	School term on 1916-1917
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Aug. 20, 1910 Sandpoint, Idaho	Anna Kochendoerfer	Herbert Kochendoerfer	
	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
W. W. Hensen	Edna Hamilton	April 30, 1954

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 3 years old.

955-212-055-959

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED APR 6 - 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-362
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillie Renke		2. Date Of Birth (month) (day) (year): 4-b. 12 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power; b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Wm Renke		7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Katie Resinyog		9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillie Renke Edwards	11. Present Address of Registrant: Severance Colo. Box 105
NOTARY (Seal)	Subscribed and sworn to before me on: 2 April 1954	12. Signature of Notary: Jean C Sanderlaps	13. Notary Commission expires: My commission expires July 27, 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Weld County, Colorado Supt. of Schools, Paul N. Lodwick.	Date Issued: 4/26/54	Date Orig. Entry: School Census of Feb. 10, 1928
Class* B	Date of Birth: Feb. 12, 1910	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Registration for Voting	By whom issued and signed: County Clerk and Recorder, Nunn, Colorado	Date Issued: May 21, 1948	Date Orig. Entry
Class B	Date of Birth: 38 years old	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Hospital record	By whom issued and signed: Weld County Hospital, Greeley	Date Issued: 4/26/54	Date Orig. Entry: Hospitalized on Mar. 23, 1949
Class B	Date of Birth: 39 years old.	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Life insurance policy #383-231-230 with the Prudential Insurance Co gives the place of birth as Idaho, date of birth Feb. 12, 1910, this policy was issued Aug. 4, 1938.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fleeman	May 5, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

REGISTRAR'S CERTIFICATION	I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been received which shows the facts as set forth in the foregoing abstract.
State Registrar	Date Filed
F. R. Johnson	May 5, 1953

319-127014-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 11 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-377
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: EDWIN URBAIN CARON			2. Date of Birth (month) NOV. (day) 27 (year) 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: Idaho a. County: CANYON	b. City or Town of Birth: NAMPA
FATHER	6. Full Name of Father: JACOB CARON			7. State or Country of Father's Birth: CANADA
MOTHER	8. Full Maiden Name of Mother: PULCHERIE LALANDE			9. State or Country of Mother's Birth: CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin Urbain Caron		11. Present Address of Registrant: 1811 ALTA OAKS DRIVE ARCADIA, CALIFORNIA
NOTARY (Seal)	Subscribed and sworn to before me on: May 6 1954	12. Signature of Notary: Celia M. Lee		13. Notary Commission expires: July 9 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of St. Paul, Nampa, Idaho	Date Issued: Baptized	Date Orig. Entry: Jan. 1, 1911
Class* A	Date of Birth: Nov. 27, 1910 Birth Place: Nampa, Idaho	Full Name of Mother: Pulcherie Lalande	Name of Father: Jacob Caron	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Standard Insurance Company	Date Issued: Policy dated 7-19-28	Date Orig. Entry:
Class B	Date of Birth: Nov. 27, 1910 Birth Place: Nampa, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Standard Insurance Company	Date Issued: Policy dated Dec. 26, 1929	Date Orig. Entry:
Class B	Date of Birth: Nov. 27, 1910 Birth Place: Nampa, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	May 11, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED
MAY 11 '64
STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____
State File No. 15-5417

REGISTRAR
(Person whose office is using registered)

1. Registered Date Received
MAY 11 1964

PATIENT
NAME

2. Color or Race | 3. Sex | 3a. Place of Birth - Country
Male | Idaho | Canyon

4. Date of Birth (Mo., Day, Yr.)
Nov. 27 1910

5. Age (Last Birthday) | 5a. If Under 1 Year, Months | 5b. If Under 1 Day, Hours
52

6. Usual Occupation | 6a. Kind of Business or Industry
Farmer | Farming

RESIDENCE

7. Usual Residence (Where person lives, not where temporarily staying)
Canyon County | Nampa | 1109 12th Ave. So.

8. Inside City Limits?
Yes

9. Length of Residence at Present Address
52 yrs.

10. Was Decedent Ever in U.S. Armed Forces?
No

11. Social Security No.
---

12. Informant
Mrs. Ida Mae Carson

13. Mailing Address (Street or R.F.D., City or Town, State)
1109 12th Ave. So. Nampa, Idaho

PLACE OF DEATH

14. Date of Death (Mo., Day, Yr.)
May 1, 1964

15. I Certify That Death Occurred on the Date Stated Above, at 1:30 P.M.
Hour

16. Place of Death (Check only one; give name)
Hospital or Other Institution | Dead on Arrival | Home | Other (Specify)
Nampa, Idaho

17. If Death Occurred in Hospital, Was It:
Emergency | Outpatient | Inpatient

18. Name of Hospital or Other Institution (If not in either, give street address)
Nampa, Idaho

MEDICAL CERTIFICATION

19. I Attended Deceased From May 1, 1964 to May 1, 1964
I Last Saw Deceased Alive on May 1, 1964
I Was Present at Death
I Was Not Present at Death
I Did Not Attend Deceased

20. To the Best of My Knowledge, Death Occurred at the Time, Date, and Place and Due to the Cause(s) Stated.

21. Signature and Title of Certifier
Ralph Jensen, M.D.

22. Name and Address of Physician (Type or Print)
Ralph Jensen, M.D.
Nampa, Idaho

23. Date Signed
May 11, 1964

24. Autopsy?
No

25. Were Autopsy Findings Available to Complete Cause of Death?
No

26. Manner of Death
Natural

27. If Death Was Due to External Causes (Violence), Fill In Also:
Accident | Suicide | Homicide | Undetermined
Date of Injury | Hour | Did Injury Occur In or About Home? | Injury at Work?

28. Describe How Injury Occurred

29. If Female:
Not Pregnant Within Past Year | Pregnant at Time of Death | Not Pregnant But Within 90 Days of Death | 43 Days to 1 Year Before Death | Unknown if Pregnant Within the Past Year

30. Was Tobacco Use a Factor in This Death?
No

31. Was Alcohol Use a Factor in This Death?
No

32. Was an Operation Performed for Any Condition in This Illness?
No

33. If Yes to Any of Items 30-32, Specify and Give Dates

34. Was Case Referred to Medical Examiner?
No

35. If Yes to Item 34, Specify Findings and Indicate Cause(s) of Death

36. Part I. Enter the Chain of Events—Diseases, Injuries, or Complications—That Directly Caused the Death. Do Not Enter Terminal Events Such as Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Showing the Etiology. Do Not Abbreviate. Enter Only One Cause on a Line. Add Additional Lines if Necessary.

	Approximate Interval Between Onset and Death
Immediate Cause (Final Disease or Condition Resulting in Death)	
Antecedents Due to (or as a Consequence of)	
Underlying Cause (If Any) Giving Rise to the Immediate Cause (a) Stated Last	

Part II. Other Significant Conditions Contributing to Death But Not Related to the Terminal Illness or Condition Given in Part I.

37. Was Autopsy Performed?
No

38. Were Autopsy Findings Considered in Determining Cause of Death?
No

39. Did Tobacco Use Contribute to Death?
No

40. Did Alcohol Use Contribute to Death?
No

41. Was Operation Performed for Any Condition Listed in Part I or II?
No

42. If Female:
Not Pregnant Within Past Year | Pregnant at Time of Death | Not Pregnant But Within 90 Days of Death | 43 Days to 1 Year Before Death | Unknown if Pregnant Within the Past Year

43. Manner of Death
Natural

44. Date of Injury | Hour | Did Injury Occur In or About Home? | Injury at Work?

45. Place of Injury (e.g., Public Building, Factory, Street, Office Building, Farm)

46. Describe How Injury Occurred

47. If Transportation Injury, Specify:
Driver or Passenger | Pedestrian | Other

48. Certifier
Physician | Coroner | Other (Specify)

49. Date Certified
May 11, 1964

CERTIFICATE OF DEATH

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this (State) (Territory) and that documentary evidence has been received, which substantiates the facts as set forth in the following abstract.

Date Issued
May 11, 1964

Evidence received by

State Registrar
W. Hansen

Local Registrar's Office Seal

Issued by Registrar's Office

Date Issued | Date Orig. Entry
Policy dated Feb. 26, 1929

Name of Father

By whom Issued and Signed
Standard Insurance Company

Full Name of Mother

Date Issued | Date Orig. Entry
Policy dated 7-19-29

Name of Father

By whom Issued and Signed
Standard Insurance Company

Full Name of Mother

Date Issued | Date Orig. Entry
Baptized Jan. 1, 1911

Name of Father
Jacob Ibsen

When Issued and Signed
(Church of Sev. Fath)
Nampa, Idaho

Full Name of Mother
Philomelia Adams

DO NOT WRITE IN THIS SPACE

SUPPLEMENTAL RECORD

Certificate of Baptism
Date of Birth Birth Place
Nov. 27, 1910, Nampa, Idaho

Class A

SUPPLEMENTAL RECORD

Insurance Policy
Date of Birth Birth Place
Nov. 27, 1910, Nampa, Idaho

Class B

SUPPLEMENTAL RECORD

Insurance Policy
Date of Birth Birth Place
Nov. 27, 1910, Nampa, Idaho

Class B

SUPPLEMENTAL INFORMATION

PATIENT
NAME

1. Registered Date Received
MAY 11 1964

2. Color or Race | 3. Sex | 3a. Place of Birth - Country
White | Male | Idaho | Canyon

4. Date of Birth (Mo., Day, Yr.)
Nov. 27, 1910

5. Age (Last Birthday) | 5a. If Under 1 Year, Months | 5b. If Under 1 Day, Hours
53

6. Usual Occupation | 6a. Kind of Business or Industry
Farmer | Farming

RESIDENCE

7. Usual Residence (Where person lives, not where temporarily staying)
Canyon County | Nampa | 1109 12th Ave. So.

8. Inside City Limits?
Yes

9. Length of Residence at Present Address
53 yrs.

10. Was Decedent Ever in U.S. Armed Forces?
No

11. Social Security No.
---

12. Informant
Mrs. Ida Mae Carson

13. Mailing Address (Street or R.F.D., City or Town, State)
1109 12th Ave. So. Nampa, Idaho

PLACE OF DEATH

14. Date of Death (Mo., Day, Yr.)
May 1, 1964

15. I Certify That Death Occurred on the Date Stated Above, at 1:30 P.M.
Hour

16. Place of Death (Check only one; give name)
Hospital or Other Institution | Dead on Arrival | Home | Other (Specify)
Nampa, Idaho

17. If Death Occurred in Hospital, Was It:
Emergency | Outpatient | Inpatient

18. Name of Hospital or Other Institution (If not in either, give street address)
Nampa, Idaho

MEDICAL CERTIFICATION

19. I Attended Deceased From May 1, 1964 to May 1, 1964
I Last Saw Deceased Alive on May 1, 1964
I Was Present at Death
I Was Not Present at Death
I Did Not Attend Deceased

20. To the Best of My Knowledge, Death Occurred at the Time, Date, and Place and Due to the Cause(s) Stated.

21. Signature and Title of Certifier
Ralph Jensen, M.D.

22. Name and Address of Physician (Type or Print)
Ralph Jensen, M.D.
Nampa, Idaho

23. Date Signed
May 11, 1964

24. Autopsy?
No

25. Were Autopsy Findings Available to Complete Cause of Death?
No

26. Manner of Death
Natural

27. If Death Was Due to External Causes (Violence), Fill In Also:
Accident | Suicide | Homicide | Undetermined
Date of Injury | Hour | Did Injury Occur In or About Home? | Injury at Work?

28. Describe How Injury Occurred

29. If Female:
Not Pregnant Within Past Year | Pregnant at Time of Death | Not Pregnant But Within 90 Days of Death | 43 Days to 1 Year Before Death | Unknown if Pregnant Within the Past Year

30. Was Tobacco Use a Factor in This Death?
No

31. Was Alcohol Use a Factor in This Death?
No

32. Was an Operation Performed for Any Condition in This Illness?
No

33. If Yes to Any of Items 30-32, Specify and Give Dates

34. Was Case Referred to Medical Examiner?
No

35. If Yes to Item 34, Specify Findings and Indicate Cause(s) of Death

36. Part I. Enter the Chain of Events—Diseases, Injuries, or Complications—That Directly Caused the Death. Do Not Enter Terminal Events Such as Cardiac Arrest, Respiratory Arrest, or Ventricular Fibrillation Without Showing the Etiology. Do Not Abbreviate. Enter Only One Cause on a Line. Add Additional Lines if Necessary.

	Approximate Interval Between Onset and Death
Immediate Cause (Final Disease or Condition Resulting in Death)	
Antecedents Due to (or as a Consequence of)	
Underlying Cause (If Any) Giving Rise to the Immediate Cause (a) Stated Last	

Part II. Other Significant Conditions Contributing to Death But Not Related to the Terminal Illness or Condition Given in Part I.

37. Was Autopsy Performed?
No

38. Were Autopsy Findings Considered in Determining Cause of Death?
No

39. Did Tobacco Use Contribute to Death?
No

40. Did Alcohol Use Contribute to Death?
No

41. Was Operation Performed for Any Condition Listed in Part I or II?
No

42. If Female:
Not Pregnant Within Past Year | Pregnant at Time of Death | Not Pregnant But Within 90 Days of Death | 43 Days to 1 Year Before Death | Unknown if Pregnant Within the Past Year

43. Manner of Death
Natural

44. Date of Injury | Hour | Did Injury Occur In or About Home? | Injury at Work?

45. Place of Injury (e.g., Public Building, Factory, Street, Office Building, Farm)

46. Describe How Injury Occurred

47. If Transportation Injury, Specify:
Driver or Passenger | Pedestrian | Other

48. Certifier
Physician | Coroner | Other (Specify)

49. Date Certified
May 11, 1964

349-119-006-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 13 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-571
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Turman, Samuel James		2. Date Of Birth (month) September (day) 19 (year) 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bingham b. City or Town of Birth: Blackfoot Idaho
FATHER	6. Full Name of Father: Turman, Manford Cleveland		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Turman Sarah Elizabeth		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sam Turman	11. Present Address of Registrant: Hamer Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 4, 1951	12. Signature of Notary: L. G. Cox	13. Notary Commission expires: June 1, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: November 4, 1950	Date Orig. Entry
Class* B	Date of Birth: 40 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: Sept. 19, 1910	Date Orig. Entry
Class A	Date of Birth: Sept. 19, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Sarah Elizabeth Turman	Name of Father: Manford Cleveland Turman
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: State of Mantana County of Deer Lodge	Date Issued: Oct. 21, 1933	Date Orig. Entry
Class B	Date of Birth: 23 yrs old	Birth Place: Blackfoot, Idaho	Full Name of Mother: Sarah Turman	Name of Father: Manford Turman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	7-6-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

CHILD

1. Name (Person whose birth is being registered)
2. Date of Birth (Month, Day, Year)
3. Sex
4. Place of Birth — a. County
b. City or Town of Birth
5. Usual Residence of Mother — a. County
b. City or Town
6. Length of Residence at Present Address — a. Years
b. Months
7. Color or Race
8. Number of Child in Order of Birth
9. Number of Other Children Born Alive to This Mother
10. Number Now Living
11. Number Dead

FATHER

12. Full Name of Father
13. Age at Last Birthday (Years)
14. Color or Race
15. Birthplace (State or Country)
16. Usual Occupation
17. Kind of Business or Industry

MOTHER

18. Maiden Name of Mother
19. Age at Last Birthday (Years)
20. Color or Race
21. Birthplace (State or Country)
22. Usual Occupation
23. Kind of Business or Industry

INFORMANT

24. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
25. Signature of Informant
26. Address of Informant

Subscribed and sworn to before me on [illegible]
27. Signature of Notary
28. Notary Commission expires

PHYSICIAN OR MIDWIFE

29. I attended the birth of this child who was born alive at [illegible] on the date above stated.
30. Signature
31. Address

CERTIFICATION OF BIRTH

32. I hereby certify that the child named above was born alive at the place and time and on the date above stated.
33. Signature of Local Registrar
34. Date Filed

DO NOT WRITE IN SPACES BELOW THIS LINE

Application for Transcript of Birth Record

Date of Birth | Birth Place | Name of Mother | Name of Father

Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry

Remarks:

Class A

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry

Remarks:

Class B

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Type of Document | By whom Issued and Signed | Date Issued | Date Orig. Entry

Remarks:

Registrar's Certification (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence received by | Date Filed

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* Records are those of births which occurred not more than one year prior to the registration of birth.
Class A Records are those of births which occurred more than one year prior to the registration of birth but are at least 5 years old.
Class B Records are those of births which occurred more than 5 years prior to the registration of birth.

866-223-028-753

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 8 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-582
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Cecile Effie Howard		2. Date of Birth (month) March (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Kootenai; b. City or Town of Birth Bathdrum
FATHER	6. Full Name of Father: Walter Bassel Howard		7. State or Country of Father's Birth: Illinois, USA
MOTHER	8. Full Maiden Name of Mother: Mary Etta Georgia Pettyjohn		9. State or Country of Mother's Birth: Missouri, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecile Effie Howard Potts	11. Present Address of Registrant: Star Route, Waitsburg, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 6th, 19 54	12. Signature of Notary: [signature]	13. Notary Commission expires: March 9th, 19 56

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Walla Walla County Walla Walla, Washington	1926-27 Census	
Class* B	Date of Birth: Mch 23, 1910,	Birth Place:	Full Name of Mother:	Name of Father: Walter Howard
SUPPORTING RECORD 2.	Insurance Policy	Neighbors of Woodcraft	June 25, 1937	
Class B	Date of Birth: 27 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Affidavit by father	Walter Bassel Howard	July 1, 1954	
Class B	Date of Birth: Mch 23, 1910,	Birth Place: Rathdrum, Idaho	Full Name of Mother: Mary Etta Georgia Pettyjohn	Name of Father: Walter Bassel Howard
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 9, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Health, Division of Vital Statistics, Boise, Idaho

State File No. _____
Local Reg. No. _____
Dep. Dist. No. _____

REGISTRAR: 1. Registrar's Name and Address
Cecile Effie Howard

2. Date of Birth: March 23, 1910

3. Date of Birth: Mon. Day Year

4. Place of Birth: Bathdrum, Kootenai

5. City or Town of Birth: Bathdrum

FATHER: 6. Name of Father: Walter Bassel Howard

7. State or Country of Father's Birth: Illinois, USA

MOTHER: 8. Full Maiden Name of Mother: Mary Etta Georgia Pettyjohn

9. State or Country of Mother's Birth: Missouri, USA

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: Star Route, Waitsburg, Washington

NOTARY OFFICE: Subscribed and sworn to before me on July 6th, 19 54

12. Signature of Notary: [illegible]

13. Notary Commission expires: March 5th, 19 [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1: Type of Document: School Record
By whom issued and signed: Walla Walla County
Date Issued: 1926-27 Census
Date of Birth: Mon 2[illegible], 1910
Birth Place: Wallace, Washington
Full Name of Mother: Walter Howard
Name of Father: Walter Howard

SUPPORTING RECORD 2: Type of Document: Insurance Policy
By whom issued and signed: Neighbors of Woodcraft
Date Issued: June 26, 1937
Date of Birth: 27 yrs old
Birth Place: Wallace
Full Name of Mother: Walter Bassel Howard
Name of Father: Walter Bassel Howard

SUPPORTING RECORD 3: Type of Document: Affidavit by Father
By whom issued and signed: Walter Bassel Howard
Date Issued: July 1, 1954
Date of Birth: Mon 23, 1910
Birth Place: Bathdrum, Idaho
Full Name of Mother: Mary Etta Georgia Pettyjohn
Name of Father: Walter Bassel Howard

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: V. W. Benson

Evidence reviewed by: [signature]

Date Filed: July 9, 1954

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the Fourth birthday before [illegible]

995-228-014-669

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 9 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-586
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Naomi Ireton		2. Date of Birth (month) December (day) 28 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Walter Clayton Ireton		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ida Frances Forbes		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Naomi Ireton Grace Naomi Jones by Marriage	11. Present Address of Registrant: 615 East Sherman St. Lebanon, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 1, 1954 19	12. Signature of Notary: Alta Wilson	13. Notary Commission expires: July 13 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of birth certificate on file in Canyon County, Page 70, Register of Births	By whom issued and signed	Date Issued	Date Orig. Entry
Class* A	Date of Birth / Birth Place: Dec. 28, 1910, Payette, Idaho	Full Name of Mother: Forbes	Name of Father: W. C. Ireton	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	July 9, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

[illegible] CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 9 - 1954

Reg. District No.

Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name of Birth

2. Date of Birth (month) (day) (year)

Person whose birth is being registered

3. Color or Race 4. Sex 5. Place of Birth (Accounts)

6. City or Town of Birth

FATHER

6. Full Name of Father

7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother

9. State or Country of Mother's Birth

AFFIDAVIT

A hereby declare upon oath that the above statements are true to the [illegible] of my knowledge and [illegible]

10. Signature of Registrant

11. Present Address of Registrant

[illegible]

July 1, 1954 19 [illegible]

July 13 19 [illegible]

SUPPORTING RECORD 1

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Certified [illegible] of Birth certificate on file in Canyon County, Page 70, Register of Births

Date of Birth Birth Place

Full Name of Mother

Name of Father

[illegible]

SUPPORTING RECORD 2

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

JUL 12 1954

Date of Birth Birth Place

Full Name of Father

Name of Father

Class

SUPPORTING RECORD 3

Type of Document

By whom issued and signed

Date issued

Date Orig. Entry

Date of Birth Birth Place

Full Name of Mother

Name of Father

Class

QUALIFYING INFORMATION

[illegible]

CERTIFICATE

[illegible] registrant and that documents [illegible] corresponding abstract

Date Registrar

Evidence Reviewed by

Date Filed

July 9, 1954

[illegible]

Page 70 Rigster of births
Canyon County, Idaho.

NO.	DATE	PLACE	NAME OF CHILD	SEX	RACE OR COLOR	NO. IN FAMILY	LIVING OR STILLBORN	PARENTS' NAMES
1548	12/28/10	Payette	Grace Naomi Ireton	F	W.	2	L	W. C Ireton Ida

(Amended by certificates Recorded July 8, 1954
in Book 35 at pages 64 and 65 of Misc. Records.

S. S. FOOTE, Clerk

Lavona Sayre, Dep.)

COLOR	OCCUPATION	BIRTHPLACE	AGE	RESIDENCE	MAIDEN NAME OF MOTHER	IS CHILD LEGITIMATE	REPORTED BY
W	Farmer	Ida	23	Payette		Yes	Drs. Woodward and Woodward
"		Neb	22		Forbes		

State of Idaho
County of Canyon } ss.
I hereby certify that the foregoing instrument is a true and correct copy of the original as the same appears in this office,
DATED
July 8, 1954
S. S. Foote Clerk of the District Court and Ex Officio Recorder.
By Lavona Sayre
Deputy

Apr 18

(Date)

Dear Sir:

I am writing to request permission to quote from the following copyrighted work:

Brownbook, Bruce. Bookkeeping Is Fun. New York: Dover Publications, 1962.

I would like to use the following material:

"Debits are on the left side of the ledger, and credits are on the right side."

(page 27, paragraph 3)

This material will be used in my forthcoming book, tentatively titled Accounting Made Simple, which will be published by Prentice-Hall, Inc. in 1963. The book will be used as a textbook in introductory accounting courses.

Sincerely yours,

Jane Q. Author

Jane Q. Author

Permission granted.

Bruce Brownbook

551-217-028-249

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De54 649
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carol Mary Neal
2. Date Of Birth (month) (day) (year): 2 17 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Idaho Kootenai
b. City or Town of Birth: Coeur d' Alene

FATHER

6. Full Name of Father: Chas. Neal
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Lucy Gail Burkhead
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carol Mary Neal
11. Present Address of Registrant: 421-W-27th

NOTARY (Seal)

Subscribed and sworn to before me on: 27th July 1954
12. Signature of Notary: [signature]
13. Notary Commission expires: Oct 8 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record of births	Bible also examined by Karl V. Herrmann, N. P. for Washington		Feb. 17, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 17, 1910	Coeur d'Alene		

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record of 1920	Bureau of the Census	9/29/53	Census of Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9 yrs old	Idaho	Lucy Neal	Charles Neal

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Letter re application for Insurance	The Equitable Life Assurance Soc.	11/17/53	Policy issued May 8, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 17, 1910	Coeur d'Alene	Lucy Neal	Charles Neal

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 2, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 2 1954

495 203-001-45-1

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 671
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Lubelle Minton
2. Date of Birth (month) (day) (year): Nov. 3 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ustick, Idaho Ada
b. City or Town of Birth: Ustick Idaho

FATHER

6. Full Name of Father: William Harrison Minton
7. State or Country of Father's Birth: Bates County, Missouri

MOTHER

8. Full Maiden Name of Mother: Dora Elizabeth Mead
9. State or Country of Mother's Birth: St. Clair County, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy L. Minton
11. Present Address of Registrant: 11563 Roseburg A. So. Seattle 88 Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: July 26 1954
12. Signature of Notary: Robert T. Naff
13. Notary Commission expires: FEB. 16 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Family Bible Record of Birth
By whom issued and signed: Bible also exami ed by Robert T. Naff, Notary Public, Wash.
Date Issued:
Date Orig. Entry: Nov. 3, 1910
Date of Birth: Nov. 3, 1910
Birth Place:
Full Name of Mother:
Name of Father:
Class* A

SUPPORTING RECORD 2.

Type of Document: Hospital Record
By whom issued and signed: General Hospital Everett Cecile Tracy Spry, R.N.
Date Issued: Mar 5, 1942
Date Orig. Entry: March 5, 1942
Date of Birth: 11-3/1910
Birth Place: Ustick, Idaho
Full Name of Mother: Dorothy Lubelle Minton
Name of Father:
Class B

SUPPORTING RECORD 3.

Type of Document:
By whom issued and signed:
Date Issued:
Date Orig. Entry:
Date of Birth:
Birth Place:
Full Name of Mother:
Name of Father:
Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: E. Hamilton - Pat Shields
Date Filed: Aug. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF PUBLIC HEALTH
STATE OF IDAHO

CERTIFICATE OF BIRTH

PRINT OR TYPE

1. NAME OF CHILD (First, Middle, Last)

2. Sex

3. Date of Birth (Month, Day, Year)

4. Place of Birth (City or Town, County)

5. Name of Hospital or Institution (If not in hospital, give street address or location)

6. Usual Residence of Mother (Where she lives now)

7. Mother's Maiden Name

8. Mother's Color or Race

9. Mother's Age at Last Birthday

10. Mother's Birthplace (State or Country)

11. Number of Children Born Alive to This Mother Including This Child

12. Number of Other Children Now Living

13. Father's Name

14. Father's Color or Race

15. Father's Age at Last Birthday

16. Father's Birthplace (State or Country)

17. Informant's Name and Address

18. Date Received by Local Registrar

19. Signature of Local Registrar

20. Date Certificate Filed

21. Attendant at Birth

22. Address

23. Date Signed

24. Name of Physician Certifying Cause of Death

25. Address

26. Date Signed

27. Cause of Death

28. Duration

29. Contributing Causes

30. Autopsy

31. Coroner's Name

32. Address

33. Date Signed

34. Burial, Removal, Cremation

35. Date

36. Name of Cemetery or Crematory

37. Funeral Director's Name

38. Address

39. Date Received by Local Registrar

40. Signature of Local Registrar

41. Date Certificate Filed

42. Remarks

I hereby certify that no other birth certificate has been found in the bureau of vital statistics for this individual and that documentary evidence has been received which establishes the facts as set forth in the foregoing affidavit.

Signature

Title

Date Filed

DO NOT WRITE BELOW THIS LINE

STATE OF IDAHO

CERTIFICATE OF BIRTH

1. NAME OF CHILD (First, Middle, Last)

2. Sex

3. Date of Birth (Month, Day, Year)

4. Place of Birth (City or Town, County)

5. Name of Hospital or Institution (If not in hospital, give street address or location)

6. Usual Residence of Mother (Where she lives now)

7. Mother's Maiden Name

8. Mother's Color or Race

9. Mother's Age at Last Birthday

10. Mother's Birthplace (State or Country)

11. Number of Children Born Alive to This Mother Including This Child

12. Number of Other Children Now Living

13. Father's Name

14. Father's Color or Race

15. Father's Age at Last Birthday

16. Father's Birthplace (State or Country)

17. Informant's Name and Address

18. Date Received by Local Registrar

19. Signature of Local Registrar

20. Date Certificate Filed

21. Attendant at Birth

22. Address

23. Date Signed

24. Name of Physician Certifying Cause of Death

25. Address

26. Date Signed

27. Cause of Death

28. Duration

29. Contributing Causes

30. Autopsy

31. Coroner's Name

32. Address

33. Date Signed

34. Burial, Removal, Cremation

35. Date

36. Name of Cemetery or Crematory

37. Funeral Director's Name

38. Address

39. Date Received by Local Registrar

40. Signature of Local Registrar

41. Date Certificate Filed

42. Remarks

I hereby certify that no other birth certificate has been found in the bureau of vital statistics for this individual and that documentary evidence has been received which establishes the facts as set forth in the foregoing affidavit.

Signature

Title

Date Filed

RECEIVED
AUG 16 1954

United States Department of Commerce Bureau of the Census

Division of Vital Statistics

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De54 676
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Latah (b) City Potlatch
   (c) Street address or R. F. D. No. ✓
   (d) Name of Hospital or Maternity Home: ✓
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ✓ Days
   In THIS County years months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street address or R. F. D. No. ✓
   (e) How long has MOTHER lived in Idaho? yrs.
   (f) Mother's mailing address (for registration notice): Potlatch (Street or R. F. D.) Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state) Potlatch Idaho

4. FULL NAME OF CHILD Olive · May · ~~Pledger~~ Pledger

5. DATE OF BIRTH (Month, day, year) May 20th 1910

6. Sex Female

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME John W. ~~Pledger~~ Pledger

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Fredona (City or Town) Kansas (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie M. Rasmusen

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Norway (City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Home.

22. Was a standard serological test for syphilis performed? Yes ___ No X Approximate date ✓

23. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol. Sol.

24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
   (c) Born alive and now dead (d) Stillborn none.

25. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Rasmusen (First name) (Last name), who is related to this child as Mother (Mother, etc.).

27. (a) Aug. 17, 1954 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ___ by ___ (Registrar's signature)

26. Attendant's OWN signature J. W. Thompson M. D. (D.O., Midwife, etc.)
   and address Moscow Date May 17 1954

AUG 17 1954

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

168-21-022-814

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 9 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 699
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Name at Birth: Eva Verona Johnson

2. Date Of Birth: (month) 4 (day) 11 (year) 1910

3. Color or Race: White | 4. Sex: Female | 5. Place of Birth: a. County: Chester, Idaho - Fremont | b. City or Town of Birth: Chester, Idaho

FATHER

6. Full Name of Father: William Robert Johnson

7. State or Country of Father's Birth: England - near London

MOTHER

8. Full Maiden Name of Mother: Isabelle Hammond

9. State or Country of Mother's Birth: St. Catherine's Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eva V. Shuster.

11. Present Address of Registrant: 220 Pine St. Willits, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: August 3rd 1954

12. Signature of Notary: Chas B. Chase

13. Notary Commission expires: May 21. 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Blessing Record	L. D. S. Church	7/31/52	Entered on record June 12, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 11, 1910	Chester, Idaho	Idabelle Hammond	William R. Johnson

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
No. 2360 Child's Birth Certificate/	Department of Public Health California, Alta Ballou, Co. Recorder	Filed 5/20/28	Child born on May 18, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
18 yrs old			

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W.Benson	Edna Hamilton	Aug. 24, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 25 1954

State Fire No. Dell 699

Department of Public Health
Division of Vital Statistics
Delay Filing

Local Reg. No.

Mod. Birth No.

REGISTRAR (Person Whose Birth is being registered)	1. Registrar's Birth Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Sex	5. Place of Birth (County)	6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	9. Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 1954	12. Signature of Notary	13. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Baptismal Record	By whom issued and signed: L. D. [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 2	Type of Document: Child's Birth Certificate/	By whom issued and signed: Department of Public Health Filed [illegible] Calif[illegible], Alta Bullon, Co. Recorder	Date Issued	Date Orig. Entry: May 18, 1928
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class	[illegible]			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class				

QUALIFYING INFORMATION

REGISTRAR CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Edna Hamilton	Aug. 24, 1954

Please [illegible] are those made [illegible] the registrant [illegible] birthday
[illegible] are those made [illegible] at least [illegible] years [illegible]

331-231-044-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 700
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara Virginia Clare
2. Date of Birth (month) August (day) 31, (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Washington
b. City or Town of Birth: Cambridge, Idaho

FATHER

6. Full Name of Father: Henry Francis Clare
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: May Elsie Jackson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clara Virginia Clare (Virginia Clare Beal)
11. Present Address of Registrant: 206 W. 7th St. McMinnville, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on August 18 1954
12. Signature of Notary: [signature]
13. Notary Commission expires April 9 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
College enrollment record	Linfield College, McMinnville, Ore.		July 20, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 31, 1910			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Insurance	Occidental Life Ins. Co.		Oct. 6, 1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 31, 1910	Cambridge, Idaho	May Clare	Henry F. Clare

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital record of child's birth	General Hospital, Inc. McMinnville, Oregon		Child born on Nov. 24, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 31, 1910	Cambridge, Idaho.		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 24, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State Bureau
Local Reg. No.
Reg. Dist. No.

AUG 31 1950

REGISTRANT (Person whose Birth is being registered)	1. Full Name of Birth: Clara Virginia Clare	2. Date of Birth (month) (day) (year): August 31, 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth (County): Washington
		6. City or Town of Birth: Cambridge, Idaho	
FATHER	6. Full Name of Father: Henry Francis Clare	7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: May Elsie Jackson	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 906 [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Public [illegible]

SUPPORTING RECORD 1.	Type of Document: College enrollment record	By whom issued and signed: Linfield College, McMinnville, Ore.	Date Issued: July 30, 1929	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Aug. 31, 1910	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: Oct. 4, 1930	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Aug. 31, 1910 Cambridge, Idaho	Full Name of Mother: May Clare	Name of Father: Henry F. Clare	
SUPPORTING RECORD 3.	Type of Document: Hospital record of child's birth	By whom issued and signed: General Hospital, Inc. McMinnville, Oregon	Date Issued	Date Orig. Entry: Child born on Nov. 24, 1942
Class B	Date of Birth / Birth Place: Aug. 31, 1910 Cambridge, Idaho.	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

RECORDING CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
W. W. [illegible]	[illegible]	Aug. 24, 1950

343-107-042-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 742
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM HALLOWELL CULLINGTON (WILLIAM HALLOWELL CULLINGTON)		2. Date of Birth: AUGUST 7 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: a. County: TWIN FALLS; b. City or Town of Birth: TWIN FALLS
FATHER	6. Full Name of Father: WILLIAM HENRY CULLINGTON		7. State or Country of Father's Birth: ILLINOIS USA
MOTHER	8. Full Maiden Name of Mother: MARGARET KATHRYN BARBER		9. State or Country of Mother's Birth: ILLINOIS USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William H. Cullington	11. Present Address of Registrant: 214 MADISON, BOISE, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: 9 April 1954	12. Signature of Notary: Arthur B. Reinwald; ARTHUR B. REINWALD, 1st. Lt, USAF	13. Notary Commission expires: ____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Saint Edward's Church	Date Issued: 3/13/54	Date Orig. Entry: Baptized on Aug. 25, 1910
Class* A	Date of Birth: Aug. 7, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Maggie Barber	Name of Father: William Cullington	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: Army of the United States	Date Issued: Nov. 12, 1945	Date Orig. Entry: Enlisted on ~~Jan. 14, 1942~~
Class B	Date of Birth: Aug. 7, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

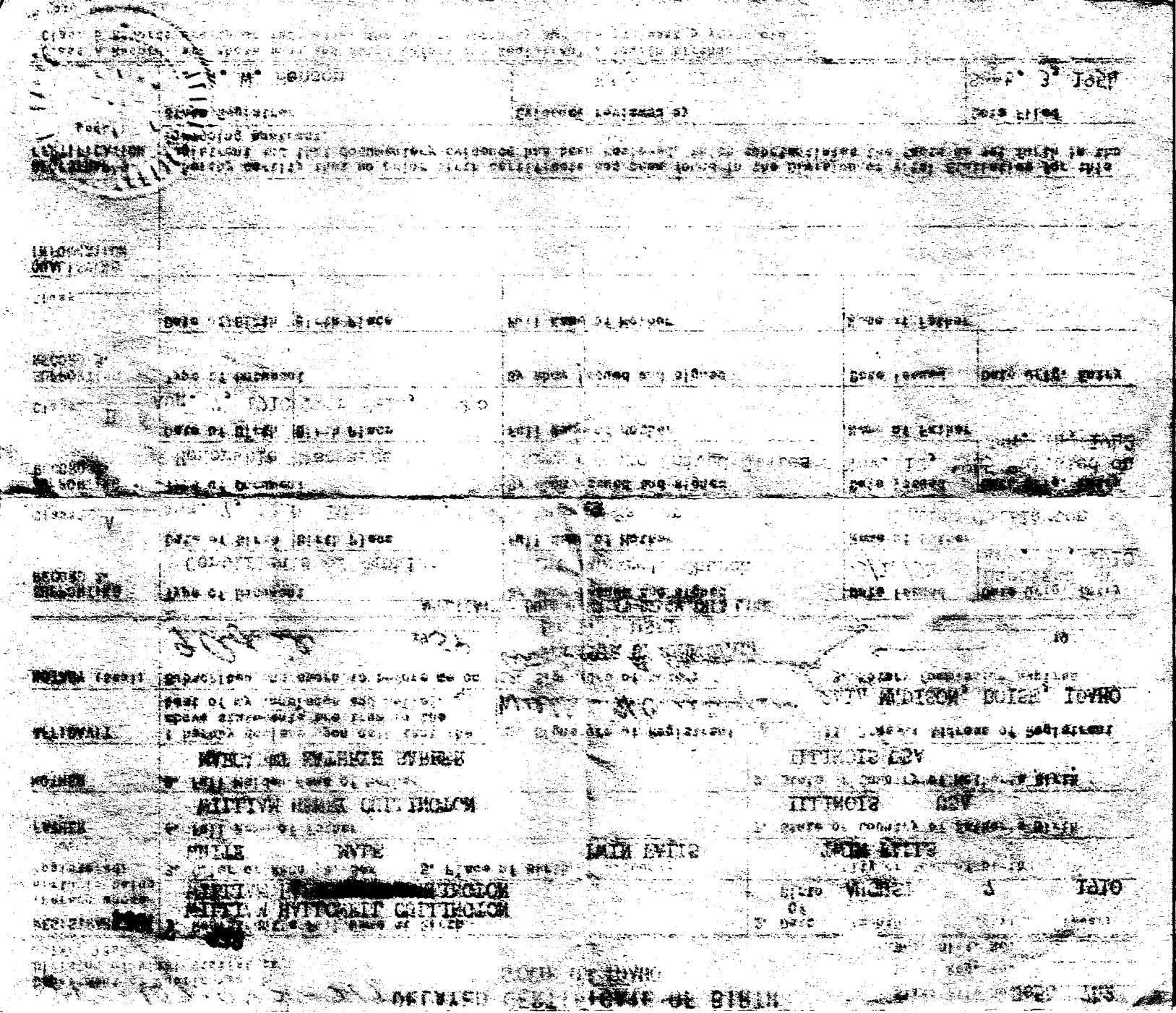
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



268-22-1005-275

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 756
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Berniece Boyce
2. Date of Birth (month) (day) (year): April 24 1910
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Benewah
b. City or Town of Birth: St. Maries, Idaho

FATHER

6. Full Name of Father: Thomas M. Boyce
7. State or Country of Father's Birth: Maine

MOTHER

8. Full Maiden Name of Mother: Evvy A. Spencer
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace Berniece Boyce
11. Present Address of Registrant: Clayton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 1 1954
12. Signature of Notary: Jack B. Tierney
13. Notary Commission expires: 4 - 4 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
County record of birth	County Clerk and Recorder of Kootenai County, Idaho	7/28/54	Book 1 at Page 13

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 24, 1910	St. Maries, Ida.	Evy A. Spencer	Thomas M. Boyce

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
No. 232092 Child's birth certificate/	Idaho Bureau of Vital Statistics	Filed on Jun.10,1935	Child born on May 17, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
25 yrs old.	St. Maries, Ida.		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 10 1954

459-129-021-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 763
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LeRoy James Merrill			2. Date of Birth (month) August (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston.
FATHER	6. Full Name of Father: Adelbert Owen Merrill			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Baird Merrill			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LeRoy Thomas Merrill		11. Present Address of Registrant: Standardville Utah
NOTARY (Seal)	Subscribed and sworn to before me on: September 7, 1954	12. Signature of Notary: Lala de la Cruz Gallegos		13. Notary Commission expires: May 10, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination to Teacher	By whom issued and signed: L. D. S. Church	Date Issued: Mar. 7, 1926	Date Orig. Entry:
Class* B	Date of Birth: Aug. 29, 1910	Birth Place: Preston, Idaho	Full Name of Mother: Mary Baird	Name of Father: Adelbert O. Merrill
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to Deacon	By whom issued and signed: L. D. S. Church	Date Issued: Feb. 4, 1924	Date Orig. Entry:
Class B	Date of Birth: Aug. 29, 1910	Birth Place: Preston, Idaho	Full Name of Mother: Mary Baird	Name of Father: Adelbert O. Merrill
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordinationto Priesthood	By whom issued and signed: L. D. S. Church	Date Issued: Mar. 1, 1931	Date Orig. Entry:
Class B	Date of Birth: Aug. 29, 1910	Birth Place: Preston, Idaho	Full Name of Mother: Mary Baird	Name of Father: Adelbert O. Merrill
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 763
Local Reg. No.
Reg. Dist. No.

SEP 14 1964

REGISTRAR: 1. Registrant's Full Name of Birth: Lohol James Merrill
2. Date of Birth (month) (day) (year): August 27 1916
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Preston Franklin County
6. City or Town of Birth: Preston
FATHER: 6. Full Name of Father: Adelbert Owen Merrill
7. State or Country of Father's Birth: Idaho
MOTHER: 8. Full Maiden Name of Mother: Mary Baird Merrill
9. State or Country of Mother's Birth: Utah
AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Standardville Utah
NOTARY (seal): Subscribed and sworn to before me on [illegible] 1952
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 1954

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.
Type of Document: Certificate of Ordination to Teacher
By whom issued and signed: L. D. S. Church
Date Issued: Mar. 7, 1926
Date Orig. Entry: [illegible]
Date of Birth: Aug. 29, 1910 Preston, Idaho
Full Name of Mother: Mary Baird
Name of Father: [illegible]
Class: B

SUPPORTING RECORD 2.
Type of Document: Certificate of Ordination to Deacon
By whom issued and signed: L. D. S. Church
Date Issued: Feb. 4, 1924
Date Orig. Entry: [illegible]
Date of Birth: Aug. 29, 1910 Preston, Idaho
Full Name of Mother: Mary Baird
Name of Father: Adelbert O. Merrill
Class: B

SUPPORTING RECORD 3.
Type of Document: Certificate of Ordination to Priesthood
By whom issued and signed: L. D. S. Church
Date Issued: Mar. 1, 1931
Date Orig. Entry: [illegible]
Date of Birth: Aug. 29, 1910 Preston, Idaho
Full Name of Mother: Mary Baird
Name of Father: Adelbert O. Merrill
Class: B

QUALIFYING INFORMATION

CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(seal)

Date Registrar: W. W. Beason
Evidence reviewed by: Edna Hand Itoh
Date Filed: Sept. 13, 1964

764-205 10 14-793

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 793
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mabel Austin Pounds
2. Date of Birth (month) (day) (year): December 5 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: near Parma, Idaho

FATHER

6. Full Name of Father: Earl Clayton Pounds
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Louise Rogers Pitkin
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Austin Pounds
11. Present Address of Registrant: Jerome Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 24 1954
12. Signature of Notary: Ray A. Foltz
13. Notary Commission expires: February 10 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Midwife's Record(Affidavit)	Arlena Pounds, Midwife	9-22-54	
Class* A	Date of Birth: Dec.5, 1910 / Birth Place: Canyon co Near Parma	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Family Record of Births			Dec. 5, 1910
Class B	Date of Birth: Dec 5,1910 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.				
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	J. B. Foltz	9-24-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

SEP 24 1954

MAR 14 1975

1. Color or Race	2. Sex	3. Place of Birth (County)	4. Date of Birth (Month) (Day) (Year)
White	Female	Canyon	December 5 1910
FATHER 5. Full Name of Father		6. State or Country of Father's Birth	
Frank Clayton Edwards		Missouri	
MOTHER 7. Full Maiden Name of Mother		8. State or Country of Mother's Birth	
Ella Rose Hopper		Wisconsin	

AFFIDAVIT I State of Texas } ss
County of Randall }

Before me, the undersigned authority, on this day personally appeared Mabel Anita Edwards above whose signature appears upon this affidavit, known to me to be the person whose name is subscribed to the above statements and after being by me duly sworn, stated that the above statements are true to the best of my knowledge and belief.

NOTARY Subscribed and sworn to before me on this the 12th day of March, 1975.

(Seal) Notary Public in and for Randall County, Texas

9. State or Country of Mother's Birth	10. Signature of Registrant	11. Present Address of Registrant
Wisconsin		
	12. Signature of Notary	13. Notary Commission expires
		June 1, 1976

SUPPORTING RECORD A

Type of Document	By whom issued and signed	Date issued	Date orig. Entry
Certified Record(Affidavit)	Arlene Pounds, Midwife	8-22-84	
Date of Birth Birth Place	Full Name of Mother	Name of Father	
Dec.5, 1910 Canyon Co Near Farm			

SUPPORTING RECORD B

Type of Document	By whom issued and signed	Date issued	Date orig. Entry
Family Record of Birth			Dec. 5, 1910
Date of Birth Birth Place	Full Name of Mother	Name of Father	
Dec 5,1910			

SUPPORTING RECORD C

Type of Document	By whom issued and signed	Date issued	Date orig. Entry
Date of Birth Birth Place	Full Name of Mother	Name of Father	

ADDITIONAL INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registered	Evidence reviewed by	Date Filed
T. W. Benson	J. E. Potts	8-24-84

766-203-022-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 9 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 811
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Lonettie Powell	2. Date Of Birth (month) March. (day) 3 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Egin IDAHO Fremont	b. City or Town of Birth
FATHER	6. Full Name of Father: Joseph Richard Powel	7. State or Country of Father's Birth: Egin. IDAHO USA.
MOTHER	8. Full Maiden Name of Mother: Margaret Lonettie Bennett	9. State or Country of Mother's Birth: Kilgore IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth L. L. Vesper. 11. Present Address of Registrant: Pgs Delivery New Westminster B.C.
NOTARY (Seal)	Subscribed and sworn to before me on: 28 May 1954	12. Signature of Notary: E J Card. 13. Notary Commission expires: My Commission expires December 31st, 1956 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by midwife	By whom issued and signed: Louisa G. Davis, midwife	Date Issued: Apr. 20, 1954	Date Orig. Entry
Class* A	Date of Birth: Mch 3, 1910; Birth Place: Egin, Idaho	Full Name of Mother: Margaret Bennett Powell	Name of Father: Joseph Richard Powell	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: 4/3/10	Date Orig. Entry: Blessed on April 3, 1910
Class A	Date of Birth: March 3, 1910; Birth Place: Egin, Idaho	Full Name of Mother: Margaret L. Bennett	Name of Father: Joseph R. Powell	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth; Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton -	Sept. 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 30 1954

653-202 1006-3/2

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-940
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Welchman, Bessie Leona
2. Date Of Birth (month) (day) (year): December 2, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Kimball, Idaho

FATHER

6. Full Name of Father: Welchman, George William
7. State or Country of Father's Birth: Cash County, Newton, Utah

MOTHER

8. Full Maiden Name of Mother: Lake, Clara May
9. State or Country of Mother's Birth: Sandpete County, Fayette, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie Munsey
11. Present Address of Registrant: 1061 Bannock Hyde Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 22nd of Nov. 1954

12. Signature of Notary: Emma Sloder
13. Notary Commission expires: Feb. 6 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	Blessed	Feb. 5, 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 2, 1910	Kimball, Ida.	Clara Lake	George Welchman

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Baptized	Sept. 6, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 2, 1910	Kimball, Idaho	Clara Mae Lake	George Welchman

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fbelen	Nov. 23, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 23 1954

Boise, Idaho

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Welchman, Bessie Leona
2. Date of Birth (month) (day) (year): December 2, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Kimball
6. City or Town of Birth: Kimball, Idaho

FATHER

6. Full Name of Father: Welchman, George William
7. State or Country of Father's Birth: Cash County, Newton, Utah

MOTHER

8. Full Maiden Name of Mother: Lake, Clara May
9. State or Country of Mother's Birth: Sandrate County, Fayette, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY (Seal)

Subscribed and sworn to before me on 19

10. Signature of Registrant: [signature]
11. Present Address of Registrant: [illegible]
12. Signature of Notary: [signature]
13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	Blessed	Feb. 5, 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 2, 1910	Kimball, Ida.	Clara Lake	George Welchman

Class A

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Baptized	Sept. 4,

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 2, 1910	Kimball, Idaho	Clara Mae Lake	George Welchman

Class B

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Nov. 23, 1954

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 6 years old.

593-10-020-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-998
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Eichholz			2. Date of Birth (month) (day) (year): Dec. 10, 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth: Idaho a. County: Elmore	b. City or Town of Birth: Glenns Ferry
FATHER	6. Full Name of Father: Ernest Eichholz			7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: Etta Latty			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Eichholz		11. Present Address of Registrant: Glenns Ferry Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 11 1954	12. Signature of Notary: Geo. H. Robertson		13. Notary Commission expires: Feb. 14 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Birth certificate	filed with Elmore County Recorder, Page 12, Register of births	filed by	Dr. J. W. Davis
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 10, 1910, Glenns Ferry	Etta Latty	E. Eicholds	
SUPPORTING RECORD 2. Class B	Affidavit by father	Ernest Eichholz	Dec. 7, 1954	
	Dec. 10, 1910, Glenns Ferry, Idaho	Etta Eichholz	Ernest Eichholz	
SUPPORTING RECORD 3. Class B	Affidavit by mother	Etta Latty	Dec. 7, 1954	
	Dec. 10, 1954, Glenns Ferry, Idaho	Etta Eichholz	Ernest Eichholz	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Dec. 10, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBH #0067

1 cc pd

DEC 14 1954

DEC 21 1954

261-107-025-381

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 - 5
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARVIN ANTHON SWAN
2. Date of Birth (month) Sept. (day) 7 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho County
b. City or Town of Birth: Grangeville

FATHER

6. Full Name of Father: William Jefferson Swan
7. State or Country of Father's Birth: Unknown

MOTHER

8. Full Maiden Name of Mother: Louise B Chamberlain
9. State or Country of Mother's Birth: Idaho Co. Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marvin Anthon Swan
11. Present Address of Registrant: 3703 So. 14th St. Seattle 88 Wn.

NOTARY (Seal)

Subscribed and sworn to before me on 12-30 1954
12. Signature of Notary: Harold D. Williams
13. Notary Commission expires 12-11 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record of birth			Sept. 7, 1910

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 7, 1910	Grangeville, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record of 1920	Bureau of the Census	5/1/42	Census of Jan. 1, 1920

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9 yrs old	Idaho		Jefferson W. Swan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	January 5, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed

Local Reg. No.

Reg. Birth No.

REGISTRANT

1. Name (If Any) Name at Birth

2. Date of Birth (Month) (Day) (Year)

3. Place of Birth a. County b. City or Town of Birth

4. Full Name of Father

5. Full Maiden Name of Mother

6. Sex

7. State or Country of Father's Birth

8. State or Country of Mother's Birth

9. Color or Race

10. Occupation of Father

11. Age of Father (Last Birthday)

12. Occupation of Mother

13. Age of Mother (Last Birthday)

14. Number of Children Born to This Mother

15. Number of These Children Now Living

16. Number of Other Children Now Living

17. Number of Other Children Now Dead

18. Informant

19. Address of Informant

20. Relationship of Informant

21. Date Signed

22. Witness

23. Address of Witness

24. Relationship of Witness

25. Date Signed

26. Name of Person Performing Delivery

27. Address of Person Performing Delivery

28. Date Signed

29. Name of Physician or Midwife

30. Address of Physician or Midwife

31. Date Signed

32. Name of Person Performing Delivery

33. Address of Person Performing Delivery

34. Date Signed

35. Name of Physician or Midwife

36. Address of Physician or Midwife

37. Date Signed

38. Name of Person Performing Delivery

39. Address of Person Performing Delivery

40. Date Signed

41. Name of Physician or Midwife

42. Address of Physician or Midwife

43. Date Signed

44. Name of Person Performing Delivery

45. Address of Person Performing Delivery

46. Date Signed

47. Name of Physician or Midwife

48. Address of Physician or Midwife

49. Date Signed

50. Name of Person Performing Delivery

51. Address of Person Performing Delivery

52. Date Signed

53. Name of Physician or Midwife

54. Address of Physician or Midwife

55. Date Signed

56. Name of Person Performing Delivery

57. Address of Person Performing Delivery

58. Date Signed

59. Name of Physician or Midwife

60. Address of Physician or Midwife

61. Date Signed

62. Name of Person Performing Delivery

63. Address of Person Performing Delivery

64. Date Signed

65. Name of Physician or Midwife

66. Address of Physician or Midwife

67. Date Signed

68. Name of Person Performing Delivery

69. Address of Person Performing Delivery

70. Date Signed

71. Name of Physician or Midwife

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937. Date Signed

938. Name of Person Performing Delivery

939. Address of Person Performing Delivery

940. Date Signed

941. Name of Physician or Midwife

942. Address of Physician or Midwife

943. Date Signed

944. Name of Person Performing Delivery

945. Address of Person Performing Delivery

946. Date Signed

947. Name of Physician or Midwife

948. Address of Physician or Midwife

949. Date Signed

950. Name of Person Performing Delivery

951. Address of Person Performing Delivery

952. Date Signed

953. Name of Physician or Midwife

954. Address of Physician or Midwife

955. Date Signed

956. Name of Person Performing Delivery

957. Address of Person Performing Delivery

958. Date Signed

959. Name of Physician or Midwife

960. Address of Physician or Midwife

961. Date Signed

962. Name of Person Performing Delivery

963. Address of Person Performing Delivery

964. Date Signed

965. Name of Physician or Midwife

966. Address of Physician or Midwife

967. Date Signed

968. Name of Person Performing Delivery

969. Address of Person Performing Delivery

970. Date Signed

971. Name of Physician or Midwife

972. Address of Physician or Midwife

973. Date Signed

974. Name of Person Performing Delivery

975. Address of Person Performing Delivery

976. Date Signed

977. Name of Physician or Midwife

978. Address of Physician or Midwife

979. Date Signed

980. Name of Person Performing Delivery

981. Address of Person Performing Delivery

982. Date Signed

983. Name of Physician or Midwife

984. Address of Physician or Midwife

985. Date Signed

986. Name of Person Performing Delivery

987. Address of Person Performing Delivery

988. Date Signed

989. Name of Physician or Midwife

990. Address of Physician or Midwife

991. Date Signed

992. Name of Person Performing Delivery

993. Address of Person Performing Delivery

994. Date Signed

995. Name of Physician or Midwife

996. Address of Physician or Midwife

997. Date Signed

998. Name of Person Performing Delivery

999. Address of Person Performing Delivery

1000. Date Signed

28/-120-007-753

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De55-62
Local Reg. No.
Reg. Dist. No. 4

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 13 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.
(f) Mother's mailing address Bellevue

3. **RESIDENCE of FATHER** (city, state) Bellevue Idaho

4. **FULL NAME OF CHILD** David - Marcellos Shaffer

5. Date of Birth (Month, day, year) January 20 1910

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd Single

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Shaffer

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Logan (City or town) Utah (State or foreign country)

14. Exact Occupation Owner Livery Barn business

15. Industry or Business Livery Barn Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Florence Peterson

17. Color or Race White

18. Age at time of THIS birth 36 yrs.

19. Birthplace Cvid (City or town) Idaho (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Care of home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 8:00 P.M. on the date and at the place stated above and that personal particulars were furnished by Alice Shaffer (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Elizabeth Steele M.D. (D.O., Midwife, etc.) and address Hagerman Date July 9 1941

26. (a) Jan. 24, 1955 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) as ____ (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature

____ P. O. Address

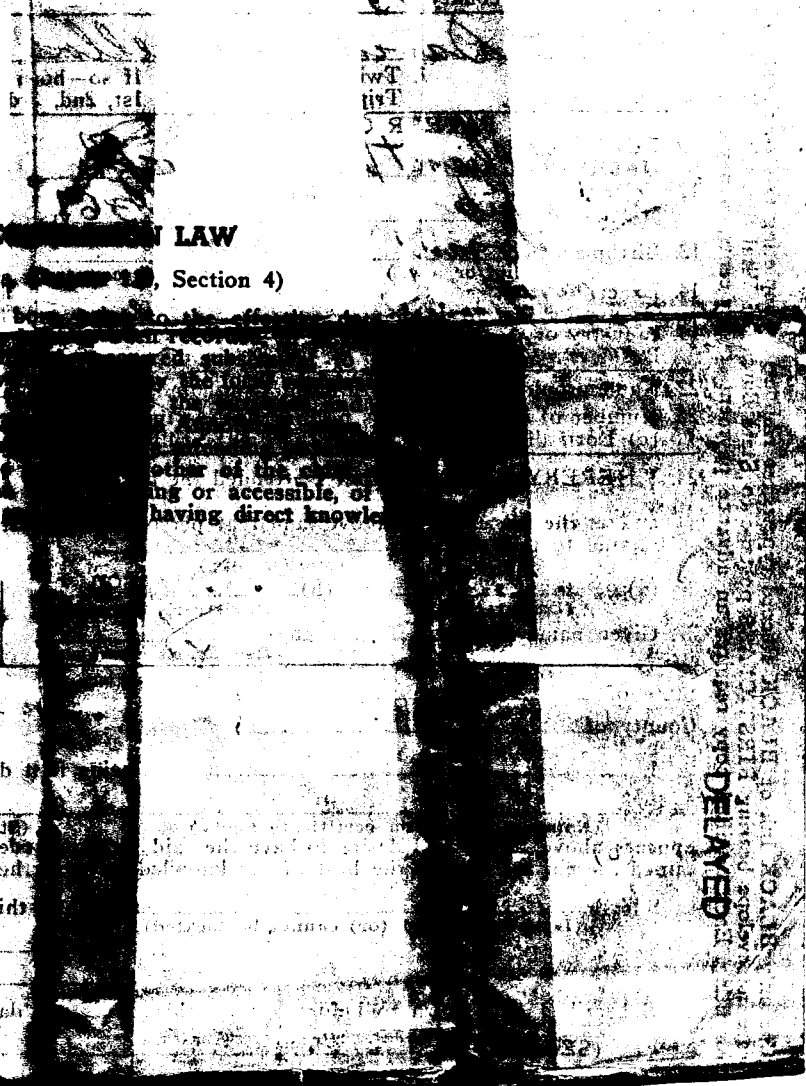
Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

DELAYED RE[illegible] LAW

(1937 Session Law[illegible], Section 4)

Where the birth of a child [illegible] Chapter 101, 1911 [illegible] failure to report any birth wi[illegible] date, such report may be receiv[illegible] record in the Bureau of Vital [illegible] prescribed in Chapter 2, Title [illegible] report is accompanied by a ce[illegible] midwife, or by affidavits of th[illegible] neither father or mother of th[illegible] nearest of kin or guardian, or [illegible] in the premises.



384-207-034-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JAN 26 1955
Division of Vital Statistics

State File No. De55-70
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Alethea Lyman
Ruth Alethea Lyman

2. Date Of Birth: May 7 1910

3. Color or Race: White

4. Sex: F

5. Place of Birth: a. County: Rupert Idaho Minidoka
b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: Carl Andrew Lyman

7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Corrilla Holly Morris

9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Herslusen

11. Present Address of Registrant: 1061 E 19 Eugene Ore

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 24 1955

12. Signature of Notary: Milton D. Jackson

13. Notary Commission expires: MY COMMISSION EXPIRES JAN 13, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Northern Life Insurance	Mch 10, 1936	
Class* B	Date of Birth / Birth Place: May 7, 1910, Rupert, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Census	Rupert High School	1914-27	
Class B	May 7, 1910, Rupert, Idaho			
SUPPORTING RECORD 3.	School Record	Public Schools of the District of Columbia	year 1916-17	
Class B	May 7, 1910, Idaho		C. A. Lyman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Nelson	Jan. 26, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

ICP 58.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 26 1953

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Lethea Lyman
2. Date of Birth: (month) (day) (year) May 7 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Kansas
6. City or Town of Birth: Kansas City
7. State or Country of Father's Birth: Iowa
8. Full Maiden Name of Mother: Sarah Hedden Hedden
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT (Seal)

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible] 19 [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Policy
By whom issued and signed: Northern Life Insurance
Date Issued: Feb 16, 1930
Date Orig. Entry:
Date of Birth: [illegible]
Birth Place: [illegible], Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: School Census
By whom issued and signed: [illegible] School
Date Issued: 1914-27
Date Orig. Entry:
Date of Birth: May 7, 1910
Birth Place: [illegible], Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: School Record
By whom issued and signed: [illegible] School
Date Issued: Year 1916-17
Date Orig. Entry:
Date of Birth: May 7, 1910
Birth Place: Idaho
Full Name of Mother:
Name of Father: C. A. Lyman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar: [illegible] Benson
Evidence reviewed by: [illegible]
Date Filed: Jan. 26, 1953

*Class 1 records are those made and dated before the Registrant's fourth birthday.
Class 2 records are those made after the fourth birthday but are at least 5 years old.

459-130006-133

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-89
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zeldon Allen Merkley
2. Date of Birth (month) (day) (year): Oct. 30, 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth: Idaho — a. County: Bingham — b. City or Town of Birth: Wapello

FATHER

6. Full Name of Father: Alva Christopher Merkley
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Ellen Leonora Allen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zeldon Allen Merkley
11. Present Address of Registrant: 4580 Royal St. Eugene, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on Feb 1 1955
12. Signature of Notary: Mabel Fields
13. Notary Commission expires: May 7 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Church Record	L. D. S. Church	Blessed	Dec. 4, 1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Oct. 30, 1910, Wapello, Idaho	Ellen S. Allen	Alva C. Merkley	
SUPPORTING RECORD 2. Class B	School Census	School Dist #7 Bingham County	Census of	Sept. 1916
	6 yrs old			
SUPPORTING RECORD 3. Class B	Affidavit by Aunt	Frances E. Merkley	Dec. 2, 1953	
	Oct. 30, 1910, Wapello, Idaho	Ellen Leonora Allen	Alva Christopher Merkley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Fields
Date Filed: Feb. 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

493106022-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
JAN 26 1955
Division of Vital Statistics

State File No. De55-93
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert LeRoy Miller			2. Date Of Birth (month) Oct (day) 6 (year) 1910	
	3. Color or Race: WHITE	4. Sex: Male	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: St. ANTHONY	
FATHER	6. Full Name of Father: Conrad Miller			7. State or Country of Father's Birth: SWITZERLAND	
MOTHER	8. Full Maiden Name of Mother: Anna Miller			9. State or Country of Mother's Birth: SWITZERLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: LeRoy Miller	11. Present Address of Registrant: St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on December 28, 1954		12. Signature of Notary: Colen Smith	13. Notary Commission expires: Feb. 2, 1957	

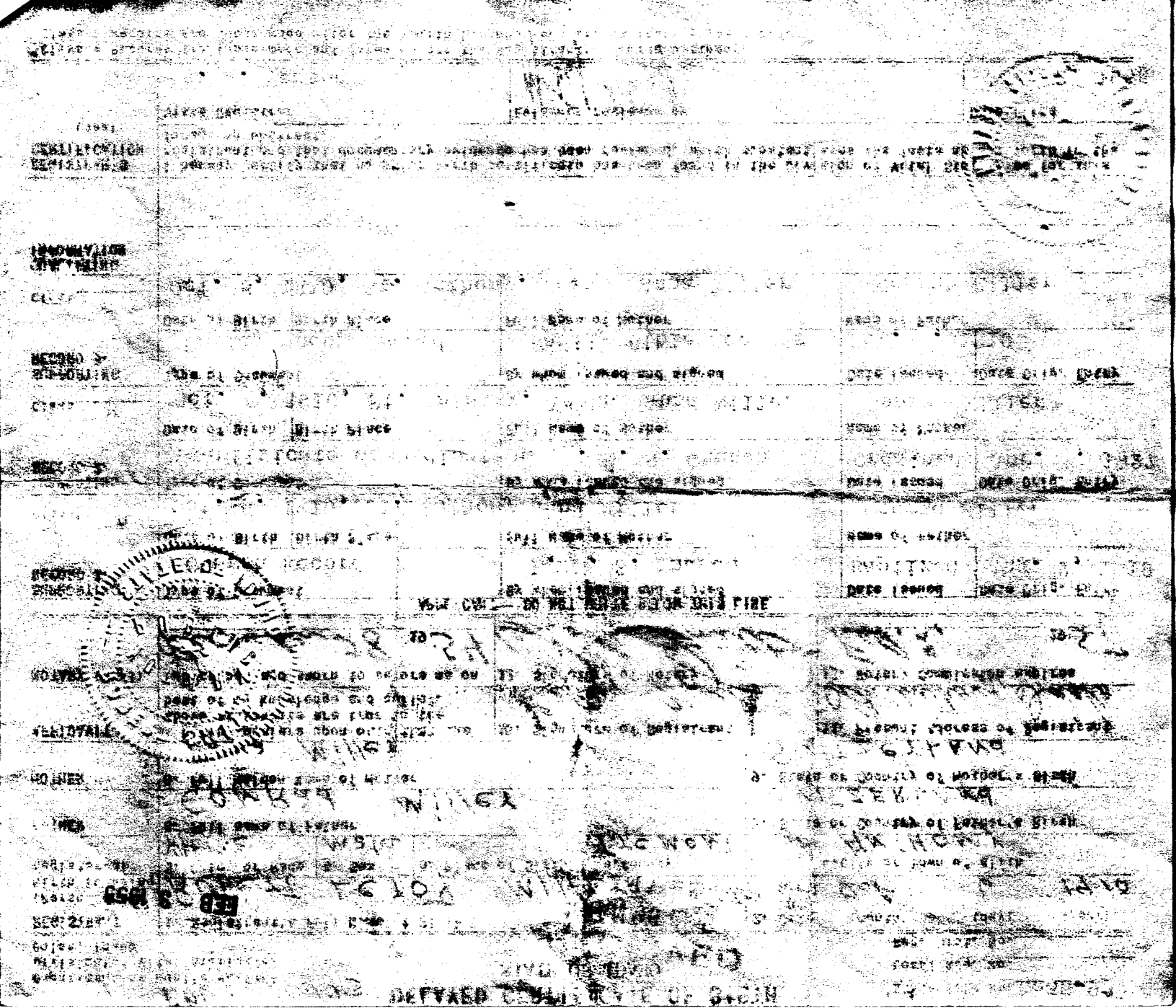
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: Baptized	Date Orig. Entry: Aug. 2, 1919
Class* B	Date of Birth / Birth Place: Oct. 6, 1910, St. Anthony	Full Name of Mother: Anna Miller	Name of Father: Conrad Miller	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L. D. S. Church	Date Issued: Ordained	Date Orig. Entry: Apr. 3, 1927
Class B	Date of Birth / Birth Place: Oct. 6, 1910, St. Anthony, Idaho	Full Name of Mother: Anna Miller	Name of Father: Conrad Miller	
SUPPORTING RECORD 3.	Type of Document: Family Group Record	By whom issued and signed: Family Bible Records	Date Issued: Oct. 6, 1910	Date Orig. Entry:
Class B	Date of Birth / Birth Place: Oct. 6, 1910, St. Anthony, Idaho	Full Name of Mother: Anna Miller	Name of Father: Conrad Miller	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel E. Selden	Date Filed: Feb. 2, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



194-224-005-294

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 7 1955
Division of Vital Statistics

State File No. De55-107
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geneva Erma Armstrong	2. Date Of Birth (month) Nov (day) 24 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Benewah	b. City or Town of Birth: Tensed in Country
FATHER	6. Full Name of Father: William Ralph Armstrong	7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Frankie Eugene Sims	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geneva E. Radovich; 11. Present Address of Registrant: 52 W. 26th Ave Spokane Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 7.5 1955	12. Signature of Notary: [signature]; 13. Notary Commission expires: Nov 13 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Registration	By whom issued and signed: City Clerk, Spokane,	Date issued:	Date Orig. Entry: Oct. 19, 1934
Class* B	Date of Birth: 23 yrs old; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Kootenai County State of Idaho	Date issued: Mch 8, 1949	Date Orig. Entry:
Class B	Date of Birth: 38 yrs; Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Wm. Ralph Armstrong Frankie Eugene Armstrong	Date issued: no date	Date Orig. Entry:
Class B	Date of Birth: Nov. 24, 1910, near Tensed,	Full Name of Mother: Idaho Frankie Eugene Sims,	Name of Father: Wm. Ralph Armstrong	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Feb. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 7 1955

957-1510 29-847

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 21 1955
Division of Vital Statistics

State File No. De55-158
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERALD ADAMS INGLE		2. Date Of Birth (month) April (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah; b. City or Town of Birth: KeNdrick
FATHER	6. Full Name of Father: KING DAVID INGLE		7. State or Country of Father's Birth: Illinois, U. S. A.
MOTHER	8. Full Maiden Name of Mother: FLORENCE LINNIE HUPP		9. State or Country of Mother's Birth: California, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gerald Adams Ingle	11. Present Address of Registrant: Kendrick, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 1955	12. Signature of Notary: [signature]	13. Notary Commission expires: [signature] 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Northwestern Mutual Life Insurance Co.	Date issued: no date	Date Orig. Entry:
Class* B	Date of Birth: Apr. 15,	Birth Place: 1910, Kendrick,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate		By whom issued and signed: Division of Vital Statistics Boise, Idaho # 247331	Date issued:	Date Orig. Entry: Sept. 4, 1936
Class B	Date of Birth: 26 yrs old,	Birth Place: Kendrick, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents		By whom issued and signed: King David and Florence L. Ingle	Date issued:	Date Orig. Entry: Jan. 12, 1955
Class B	Date of Birth: Apr. 15,	Birth Place: 1910, Kendrick,	Full Name of Mother: Idaho Florence L. Hupp	Name of Father: King David Ingle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Feb. 22, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 22 1955

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Registrar's Number: [illegible]

Registrar's Number: [illegible]

Registrar's Number: [illegible]

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth: [illegible]

2. Date of Birth (Month) (Day) (Year): [illegible]

3. Date of Birth (Month) (Day) (Year): [illegible]

4. Sex: Male

5. Place of Birth: [illegible]

6. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: [illegible]

7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: [illegible]

9. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare when doth that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on January 25 19 55

12. Signature of Notary

13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Policy

By whom issued and signed: Northwestern Mutual Life

Date Issued: no date

Date Orig. Entry

Date of Birth: Apr. 15, 1910

Birth Place: Kendrick, Idaho

Full Name of Mother: Insurance Co.

Name of Father

Class A

SUPPORTING RECORD 2.

Type of Document: Child's birth certificate

By whom issued and signed: Division of Vital Statistics Boise, Idaho # 247831

Date Issued: Sept. 4, 1936

Date of Birth: 25 yrs old

Birth Place: Kendrick, Idaho

Full Name of Mother

Name of Father

Class B

SUPPORTING RECORD 3.

Type of Document: Affidavit by parents

By whom issued and signed: King David and Florence L. Ingle

Date Issued: Jan. 12, 1955

Date of Birth: Apr. 15, 1910

Birth Place: Kendrick, Idaho

Full Name of Mother: Florence L. Ingle

Name of Father: King David Ingle

Class B

QUALIFYING INFORMATION

CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson

Evidence reviewed by: [illegible]

Date Filed: Feb. 22, 1955

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

857-204-022-432

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-161
Local Reg. No.
Reg. Dist. No.

RECEIVED JAN 27 1955 Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Hegsted		2. Date Of Birth (month) Oct. (day) 4 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Bates Fremont
			b. City or Town of Birth: Bates Idaho
FATHER	6. Full Name of Father: Joseph Hegsted		7. State or Country of Father's Birth: Huntsville, Weber, Utah
MOTHER	8. Full Maiden Name of Mother: Mable Clare McKenzie		9. State or Country of Mother's Birth: Heppner, Monroe, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Hegsted W. Rawson	11. Present Address of Registrant: 3118 Adams Ave. Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 16, 1954	12. Signature of Notary: L. Stewart Radmall	13. Notary Commission expires: My Commission Expires Feb. 12, 1958 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date issued: Baptized	Date Orig. Entry: Aug. 11, 1920
Class* B	Date of Birth: Oct. 4, 1910	Birth Place: Bates, Idaho	Full Name of Mother: Mabel McKenzie	Name of Father: Joseph Hegsted
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Board of Education City of Ogden	Date issued: entered	Date Orig. Entry: 1923-24
Class B	Date of Birth: Oct. 4, 1910	Birth Place:	Full Name of Mother:	Name of Father: Joseph Hegsted
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: State of Oregon State #117	Date issued:	Date Orig. Entry: Nov. 9, 1930
Class B	Date of Birth: 20 yrs old	Birth Place: Bates, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fedor	Feb. 22, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 23 1965

254/12 1022 -213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 3 1955
Division of Vital Statistics

State File No. De55-206
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph George Sedlmayer		2. Date of Birth (month) Sept. (day) 12, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: St. Anthony, a. County: Fremont, b. City or Town of Birth: St. Anthony, Idaho.
FATHER	6. Full Name of Father: George Nicholas Sedlmayer		7. State or Country of Father's Birth: Mankato, Minn.
MOTHER	8. Full Maiden Name of Mother: Elizabeth Bacher		9. State or Country of Mother's Birth: Colorado.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph George Sedlmayer	11. Present Address of Registrant: 2004 Center Ave. Payette, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 1, 1955 19	12. Signature of Notary: Ezra A Murtle	13. Notary Commission expires: August 12, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism	By whom issued and signed: Our Lady of the Rosary Roman Catholic Church	Date issued: Baptized	Date Orig. Entry: Sept. 20, 1910
	Date of Birth: Sept. 11, Birth Place: 1910,	Full Name of Mother: Ida, Falls, Idaho Elizabeth Bacher	Name of Father: George Sedlmayer	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Insurance	Date issued: Dec. 15, 1936	Date Orig. Entry:
	Date of Birth: Sept. 12, Birth Place: 1910, St. Anthony, Idaho	Full Name of Mother: Society	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Child's birth certificate	By whom issued and signed: On file in Bureau of Vital Statistics, Boise, Idaho	Date issued:	Date Orig. Entry: Nov. 24, 1934
	Date of Birth: 24 yrs old, Birth Place: St. Anthony, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Also, insurance policy with Pacific Mutual Life Insurance Co., gives the date of birth as Sept. 12, 1910, in Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Mch 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 19 1969

MAR 2 1969

JUN 24 1975

REGISTRAR:	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race, Sex	5. Place of Birth, Country	6. Locality or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare under Oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires
	August, 1950		August 12, 1950

AFFIDAVIT CO-NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Baptized	Date Orig. Entry: Sept. 21, 1910
	Date of Birth: Sept. 11, 1910	Birth Place: Pittsburgh, Idaho	Full Name of Mother: Ida Wells	Name of Father: George Goldmayer
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Equitable Life Insurance	Date Issued: Dec. 15, 1936	Date Orig. Entry:
	Date of Birth: Sept. 12, 1910	Birth Place: St. Anthony, Idaho	Full Name of Mother: Society	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Vital Statistics, Boise, Idaho	Date Issued: Nov. 24, 1934	Date Orig. Entry:
	Date of Birth: 24 yrs old	Birth Place: St. Anthony, Idaho	Full Name of Mother:	Name of Father:

Class: 2

QUALIFYING INFORMATION: Also, Insurance policy with Pacific Mutual Life Insurance Co., gives the Date of birth as Sept. 12, 1910, in Idaho

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
R. M. Hanson		Mch 9, 1958

*Class A Records are those made and dated [illegible]
Class B Records are those made after the fourth birthday but are at least [illegible]

819-18-044-915

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-229
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester William Yardley
2. Date of Birth: (month) July (day) 18 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Weiser, Wash. Co., Idaho
   b. City or Town of Birth: Weiser, Idaho

FATHER

6. Full Name of Father: Walter Bonapart Yardley
7. State or Country of Father's Birth: Weiser, Idaho

MOTHER

8. Full Maiden Name of Mother: Nannie Lee Raney
9. State or Country of Mother's Birth: Summset, Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Wm. Yardley, by Nannie Yardley mother
11. Present Address of Registrant: Weiser, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 7- 1955

12. Signature of Notary: [signature]
13. Notary Commission expires: April 1st 1958

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge	Army of the United States	July 31, 1946	
Class* B	Date of Birth: July 18, 1910	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Application for life insurance	By whom issued and signed: National Service Life Insurance	Date Issued	Date Orig. Entry: Nov. 27, 1944
Class B	Date of Birth: July 18, 1910	Birth Place: Weiser, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nannie Yardley	Date Issued: Mch 7, 1955	Date Orig. Entry
Class B	Date of Birth: July 18,	Birth Place: 1910, Weiser, Idaho	Full Name of Mother: Nannie Yardley	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Mch 9, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

231-231-022-918

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-230
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Belle Black		2. Date Of Birth (month) 8 (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: St. Anthony, Freemont; b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: John Franklin Black		7. State or Country of Father's Birth: Idaho, U. S. A.
MOTHER	8. Full Maiden Name of Mother: Alice Maud Raybould		9. State or Country of Mother's Birth: Utah, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Neil H. Carlton	11. Present Address of Registrant: Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 24 1954	12. Signature of Notary: Mabel Helder	13. Notary Commission expires: May 7 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date issued: Blessed	Date Orig. Entry: Nov. 6, 1910
	Date of Birth: Aug. 31,	Birth Place: 1910, St. Anthony, Idaho	Full Name of Mother: Alice Maude Raybould,	Name of Father: John F. Black
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Boise Public Schools Boise, Idaho	Date issued:	Date Orig. Entry: 1929
	Date of Birth: Aug. 31,	Birth Place: 1910, St. Anthony, Idaho	Full Name of Mother:	Name of Father: J. F. Black
SUPPORTING RECORD 3. Class B	Type of Document: School Record	By whom issued and signed: Census Record Franklin County	Date issued:	Date Orig. Entry: 1918-19
	Date of Birth: 8 yrs old	Birth Place:	Full Name of Mother:	Name of Father: John Black
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helder	Mch 9, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTERED

1. Registrant's Full Name at Birth: Mary Belle Black

2. Date of Birth (Month): May (Day): 21 (Year): 1910

PLACE OF BIRTH

3. Color or Race: White

4. Sex: Female

5. Place of Birth: City, Antony, County, Freeport

6. Full Name of Father: John Franklin Black

MOTHER

7. Maiden Name of Mother: Agnes Jean Sylvain

8. State or Country of Father's Birth: Idaho, U. S. A.

9. State or Country of Mother's Birth: Idaho, U. S. A.

AFFIDAVIT

10. Signature of Registrant: Mary Belle Black

11. Present Address of Registrant: Boise, Idaho

NOTARY PUBLIC

12. Signature of Notary: [illegible]

13. Notary Commission Expires: [illegible]

RECORDED

Date of Birth: May 21, 1910

Full Name of Mother: Agnes Jean Sylvain

Type of Document: Delayed Certificate of Birth

Date Issued: Nov. 6, 1940

Name of Father: John F. Black

Date Orig. Entry: 1929

Date of Entry: Aug. 21, 1910

Full Name of Mother: Agnes Jean Sylvain

Type of Document: School Record

By whom issued and signed: Boise Public Schools, Boise, Idaho

Date Issued: Nov. 6, 1940

Name of Father: John F. Black

Date Orig. Entry: 1929

Date of Entry: Aug. 21, 1910, St. Anthony, Idaho

Full Name of Mother: Agnes Jean Sylvain

Type of Document: Baptismal Record

By whom issued and signed: Catholic Church, St. Anthony, Idaho

Date Issued: Nov. 6, 1940

Name of Father: John F. Black

Date Orig. Entry: 1929

Date of Entry: May 21, 1910, St. Anthony, Idaho

Full Name of Mother: Agnes Jean Sylvain

Type of Document: Certificate of Baptism

By whom issued and signed: R. C. Church, St. Anthony, Idaho

Date Issued: Nov. 6, 1940

Name of Father: John F. Black

Date Orig. Entry: 1929

Date of Entry: May 21, 1910

Full Name of Mother: Agnes Jean Sylvain

Type of Document: Physician's Record

By whom issued and signed: Dr. J. Franklin County, Franklin County

Date Issued: Nov. 6, 1940

Name of Father: John F. Black

Date Orig. Entry: 1929

Number of Certificate: 1913-19

Name of Father: John Black

CHANGES OR CORRECTIONS

Date Received: Jan. 8, 1935

Received by: [illegible]

Date Filed: Jan. 8, 1935

Filed by: [illegible]

Local Reg. No.

Reg. Dist. No.

Certificate No.

I hereby certify that the birth certificate has been found in the Division of Vital Statistics and is a true, correct and complete reproduction of the record as now on file.

[illegible]

295-119-033-993

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 11 1955
Division of Vital Statistics

State File No. De55-321
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEVEAR-LESTER-KINGTON	2. Date Of Birth (month) (day) (year): JUNE 19, 1910
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth: THORTON; a. County: MADISON	b. City or Town of Birth: THORTON IDAHO
FATHER	6. Full Name of Father: THOMAS KINGTON	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: BESSIE SOPHIE RICKS	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Levear Lester Kington; 11. Present Address of Registrant: 419 W. 1st North Rexburg Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 1955	12. Signature of Notary: Maxine Nave; 13. Notary Commission expires: Jan. 10, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date issued: Nov. 5,	Date Orig. Entry: 1945
Class* B	Date of Birth: June 19, Birth Place: 1910, Rexburg,	Full Name of Mother: Idaho	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date issued: Baptized	Date Orig. Entry: July 5, 1919
Class B	Date of Birth: June 19, Birth Place: 1910, Thornton,	Full Name of Mother: Idaho Bessie Ricks	Name of Father: Thomas Kington	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho #48-4509	Date issued:	Date Orig. Entry: Apr. 19,1948
Class B	Date of Birth: 37 yrs old, Birth Place: Thornton, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel [illegible]	Apr. 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

APR 6 1955

APR 7 1955

913-215031-465

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-330
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Adah Alice Ratliff
2. Date of Birth (month) September (day) 15 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: Idaho
   a. County: ~~Nezperce~~ LEWIS
   b. City or Town of Birth: Ilo (now Craigmont)

FATHER

6. Full Name of Father: Linley Leo Ratliff
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Pearl Cecelia Donaldson
9. State or Country of Mother's Birth: Moscow, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Adah Ratliff Grace
11. Present Address of Registrant: Lenore, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on March 21 1955

12. Signature of Notary: Wm. G. Gibson
13. Notary Commission expires: Expt. June 1 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Cradle Roll Certificate	Mohler Sunday School	Dec. 30,	1912
Class* A	Date of Birth: Sept. 15, 1910,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Affidavit by midwife	Mattie Ratliff	Sept. 4,	1942
Class A	Date of Birth: Sept. 15, 1910, Ilo, Idaho	Full Name of Mother: Pearl C. Donaldson	Name of Father: Linley Leo Ratliff	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Helen	Apr. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H9067

JUN 23 2015

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

Vital File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name of Birth: Alice Ratliff
2. Date of Birth: September 15 1910
3. Color or Name: White
4. Sex: Female
5. Place of Birth: Lo (now Craigmont)
6. Full Name of Father: Leo Ratliff
7. State of Country of Father's Birth: Kansas
8. Full Name of Mother: Cecelia Donaldson
9. State or Country of Mother's Birth: Moscow, Idaho

AFFIDAVIT

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Lenore, Idaho

NOTARY

12. Signature of Notary: [illegible]
13. Notary Commission Expires: [illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Grade Roll Certificate	[illegible]	[illegible]	[illegible]

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which appears when the facts is set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

[illegible]

Class A Records are those made and dated before the [illegible]
Class B Records are those made after the [illegible]

238-204-025-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
APR 7 1955
Division of Vital Statistics

State File No. De55-333
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Irene Schmadeka		2. Date Of Birth (month) (day) (year): October 4 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: near Grangeville (rural)
FATHER	6. Full Name of Father: John Wesley Schmadeka		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Araminta Johnson		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Irene Schmadeka (Workman)	11. Present Address of Registrant: Route 2 Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1955	12. Signature of Notary: Paul G. Eimers	13. Notary Commission expires: February 25 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible viewed by Paul G. Eimers, Notary Public	Date Issued	Date Orig. Entry: Oct. 4, 1910
Class* A	Date of Birth: Oct. 4, 1910	Birth Place	Full Name of Mother: Araminta Johnson	Name of Father: John W. Schmadeka	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Araminta Schmadeka	Date Issued: 3-29-55	Date Orig. Entry
Class B	Date of Birth: Oct. 4, 1910, near Grangville Idaho	Birth Place	Full Name of Mother: Araminta Schmadeka	Name of Father: John Wesley Schmadeka	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 7, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Registrar's Certificate of Birth Name of Birth Date of Birth Date of Birth Date of Birth

APR 8 1955

REGISTRAR	1. Registrar's Full Name at Birth	2. Date of Birth (month) (day) (year)
	[illegible] Schmadeka	[illegible] 1915
	3. Place of Birth	4. Place of Birth
	[illegible]	Idaho
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
	[illegible]	Oregon
MOTHER	6. Full Name of Mother	9. State or Country of Mother's Birth
	[illegible]	Illinois
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
	[illegible]	Route 2
		Grangeville, Idaho
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission Expires
	[illegible] 1955	[illegible] 1955

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Bible Record	[illegible]	Public	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	[illegible]	[illegible]	John B. Schmadeka	
	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	[illegible]	[illegible]	John Wesley Schmadeka	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]		Apr. 7, 1955

Colors: 1 Records are those [illegible] the [illegible] [illegible]
Colors: 2 Records are those [illegible] the [illegible] [illegible]

525-220-035-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

FILED
MAR 3 1955
Division of Vital Statistics

State File No. De55-336
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glessner June Skelton			2. Date of Birth (month) (day) (year): April 20, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Kippen
FATHER	6. Full Name of Father: Arthur Skelton			7. State or Country of Father's Birth: Alabama
MOTHER	8. Full Maiden Name of Mother: Edna Cotter			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glessner June Skelton Parks		11. Present Address of Registrant: 4851 Auburn Road Salem, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 28 1955	12. Signature of Notary: H E Parks		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES DEC. 2, 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle	Charles V. Carter	Feb. 5, 1955	
Class* B	Date of Birth: Apr. 20,	Birth Place: 1910, Kippen, Idaho	Full Name of Mother: Edna Cotter	Name of Father: Arthur Skelton
SUPPORTING RECORD 2.	School Record	Board of Education City of Atlanta, Georgia	entered	Sept. 1916
Class B	Date of Birth: Apr. 20,	Birth Place: 1910, Reubens,	Full Name of Mother: Idaho	Name of Father: J. J. Skelton, grandfather
SUPPORTING RECORD 3.	School Record	Santa Barbara City Schools Santa Barbara, Calif.	entered	9-27-23
Class B	Date of Birth: April 20,	Birth Place: 1910	Full Name of Mother:	Name of Father: A. S. Skelton
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Mabel F Eldon	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 11 1958

816-216-002 -259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 31 1955
Division of Vital Statistics

State File No. De55 342
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: OPAL VIVIAN HAWKEY

2. Date of Birth: (month) August (day) 16 (year) 1910

3. Color or Race: White

4. Sex: Fem.

5. Place of Birth: a. County: Near Council Adams, b. City or Town of Birth: State of Idaho.

FATHER

6. Full Name of Father: RICHARD E. HAWKEY

7. State or Country of Father's Birth: Denver, Colorado.

MOTHER

8. Full Maiden Name of Mother: MARY REBECCA BEIGH

9. State or Country of Mother's Birth: North Manchester, Indiana.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Opal Vivian Baker

11. Present Address of Registrant: Ontario, Oregon.

NOTARY (Seal)

Subscribed and sworn to before me on January 12, 1955.

12. Signature of Notary: Robt. E. Lee

13. Notary Commission expires: August 8, 1955.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible record of birth	Bible examined by Jessie M. Fraser, Notary Public		
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 16, 1910 Near Council	Mary Rebecca Hawkey	Richard E. Hawkey	
SUPPORTING RECORD 2. Class B	Marriage record	Clerk of the Dist. Court Payette, Idaho	3/23/55	License dated July 1, 1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	24 yrs old / Council, Idaho			
SUPPORTING RECORD 3. Class B	Affidavit by Mother	Mary R. Phipps	March 26, 1955	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 16, 1910 near Council	Mary Rebecca Beigh	Richard E. Hawkey	

QUALIFYING INFORMATION

CLASS B. Also an affidavit by an Aunt, Bertha Hemenway, which gives birthdate as August 16, 1910 and birthplace as near Council, Idaho. Parents as shown above.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. N. Benson	Edna Hamilton	April 11, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

K

APR 12 1955

144-112 1001-125

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-350
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOE BINETO AMUNATEGUI	2. Date Of Birth: (month) JAN (day) 12 (year) 1910	
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: BOISE, ADA	b. City or Town of Birth: BOISE IDAHO	
FATHER	6. Full Name of Father: BENITO AMUNATEGUI	7. State or Country of Father's Birth: SPAIN	
MOTHER	8. Full Maiden Name of Mother: MARGRET ABEARSTRUI	9. State or Country of Mother's Birth: SPAIN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joe Amunategui	11. Present Address of Registrant: ELKO NEVADA
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1955	12. Signature of Notary: Jessie Pierce	13. Notary Commission expires: April 18- 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued	Date Orig. Entry: Oct. 28, 1942
Class* B	Date of Birth: Jan. 12, 1910 Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Voting Record	By whom issued and signed: R. L. Kane, County Clerk Elko, Nevada	Date Issued	Date Orig. Entry: 1938
Class B	Date of Birth: 28 yrs old Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Application for Membership	By whom issued and signed: American Legion, Department of Nevada	Date Issued: Nov. 1945	Date Orig. Entry
Class B	Date of Birth: Jan. 12, 1910 Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Eden	April 12, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH-H9067

APR 19 1955

966-206-035-693

RECEIVED
MAR 25 1954
Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De550358
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vivian Letha Rowland	2. Date of Birth (month) July (day) 6 (year) 1910
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth: Idaho; a. County: Nez Perce	b. City or Town of Birth: Webb-near Lewiston, Idaho; Nez Perce county
FATHER	6. Full Name of Father: Charles Rowland Born Dec. 4, 1873	7. State or Country of Father's Birth: Mena, Arkansas
MOTHER	8. Full Maiden Name of Mother: Flora F. Williams Born June 1, 1879	9. State or Country of Mother's Birth: Mena, Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vivian Letha McGatlin; 11. Present Address of Registrant: Vivian Letha McGatlin Box 1003, Burke, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1954	12. Signature of Notary: Mary M Petrinovich; 13. Notary Commission expires: June 18 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Stella Sterling	Date issued: 3-15-54	Date Orig. Entry:
Class* B	Date of Birth: July 6, 1910; Birth Place: Webb, Idaho	Full Name of Mother: Flora Rowland	Name of Father: Charles Rowland	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Woman's Benefit Assoc.	Date issued: Nov. 14, 1931	Date Orig. Entry:
Class B	Date of Birth: July 6, 1910; Birth Place: Lewiston, Idaho	Full Name of Mother: Flora Williams	Name of Father: Charles Rowland	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date issued:	Date Orig. Entry: July 6, 1910
Class A	Date of Birth: July 6, 1910; Birth Place:	Full Name of Mother: Flora F. Rowland	Name of Father: Charles Rowland	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Feldman	Apr. 14, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[illegible] CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

APR 14 1955

Date of Birth (month) (day) (year): July 6 1910

Place of Birth: Nez Perce County, Idaho

Sex: Female

Full Name of Child: Vivian Letha Rowland

Mother's Maiden Name: Flora E. Williams

Born June 1, 1890

State or Country of Mother's Birth: Arkansas

Father's Name: Charles Rowland

Born Dec. 4, 1872

State or Country of Father's Birth: Arkansas

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

Registrant Address: Vivian Letha McCallin, Box 1003, Burke, Idaho

Subscribed and sworn to before me on [illegible] 19[illegible]

Signature of Notary: [illegible]

Notary Commission Expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	Stella Starling	[illegible]	

Date of Birth, Birth Place: [illegible] Idaho

Full Name of Mother: [illegible] Rowland

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	Woman's Benefit Assoc.	Nov. 1[illegible]	[illegible]

Date of Birth, Birth Place: July 6, 1910, [illegible]

Full Name of Mother: Flora Williams

Name of Father: Charles Rowland

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Bible Record	Family Bible		July 6, 1910

Date of Birth, Birth Place: July 6, 1910

Full Name of Mother: Flora E. Rowland

Name of Father: Charles Rowland

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been filed in the Division of Vital Statistics for this registrant and that adequate evidence has been reviewed, which does substantiate the facts as set forth in the foregoing abstract.

Date Registrar: [illegible]

Evidence Reviewed by: [illegible]

Date Filed: [illegible]

[illegible]

236-215044-191

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-362
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Vertreese Stoddard			2. Date of Birth (month) (day) (year): March 15 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Willian Edward Stoddard			7. State or Country of Father's Birth: Hooper Utah
MOTHER	8. Full Maiden Name of Mother: Janette Arave			9. State or Country of Mother's Birth: Ogden Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian V. Greene		11. Present Address of Registrant: 4134 Gorenel Boise
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1955	12. Signature of Notary: Mabel Nielsen		13. Notary Commission expires: May 7 1957

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Father William E. Stoddard	Date Issued:	Date Orig. Entry: Mar. 15, 1910
Class* A	Date of Birth: Mar. 15, 1910 Birth Place: Weiser, Idaho	Full Name of Mother: Janett Arave Stoddard		Name of Father: W. E. Stoddard
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: July 7, 1918
Class B	Date of Birth: Mar. 15, 1910 Birth Place: Weiser, Idaho	Full Name of Mother: Janett Arave		Name of Father: William E. Stoddard
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: Birth Place:	Full Name of Mother:		Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joanne Hallstrom	Date Filed: 4-14-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 15 1958

Department of Health and Welfare
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Registrar
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Full Name at Birth: William Vertrees Stoddard
2. Date of Birth: [illegible] 15, 1910
3. Sex: Male
4. Place of Birth: Nampa, Idaho
5. County: Canyon
6. Mother's Maiden Name: Wicker

FATHER

6. Full Name of Father: William Edward Stoddard
7. State or Country of Father's Birth: Hooper, Utah

MOTHER

8. Full Maiden Name of Mother: Lorette Grove
9. State or Country of Mother's Birth: Ogden, Utah

AFFIDAVIT

I, [illegible] swear (or affirm) under oath that the [illegible] are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission Expires: [illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Bible Record	Father William E. Stoddard		Mar. 15, 1910
	Date of Birth: Mar. 15, 1910 — Birth Place: Caldwell, Idaho	Full Name of Mother: Lorette Grove Stoddard	Name of Father: W. E. Stoddard	

SUPPORTING RECORD 2	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Certificate of Baptism	L. D. S. Church		July 7, 1910
	Date of Birth: Mar. 15, 1910 — Birth Place: Caldwell, Idaho	Full Name of Mother: Lorette Grove	Name of Father: William E. Stoddard	

SUPPORTING RECORD 3	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Date of Birth: — Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

[illegible] — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that the information shown has been reviewed and is substantiated the facts as set forth in the original statement.

Registrar	Date Filed
W. W. [illegible]	[illegible]

569-228-010-863

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 9 1953

State File No. De55-424
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adeline Norton			2. Date of Birth (month) June (day) 28 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln, Idaho, Bonneville	b. City or Town of Birth: Lincoln	
FATHER	6. Full Name of Father: James Earlton Norton			7. State or Country of Father's Birth: Mesa, Arizona,	
MOTHER	8. Full Maiden Name of Mother: Mary Maria Holt,			9. State or Country of Mother's Birth: Spanish Fork, Utah,	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Adeline Norton Gyrus	11. Present Address of Registrant: Box 704, East Ely, Nevada,	
NOTARY (Seal)	Subscribed and sworn to before me on: November 4, 1953		12. Signature of Notary	13. Notary Commission expires: October 14, 1957	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: L. D. S. Church	Date Issued: 10/3/20	Date Orig. Entry: Baptized on Oct. 3, 1920
Class* B	Date of Birth: June 28, 1910	Birth Place: Lincoln, Idaho	Full Name of Mother: Mary Holt	Name of Father: James E. Norton	
SUPPORTING RECORD 2.	Type of Document: Application for insurance		By whom issued and signed: Bankers Life and Casualty Company	Date Issued	Date Orig. Entry: July 28, 1953
Class B	Date of Birth: June 28, 1910	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate		By whom issued and signed: State of Arizona	Date Issued: May 24, 1936	Date Orig. Entry
Class B	Date of Birth: 25 yrs old	Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	E. Hamilton 8/17/54	Apr. 29, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Ds55-424

Local Reg. No.

Reg. Dist. No.

APR 29 1955

REGISTRAR (Person whose birth is being registered)

1. Parent's Full Name of Birth: Adeline Norton

2. Date of Birth (month) (day) (year): June 28 1910

3. Color or Race: White

4. Sex: Female

5. Place of Birth (county): Lincoln, Idaho, Bonneville

6. City or Town of Birth: Lincoln

FATHER

7. Full Name of Father: Charles Carlton Norton

8. State or Country of Father's Birth: Mesa, Arizona

MOTHER

9. Full Maiden Name of Mother: Maria Bolt

10. State or Country of Mother's Birth: Swanson Fork, Utah

AFFIDAVIT

11. Present Address of Registrant: Box 204, East Ely, Nevada

12. Signature of Registrant: [illegible]

13. Notary Commission expires: October 14, 1957

NOTARY (Seal)

Subscribed and sworn to before me on November 4, 1957

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Certificate of Baptism

Date Issued: 10/3/20

Date Orig. Entry: Baptized on Oct. 3, 1920

Date of Birth: June 28, 1910

Birth Place: Lincoln, Idaho

Full Name of Mother:

Name of Father:

Class: B

Application for Insurance Bankers Life and Casualty Company

July 28, 1908

Date of Birth: June 28, 1910

Birth Place:

Full Name of Mother:

Name of Father:

Class: B

SUPPORTING RECORD 2

Type of Document: Child's birth certificate State of Arizona

Date Issued: May 24, 1936

Date Orig. Entry:

Date of Birth: 25 yrs old

Birth Place: Idaho

Full Name of Mother:

Name of Father:

Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Hanson

Evidence reviewed by:

Date Filed: Apr. 29, 1955

Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible]

693-107-022-694

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 434
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harry Theodore Willmore
2. Date Of Birth: (month) May (day) 7 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Hibbard, Idaho

FATHER

6. Full Name of Father: John Willmore
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Florence Janetta Widdison
9. State or Country of Mother's Birth: Salt Lake City, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harry Theodore Willmore
11. Present Address of Registrant: Route one, Rexburg, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on November 25 1953

12. Signature of Notary: Ray W. Rigby
13. Notary Commission expires: January 24 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	6/5/10	Blessed on June 10, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7, 1910	Hibbard, Idaho	Nettie Widdison	John Wilmore

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle	Abner Widdison	November 25, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7, 1910	Hibbard, Idaho	Florence Janetta Widdison Willmore	John Willmore

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	9/2/1918	Baptized on Oct. 31, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7, 1910	Hibbard, Idaho	Jeanette Widdison	John Widdison

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	May 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 3 1955

1. NAME OF CHILD	2. Date of Birth
Mary Jane Mele	May 7, 1910
3. Sex	4. Color or Race
Female	White
5. Place of Birth (County)	6. City or Town of Birth
Fremont	Hibbard, Idaho
7. State or Country of Foreign Birth	
	Maryland

PARENTS

8. Name of Father	9. Maiden Name of Mother
Peter Mele	Frances Mildred Hibbard
10. Color or Race	11. Age at Last Birthday
White	32
12. Birthplace (State or Country)	13. Birthplace (State or Country)
Italy	Maryland
14. Present Address of Father	
Hibbard, Idaho	

AFFIDAVIT

I hereby certify that the above is a true and correct statement to the best of my knowledge and belief.

Witness my hand this 7th day of May, 1955

Witness (Signature) Florence Hibbard

Witness (Signature) Mildred Hibbard

Subscribed and sworn to before me on May 7, 1955

Notary Public

Residing at Hibbard, Idaho

My Commission Expires November 25, 1957

SUPPORTING RECORD 1

Certificate of Baptism

Name of Church Holy Trinity

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest Clarence Williamson

SUPPORTING RECORD 2

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 3

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 4

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 5

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 6

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 7

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 8

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 9

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 10

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 11

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 12

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 13

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 14

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 15

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 16

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 17

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 18

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 19

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 20

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 21

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 22

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 23

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 24

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 25

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 26

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 27

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 28

Certificate of Baptism

Name of Church St. Mary's

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SUPPORTING RECORD 29

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SUPPORTING RECORD 30

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SUPPORTING RECORD 31

Certificate of Baptism

Name of Church St. Mary's

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Name of Priest John Williamson

SUPPORTING RECORD 32

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 33

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 34

Certificate of Baptism

Name of Church St. Mary's

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Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 35

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SUPPORTING RECORD 37

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SUPPORTING RECORD 38

Certificate of Baptism

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Name of Priest John Williamson

SUPPORTING RECORD 39

Certificate of Baptism

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Name of Priest John Williamson

SUPPORTING RECORD 40

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 41

Certificate of Baptism

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Name of Priest John Williamson

SUPPORTING RECORD 42

Certificate of Baptism

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Name of Priest John Williamson

SUPPORTING RECORD 43

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SUPPORTING RECORD 44

Certificate of Baptism

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SUPPORTING RECORD 45

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SUPPORTING RECORD 48

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Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 49

Certificate of Baptism

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Name of Priest John Williamson

SUPPORTING RECORD 50

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Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 51

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Name of Priest John Williamson

SUPPORTING RECORD 52

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SUPPORTING RECORD 53

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SUPPORTING RECORD 54

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SUPPORTING RECORD 55

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SUPPORTING RECORD 59

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SUPPORTING RECORD 60

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SUPPORTING RECORD 62

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Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 63

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 64

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SUPPORTING RECORD 65

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Name of Priest John Williamson

SUPPORTING RECORD 66

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Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 67

Certificate of Baptism

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SUPPORTING RECORD 68

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Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 69

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 70

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 71

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 72

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Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 73

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Date of Baptism May 7, 1910

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SUPPORTING RECORD 74

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SUPPORTING RECORD 75

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SUPPORTING RECORD 76

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SUPPORTING RECORD 80

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Date of Baptism May 7, 1910

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SUPPORTING RECORD 81

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SUPPORTING RECORD 82

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SUPPORTING RECORD 83

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SUPPORTING RECORD 84

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SUPPORTING RECORD 85

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Name of Priest John Williamson

SUPPORTING RECORD 86

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SUPPORTING RECORD 87

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SUPPORTING RECORD 94

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SUPPORTING RECORD 95

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SUPPORTING RECORD 96

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SUPPORTING RECORD 97

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SUPPORTING RECORD 98

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SUPPORTING RECORD 99

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

SUPPORTING RECORD 100

Certificate of Baptism

Name of Church St. Mary's

Place (City or Town) Hibbard, Idaho

Date of Baptism May 7, 1910

Name of Priest John Williamson

433-215-1003-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 435
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Tabitha McCann
2. Date Of Birth (month) (day) (year): July 15 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Turner, Idaho

FATHER

6. Full Name of Father: Thomas James McCann
7. State or Country of Father's Birth: Smithfield, Utah

MOTHER

8. Full Maiden Name of Mother: Etta Jane Curtis
9. State or Country of Mother's Birth: Payson, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen Tabitha McCann Willmore
11. Present Address of Registrant: Route 1, Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 25, 1953

12. Signature of Notary: Ray W. Rigby
13. Notary Commission expires: January 24, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	Wain H. Davis, Ward Clerk		Blessed on Sept. 4, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15, 1910	Idaho	[illegible]	Thomas J. Mc Cann

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Etta Jane Curtis McCann Gilbert	Nov. 19, 1953	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15, 1910	Turner, Idaho	Etta Jane Curtis McCann	Thomas James McCann

SUPPORTING RECORD 3.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record of births			July 15, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15, 1910			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Edna Hamilton	May 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed: MAY 3 1955

1. Name of Birth: Allen Tabitha McCann	2. Date of Birth: July 15, 1910	
3. Color or Race: White	4. Place of Birth: Bannock	5. Sex: Female
6. Place of Birth: Turner, Idaho		
7. Name of Father: Thomas James McCann	8. State or Country of Father's Birth: Smithfield, Utah	
9. Maiden Name of Mother: Etta Jane Curtis	10. State or Country of Mother's Birth: Payson, Utah	
11. Present Address of Registrant: Route 1, Rexburg, Idaho	12. Signature of Registrant	13. Notary Commission expires: January 24, 1955
14. Signature of Notary		
November 25, 1953		

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church record	By whom issued and signed: Wain H. Davis, Ward Clerk	Date issued	Date Orig. Entry: Pressed on Rec. 4, 1910
Class A	July 15, 1910 Idaho			
SUPPORTING RECORD 2	Type of Document: [illegible] Mother	By whom issued and signed: Etta Jane Curtis McCann Gilbert	Date issued: Nov. 19, 1953	Date Orig. Entry
Class A	Date of Birth: Birth Place: July 15, 1910 Turner, Idaho	Full Name of Mother: Etta Jane Curtis McCann	Name of Father: Thomas James McCann	
SUPPORTING RECORD 3	Type of Document: Family record of birth	By whom issued and signed	Date issued	Date Orig. Entry: July 15, 1910
Class A	Date of Birth: Birth Place: July 15, 1910	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
E. W. Benson	Edna Hamilton	May 3, 1955

753-205-036-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-485
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Peterson
2. Date of Birth (month) (day) (year): Dec. 5, 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Oneida (now Franklin)
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Charles Joel Peterson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Zeffie Fern Bennett
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda P. Mortensen
11. Present Address of Registrant: Dayton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 14, 1955 19___
12. Signature of Notary: [signature]
13. Notary Commission expires: 1-21-57 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	L. D. S. Church	Blessed	Mch 12, 1911
Class* A	Date of Birth / Birth Place: Dec. 5, 1910, Preston, Idaho	Full Name of Mother: Zeffie Fern Bennett	Name of Father: Charles J. Peterson	
SUPPORTING RECORD 2.	Type of Document: Application for marriage license	By whom issued and signed: County of Cache State of Utah	Date Issued: May 24, 1934	Date Orig. Entry
Class B	Date of Birth / Birth Place: Dec. 5, 1910 Preston, Idaho	Full Name of Mother: Zepha Bennett	Name of Father: Charles Joel Peterson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Zeffie B. Peterson	Date Issued: May 14, 1955	Date Orig. Entry
Class B	Date of Birth / Birth Place: Dec. 5, 1910, Preston, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	May 18, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 19 1958

683-208-032-316

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED

MAY 19 1955

Division of Vital Statistics

State File No. De55-488
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: INEZ IONE WYCKOFF
2. Date of Birth: (month) April (day) 8 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Lincoln; b. City or Town of Birth: JEROME, IDAHO

FATHER

6. Full Name of Father: FREDERICK L. WYCKOFF
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: PEARL IRENE LAFORGE
9. State or Country of Mother's Birth: OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ina Ione Wyckoff Hatch
11. Present Address of Registrant: BELLEVUE, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on 16th day of May 1955

12. Signature of Notary: J. W. Klarich
13. Notary Commission expires: 4/18/57 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Department of Commerce Bureau of the Census	Census of	1910
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
1 month old Idaho	Pearl Wyckoff	Frederick L. Wyckoff	

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Frederick L. Wyckoff	May 16, 1955	
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Apr. 8, 1910, Jerome, Idaho		Frederick L. Wyckoff	

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

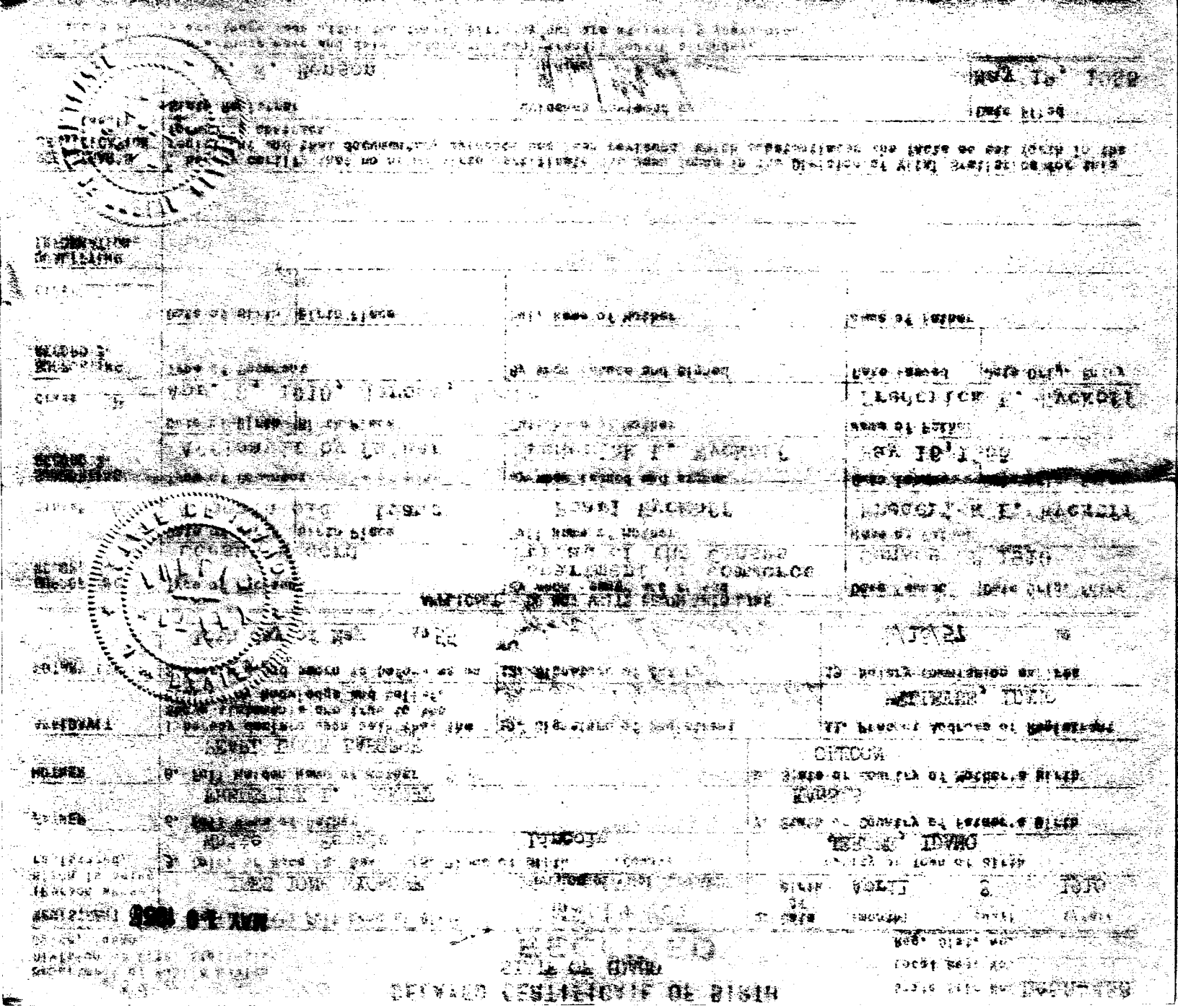
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin Fields	May 19, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



955-12 1036-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAY 26 1955

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-509
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's [illegible]			2. Date of Birth (month) (day) (year)	
	MARION MORGAN REES			NOV. 12 1910	
	3. Color or Race	4. Sex	5. Place of Birth a. County	b. City or Town of Birth	
	W	M	IDAHO ONEIDA.	CHERRY CREEK	
FATHER	6. Full Name of Father			7. State or Country of Father's Birth	
	PHILLIP M. REES			ONEIDA - IDAHO	
MOTHER	8. Full Maiden Name of Mother			9. State or Country of Mother's Birth	
	NELLIE BRANTZEG			MANTI UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant	11. Present Address of Registrant	
			Marion Morgan Rees	3900 S. 6400 W. MAGNA UT.	
NOTARY (Seal)	Subscribed and sworn to before me on		12. Signature of Notary	13. Notary Commission expires	
	May 24, 1955		Merritt L. Hollen	April 28, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Church Record	L. D. S. Church	Blessed	Jan. 1, 1911
Class* A	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Nov. 12, 1910, Malad, Idaho	Nellie Brantzeg	Phillip M. Rees	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Church Record	L. D. S. Church	Baptized	May 1, 1919
Class B	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Nov. 12, 1910, Cherry Creek, Idaho	Nellie Brantzeg	Phillip M. Rees	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Doctor's record	D. C. Ray, attendant at birth	May 17, 1955	
Class A	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Nov. 12, 1910, Malad, Rural,	Nellie Brantzeg	Philip M. Rees	
QUALIFYING INFORMATION	Affidavit by mother, Nellie Brantez, gives the date of birth as Nov. 12, 1910, Cherry Creek, Idaho			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by	Date Filed	
	W. W. Benson	Merritt L. Hollen	May 26, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAY 26 1955

REGISTRANT (Person whose birth is being registered)

1. Registrant's Name [illegible]
2. Date of Birth (month) (day) (year)
3. Color or Race [illegible] Place of Birth [illegible] County
4. City or Town of Birth
5. Full Name of Father
6. State or Country of Father's Birth
7. Full Maiden Name of Mother
8. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on [illegible]

12. Signature of Notary
13. Notary Commission expires [illegible]

SUPPORTING RECORD A

Type of Document: Church Record
By whom issued and signed: [illegible] Church
Date Issued: Blessed
Date Orig. Entry: Jan. 1, 1917
Date of Birth: Nov. 12, 1910
Birth Place: Mother, Idaho Nellie Brantzeg
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD B

Type of Document: Church Record
By whom issued and signed: [illegible] Church
Date Issued: Baptized
Date Orig. Entry: May 1, 1917
Date of Birth: Nov. 12, 1910
Birth Place: Cherry Creek, Idaho Nellie Brantzeg
Full Name of Mother: Phillip M. Kees
Name of Father: Phillip M. Kees

SUPPORTING RECORD C

Type of Document: Doctor's record
By whom issued and signed: D. C. May, attendant at
Date Issued: May 17, 1955
Date Orig. Entry: [illegible]
Date of Birth: Nov. 12, 1910
Birth Place: Holad, Bural, Nellie Brantzeg
Full Name of Mother: Phillip M. Kees
Name of Father: Phillip M. Kees

QUALIFYING INFORMATION

Affidavit by mother, Nellie Brantzeg, given the date of birth as Nov. 12, 1910, Cherry Creek, Idaho

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date Filed: May 26, 1955
Evidence reviewed by: [illegible]
Name of Registrar: [illegible] Benson

Class A [illegible] Class B [illegible]

236-1/41003-453

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 595
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: IRA ELLIS STODDARD
2. Date of Birth: (month) Oct. (day) 14 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Chesterfield

FATHER

6. Full Name of Father: Eugene Stoddard
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Fanny Lillian Detton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ira Ellis Stoddard
11. Present Address of Registrant: 2220 No. 33rd St. Boise

NOTARY (Seal)

Subscribed and sworn to before me on: June 20 1955
12. Signature of Notary: Paula L. Fleenor
13. Notary Commission expires: Oct 23, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	L. D. S. Church	Jan. 13, 1955	July 6, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 14, 1910	Chesterfield, Ida.	Lillian Detton	Eugene Stoddard

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Eugene Stoddard	Feb. 4, 1955	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 14, 1910	Chesterfield, Ida.	Lillian Detton	Eugene Stoddard

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
#50-03749 Child's Birth Certificate	Division of Vital Statistics Boise, Idaho		Apr. 21, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
39 yrs. old.	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	jh Joanne Hallstrom	6/21/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

JUN 21 1955

413-22 1895-992

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 22 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55 610
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Clair Mathews

2. Date of Birth (month) 6-- (day) 22-- (year) 1910

3. Color or Race: White

4. Sex: F.

5. Place of Birth a. County: (old) Ilo Ida. Nez Perce

b. City or Town of Birth: on ranch near Ilo Idaho

FATHER

6. Full Name of Father: Walter Harvey Mathews

7. State or Country of Father's Birth: Nebraska U.S.A.

MOTHER

8. Full Maiden Name of Mother: Della Wealthy Risher

9. State or Country of Mother's Birth: Ohio U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel Clair Herrick

11. Present Address of Registrant: Craigmont Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 6-13-55 19__

12. Signature of Notary: Wallace Scott

13. Notary Commission expires: 9-22-56 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible record of family births	Bible also examined by Wallace Scott, Notary Public, Idaho	6/13/55	June 22, 1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 22, 1910 Near Ilo, Idaho			
SUPPORTING RECORD 2. Class B	Affidavit by Father	Walter Harvey Mathews	6/13/55	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 22, 1910			
SUPPORTING RECORD 3. Class				
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	June 24, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

795-202001-986

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D-De55-633
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arta Alma Prescott		2. Date of Birth (month) March (day) 2nd (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Ada; b. City or Town of Birth Boise
FATHER	6. Full Name of Father: Carleton G. Prescott		7. State or Country of Father's Birth: Illinois USA
MOTHER	8. Full Maiden Name of Mother: May Virginia Rhodes		9. State or Country of Mother's Birth: Colorado USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: nee Prescott Arta Alma Davison	11. Present Address of Registrant: 716 No. 10th, Caldwell, Ida
NOTARY (Seal)	Subscribed and sworn to before me on June 30th 1955 19	12. Signature of Notary	13. Notary Commission expires: March 2nd 19 56

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Mother	By whom issued and signed: May Virginia Collins	Date Issued: June 30, 1955	Date Orig. Entry
	Date of Birth: Mar. 2, 1910 / Birth Place: Boise, Idaho	Full Name of Mother: May Virginia Rhodes	Name of Father: Carleton G. Prescott	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: July 1, 1939
	Date of Birth: Age at Next birthday 30 yrs. / Birth Place:	Full Name of Mother:	Name of Father: Carl G. Prescott	
SUPPORTING RECORD 3. Class B	Type of Document: #298536 Child's Birth Certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho	Date Issued:	Date Orig. Entry: date of birth 8/7/1940
	Date of Birth: 30 yrs. old / Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joanne Hallstrom	Date Filed: 7/1/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

962-201-042-553

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED

DELAYED CERTIFICATE OF BIRTH

JUL 5 1955

STATE OF IDAHO

Division of Vital Statistics

State File No. De55-643
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NELLIE MYRTLE ROBISON		2. Date Of Birth (month) (day) (year): August 1 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Ernest Cecil Robison		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Agnes Lucy Netzley		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Myrtle Hanson	11. Present Address of Registrant: Route 1, Box 12, Omak, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 29 1955	12. Signature of Notary: Earl K Hanson	13. Notary Commission expires: January 11 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of marriage license	By whom issued and signed: State of Washington County of Okanogan	Date Issued: 6-29-55	Date Orig. Entry: July 5, 1929
Class* B	Date of Birth / Birth Place: 18 yrs. old - Idaho	Full Name of Mother: Agnes L. Netzley	Name of Father: Ernest C. Robison	
SUPPORTING RECORD 2.	Type of Document: child's birth certificate	By whom issued and signed: Washington State Board of Health	Date Issued:	Date Orig. Entry: child born April 5, 1933
Class B	Date of Birth / Birth Place: 22 yrs. old - Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: affidavit of sister	By whom issued and signed: Mrs. Beula Shatto	Date Issued: 6-29-55	Date Orig. Entry:
Class B	Date of Birth / Birth Place: August 1, 1910 Buhl, Idaho Twin Falls, County	Full Name of Mother: Agnes Lucy Netzley	Name of Father: Ernest Cecil Robison	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W R Benson	Evidence reviewed by: Betty Waller	Date Filed: July 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Twin Falls

367-125-006-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 12 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-661
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond (Ray) Cope		2. Date of Birth (month) (day) (year): Nov. 25 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Pingree Idaho Bingham; b. City or Town of Birth: Pingree Idaho
FATHER	6. Full Name of Father: Ralph Palmer Cope		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Myrtle Woods		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond (Ray) Cope	11. Present Address of Registrant: 969 Poulson St Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 1, 1955	12. Signature of Notary: [illegible]	13. Notary Commission expires: Sept 20 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: notarized letter re school record	By whom issued and signed: Idaho Falls Senior High School; Elmer S. Crowley	Date Issued: 6-29-55	Date Orig. Entry: Sept. 10, 1928
	Date of Birth: Nov. 25, 1910	Birth Place: Pingree - Idaho	Full Name of Mother:	Name of Father: Ralph Palmer Cope
SUPPORTING RECORD 2. Class A	Type of Document: affidavit by midwife	By whom issued and signed: Hanna Josephson	Date Issued: 4-30-55	Date Orig. Entry:
	Date of Birth: Nov. 25, 1910	Birth Place: Pingree, - Idaho	Full Name of Mother: Myrtle Woods	Name of Father: Ralph Palmer Cope
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by father	By whom issued and signed: Ralph Palmer Cope	Date Issued: 7-8-55	Date Orig. Entry:
	Date of Birth: Nov. 25, 1910	Birth Place: Pingree, - Idaho	Full Name of Mother: Mrytle Woods	Name of Father: Ralph Palmer Cope
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Betty Waller	July 12, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 8 1972

Date Filed

July 19, 1938

866-101-039-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-727
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Rex Howard		2. Date Of Birth (month) 4 (day) 1 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Power; b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Horace Silas Howard		7. State or Country of Father's Birth: Derreyville, Utah
MOTHER	8. Full Maiden Name of Mother: Pearl Lovina Walker		9. State or Country of Mother's Birth: Rockland, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rex Howard	11. Present Address of Registrant: 1715 Dearborn St. Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: AUG - 1 1955 19	12. Signature of Notary: Wesley M. Jones	13. Notary Commission expires: My Commission expires Feb. 10, 1958. 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: church record	By whom issued and signed: L. D. S. CHURCH	Date Issued:	Date Orig. Entry: Baptized July 6, 1918	
Class* B	Date of Birth: April 1, 1910	Birth Place: Rockland, Idaho	Full Name of Mother: Pearl Walker	Name of Father: Horace S. Howard	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to Priesthood	By whom issued and signed: L. D. S. CHURCH	Date Issued:	Date Orig. Entry: ordained a deacon March 9, 1924	
Class B	Date of Birth: April 1, 1910	Birth Place: Rockland, Idaho	Full Name of Mother: Pearl Walker	Name of Father: Horace S. Howard	
SUPPORTING RECORD 3.	Type of Document: Life Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: Feb. 6, 1939	
Class B	Date of Birth: Apr. 1, 1910	Birth Place: Rockland, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	DW Joanne Hallstrom	8/8/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 9 1955

852-12-022 RECEIVED DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 12 1955
Division of Vital Statistics

STATE OF IDAHO

State File No. De55-745
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name: Horace Eugene Hess			2. Date of Birth (month) Aug. (day) 21 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ashton Fremont	b. City or Town of Birth: Ashton.	
FATHER	6. Full Name of Father: Horace Arnold Hess			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Linnie Mildred Smith.			9. State or Country of Mother's Birth: Utah.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Horace Eugene Hess		11. Present Address of Registrant: Ashton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 8 1955	12. Signature of Notary: Jack A. Stone, Clerk of District Court		13. Notary Commission expires: Electric 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport Record	By whom issued and signed: USA Department of State	Date Issued:	Date Orig. Entry: Oct. 6, 1930
Class* B	Date of Birth: Aug. 21, 1910	Birth Place: Ashton, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: #238817 Child's Birth Certificate	By whom issued and signed: Division of Vital Statistics Boise, Idaho	Date Issued: date of birth	Date Orig. Entry: Dec. 18, 1935
Class B	Date of Birth: 25 yrs. old	Birth Place: Ashton, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Linnie Mildred Smith	Date Issued: 8-8-55	Date Orig. Entry:
Class B	Date of Birth: August 21, 1910	Birth Place: Ashton, Idaho	Full Name of Mother: Linnie Mildred Smith	Name of Father: Horace Arnold Hess
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Betty Waller	August 12, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 12 1955

CERTIFICATE OF BIRTH

STATE OF IDAHO

Public Health
Vital Statistics
Boise, Idaho

State Registration No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Name (Name of Birth) Horace Eugene Hess
2. Date of Birth (Month) (Day) (Year) Aug 21 1919
3. Color or Race (Color) Place of Birth
4. Sex Male Ashton Fremont
5. Duty of Town of Birth Ashton
6. Full Name of Father Horace Arnold Hess
7. State or Country of Father's Birth Utah
8. Full Name of Mother Mildred Smith
9. State or Country of Mother's Birth Utah

APPLICANT

Sworn and affirm that the above statement is true to the best of my knowledge and belief.

10. Signature of Registrant Horace Eugene Hess
11. Present Address of Registrant Ashton, Idaho

NOTARY USE

Subscribed and sworn to before me on

12. Signature of Notary Lo. Hess
13. Notary Commission expires

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Passport record
Date of Birth: Birth Place
Date Issued: Oct. 6, 1950
Date Orig. Entry
Name of Father

SUPPORTING RECORD 2.

Type of Document: Child's Birth Certificate
Date of Birth: 25 yrs. old Ashton, Idaho
By whom issued and signed: Division of Vital Statistics Boise, Idaho
Date Issued: date of birth Dec. 16, 1935
Date Orig. Entry
Name of Father

SUPPORTING RECORD 3.

Type of Document: Affidavit
Date of Birth: Birth Place
By whom issued and signed
Full Name of Mother
Date Issued
Date Orig. Entry
Name of Father

QUALIFYING

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this applicant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying abstract.

Date Registrar
Evidence reviewed by
Date Filed

Notes: Records are those made and dated before the Registration Date. Certificates are those made after the Registration Date and at least 5 years old.

365-129-022-79

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED AUG 22 1955

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-797
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name: Dorm Gray Loveland		2. Date of Birth (month) 3 (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Eldorus Bertram Loveland		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Laura Elyza Gray Loveland		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorm G Loveland	11. Present Address of Registrant: Rt 2 Toppenish Wn
NOTARY (Seal)	Subscribed and sworn to before me on: August 19, 1955	12. Signature of Notary: Don N. Quick	13. Notary Commission expires: June 19 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: insurance application	By whom issued and signed: MUTUAL BENEFIT HEALTH and ACCIDENT ASSO., Omaha	Date Issued:	Date Orig. Entry: July 22, 1941
Class* B	Date of Birth: March 29, 1910	Birth Place: ,	Full Name of Mother: #10939	Name of Father:
SUPPORTING RECORD 2.	Type of Document: church record	By whom issued and signed: L.D.S. CHURCH	Date Issued: 8-9-55	Date Orig. Entry: baptized May 3, 1918
Class B	Date of Birth: March 29, 1910	Birth Place: Idaho	Full Name of Mother: Laura Gray	Name of Father: Eldorus B. Loveland
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record	By whom issued and signed: STA STATE OF MONTANA County of Teton	Date Issued:	Date Orig. Entry: May 10, 1942
Class B	Date of Birth: 32 years old	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Laura Loveland	Name of Father: Elvorus Loveland
QUALIFYING INFORMATION				

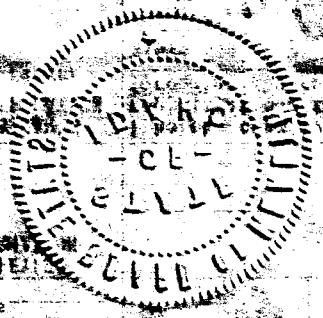
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	Aug. 30, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



791-108-014-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-926
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Henry Prall
2. Date of Birth: October 8, 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Caldwell Idaho

FATHER

6. Full Name of Father: Charles W. Prall
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Myrtle Moran
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Henry Prall
11. Present Address of Registrant: Caldwell Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 25 1955
12. Signature of Notary: J. A. Ballman
13. Notary Commission expires: Aug. 23 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	church record	L. D. S. CHURCH	1-4-23	baptized Sept. 3, 1921
Class* B	Date of Birth: October 8, 1910 / Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Myrtle Moran	Name of Father: Charles W. Prall	
SUPPORTING RECORD 2.	affidavit by midwife	Mrs. Alice J. Brauer	10-25-55	
Class B	Date of Birth: October 8 1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Myrtle Moran Prall	Name of Father: Charles W. Prall	
SUPPORTING RECORD 3.	affidavit by friend of family	Gus E. Brauer	10-25-55	
Class B	Date of Birth: October 8, 1910 / Birth Place: Caldwell, Idaho	Full Name of Mother:	Name of Father: Charles W. Prall	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar:
Evidence reviewed by: Betty Waller
Date Filed: October 25, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 10067

OCT 25 1955

691-20-042-749

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-942
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DORA ELIZABETH FRAER
2. Date of Birth (month) (day) (year): MARCH 1ST 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: TWIN FALLS
b. City or Town of Birth: TWIN FALLS

FATHER

6. Full Name of Father: WALTER WARD FRAER
7. State or Country of Father's Birth: MICHIGAN

MOTHER

8. Full Maiden Name of Mother: GERTRUDE SYLVIA PURCELL
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora E. Sullivan
11. Present Address of Registrant: RT 2 PORT TOWNSEND WASH

NOTARY (Seal)

Subscribed and sworn to before me on: OCT 27 1955
12. Signature of Notary: G. Clemens Grady
13. Notary Commission expires: June 3 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's Birth Certificate	on File, State of Oregon State Reg. No. 67		Child born Feb 25, 1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 19 / Twin Falls, Idaho			
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Mother-Consent to Marriage	By whom issued and signed: Gertrude Fraer, Mother County Recorder, Washington Co.	Date Issued: 7-28-1927	Date Orig. Entry: July 28, 1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 17 /	Gertrude Fraer		
SUPPORTING RECORD 3. Class B	Type of Document: School Record	By whom issued and signed: Coos Bay Public Schools Coos Bay, Oregon. M.B. Winslow Supt.	Date Issued: 10-24-55	Date Orig. Entry: entered school 9-9-1918
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	3-1-1910 / Twin Falls, Idaho		Walter W. Fraer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Joyce B. Foltz	Nov. 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 9 1955

NOV 25 1955

455-12-022-394

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-978
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gaylord Joseph Denny			2. Date Of Birth (month) Dec. (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Kilgore Idaho	
FATHER	6. Full Name of Father: John Henry Denny			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Una S. True			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: L. Denny	11. Present Address of Registrant: Box 15-1 Salmon Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 5 1955		12. Signature of Notary: Fred L. Crank	13. Notary Commission expires: February 15 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by midwife		By whom issued and signed: MARGARET DUVALL	Date Issued: 10-4-55	Date Orig. Entry:
Class* A	Date of Birth: December 12 1910	Birth Place: Kilgor, Idaho Fremont County	Full Name of Mother: Una True	Name of Father: John H. Denny	
SUPPORTING RECORD 2.	Type of Document: census record		By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 10-13-55	Date Orig. Entry: Census of 1920, Jan. 1
Class B	Date of Birth: 9 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father: John H. Denny	
SUPPORTING RECORD 3.	Type of Document: statement re school record		By whom issued and signed: COUNTY SUPERINTENDENT OF SCHOOLS, Beaverhead Co., Montana	Date Issued: 8-10- 55	Date Orig. Entry: September 1922
Class B	Date of Birth: December 12, 1910	Birth Place:	Full Name of Mother:	Name of Father: John Denny	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	November 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

NOV 15 1965
FEB 7 1963

SUBJECT	1. Registrant's Full Name of Birth	2. Date (month) (day) (year)
		Birth
	3. Sex	4. Place of Birth (Hospital)
		Birth
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
	6. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	20. Signature of Registrant	21. Present Address of Registrant
	22. Signature of Notary	23. Notary Commission expires
	November 5 19 55	February 15 19 59

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

SUPPORTING RECORD 1

Class B

SUPPORTING RECORD 2

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the data as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
		November 14 1963

*Class A Records are those made one dated before the Registrant's Birth Birth.
Class B Records are those made after the Courts Birth, but not at least 3 years.

645-25 1007-279

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De55-987
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Christ Funk			2. Date Of Birth (month) Jan. (day) 25th (year) 1910	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Blaine now a. County: Power	b. City or Town of Birth: 16 miles west of American Falls	
FATHER	6. Full Name of Father: ~~Maryxx~~ Fiedrich Funk			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Mary Spies			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Christ Funk	11. Present Address of Registrant: American Falls, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 18, 1955		12. Signature of Notary: W. C. Loofbourrow Residing at American Falls, Idaho.	13. Notary Commission expires: Jan. 3 1959.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Mary Funk	Date Issued: 10-18-55	Date Orig. Entry:
Class* B	Date of Birth: January 25, 1910	Birth Place: American Falls, Power County	Full Name of Mother: Idaho Mary Spies	Name of Father: Friedrich Funk	
SUPPORTING RECORD 2.	Type of Document: statement re church record		By whom issued and signed: ST. JOHN'S LUTHERN CHURCH American Falls, Idaho	Date Issued: 10-18-55	Date Orig. Entry: baptized May 8, 1910
Class A	Date of Birth: January 25, 1910	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Bible record		By whom issued and signed: viewed by W. C. Loofbourrow Notary Public, American	Date Issued: 10-19-55	Date Orig. Entry:
Class A	Date of Birth: January 25 1910	Birth Place: American Falls Idaho	Full Name of Mother: Falls, Idaho Mary Spies	Name of Father: Friedrich Funk	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. J. Benson	Betty Waller	November 15, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 16 1955

266-102-025-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1044
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jackson Ray Bowles			2. Date of Birth (month) (day) (year): February 2, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kooskia, Idaho Idaho	b. City or Town of Birth: Kooskia, Idaho
FATHER	6. Full Name of Father: Jackson Alexander Bowles			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Maude Mabel Tweedy			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jackson Ray Bowles		11. Present Address of Registrant: Dayton, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: November 4, 1955	12. Signature of Notary: Phillip D. Penn		13. Notary Commission expires: April 29, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: daughter's birth certificate	By whom issued and signed: STATE OF IDAHO #225266		Date Issued:	Date Orig. Entry: child born Sept. 18, 1934
Class* B	Date of Birth: 24 years old	Birth Place: Idaho County Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: NEW YORK LIFE INSURANCE CO.		Date Issued:	Date Orig. Entry: November 20 1947
Class B	Date of Birth: February 2, 1910	Birth Place: Kooskia, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: affidavit by midwife	By whom issued and signed: Mrs. Susan Lycan		Date Issued: 10-12-55	Date Orig. Entry:
Class A	Date of Birth: February 2, 1910	Birth Place: Kooskia, Idaho Idaho County	Full Name of Mother: Maude Tweedy	Name of Father: Jackson Alexander Bowles	
QUALIFYING INFORMATION	school record Census Marshal's Report for 1921 County of Idaho State of Idaho School District #29 commencing the first Tuesday of Sept. 1921 showing Jackson Bowles as 11 years of age				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller		Date Filed: December 2 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1958-1044
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DEC 1 1955

REGISTRAR (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Jackson Ray Bowles	2. Date of Birth (month) (day) (year): February 2, 1910
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Kooskia, Idaho; 6. County: Idaho	6. City or Town of Birth: Kooskia, Idaho
FATHER	6. Full Name of Father: Jackson Alexander Bowles	7. Stage or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Nellie Mabel Tweedy	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Dayton, Washington
SUBSCRIBED (Sent)	12. Signature of Notary: [signature]	13. Notary Commission Expires: April 28, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Daughter's birth certificate	By whom issued and signed: State of Idaho #223166	Date Issued	Date Orig. Entry: child born Sept. 16, 1934
Class B	Date of Birth: 24 years; Birth Place: Idaho County, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: Application for Insurance	By whom issued and signed: [illegible] LIFE ENGRANCE	Date Issued: November 20 1947	
Class B	Date of Birth: February 2, 1910; Birth Place: Kooskia, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document: affidavit by midwife	By whom issued and signed: Mrs. Susan Lycan	Date Issued: 10-1-55	Date Orig. Entry
Class A	Date of Birth: February 2, 1910; Birth Place: Kooskia, Idaho County	Full Name of Mother: Nanno Tweedy	Name of Father: Jackson Alexander Bowles	
QUALIFYING INFORMATION	School record: Census Marshal's Report for 1921 State of Idaho County of Idaho School District #29 showing Jackson Bowles as 11 years of age		commencing the first Tuesday of Sept. 1921	

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	December 2 1958

*Class A Records are those made and based on the Registrant's Foreign Birth.
Class B Records are those made after the Court Hearing but are at least 5 years old.

134-224-019-314

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1047
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Pearl Aldous		2. Date of Birth (month) (day) (year): November 24, 1910.
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer; b. City or Town of Birth: Clyde
FATHER	6. Full Name of Father: Augustus Theodore Aldous		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mabel Lambert		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Pearl Aldous	11. Present Address of Registrant: 811 Patton, Pocatello, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: November 4th 19 55	12. Signature of Notary: [signature]	13. Notary Commission expires: August 1 19 57

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record	By whom issued and signed: L. D. S. CHURCH	Date issued:	Date Orig. Entry: blessed October 5, 1913
	Date of Birth: November 24, 1910 / Birth Place: Clyde, Idaho Blaine County	Full Name of Mother: Mabel Lambert	Name of Father: Augustus T. Aldous	
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by mother	By whom issued and signed: MABEL LAMBERT ALDOUS	Date issued: 11-4-55	Date Orig. Entry:
	Date of Birth: November 24, 1910 / Birth Place: Clyde, Idaho Custer County	Full Name of Mother: Mabel Lambert Aldous	Name of Father: Augustus Theodore Aldous	
SUPPORTING RECORD 3. Class B	Type of Document: son's birth certificate	By whom issued and signed: STATE OF IDAHO #172829	Date issued:	Date Orig. Entry: child born May 17, 1929
	Date of Birth: 18 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	December 2 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

DEC 5 [illegible]

1. Full name of Birth (Name of Shade Birth Delay Registered)	Vera Pearl Aldous	2. Date of Birth (month) (day) (year) November 24, 1910.
3. Color or Race (Sex)	White Female	5. Place of Birth (County) Custer; (City or Town of Birth) Clyde
FATHER	4. Full Name of Father: Augustus Theodore Aldous	7. State or Country of Father's Birth: Idaho
MOTHER	6. Full Maiden Name of Mother: Mabel Lambert	9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
	11. Present Address of Registrant: Bill Patton, Pocatello, Ida	
SUBSCRIBED	Subscribed and sworn to before me on November 4th 19 55	12. Signature of Notary: [signature]
	13. Notary Commission expires: August 1 19 57	

APPLICATION - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: October [illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: [illegible]	Date Issued: 11-4-[illegible]	Date Orig. Entry
Class C	Date of Birth / Birth Place: November [illegible] 1910 [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: Son's Birth certificate	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: Child born May [illegible] 1920
Class B	Date of Birth / Birth Place: 18 years [illegible] Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	Betty Waller	December 2 1955

Class A Records are those made and [illegible] the Registrant's fourth [illegible]
Class B Records are those made after the fourth [illegible] but [illegible] 5 [illegible]

752-22/001-316

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1074
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Jane Leslie		2. Date of Birth (month) Nov (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Star, Idaho.
FATHER	6. Full Name of Father: John Leslie		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Daisy Frances Lawrence		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah Leslie Bowman	11. Present Address of Registrant: Emmett, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: December 9 1955	12. Signature of Notary: Nell Elison	13. Notary Commission expires: 3-25 1957

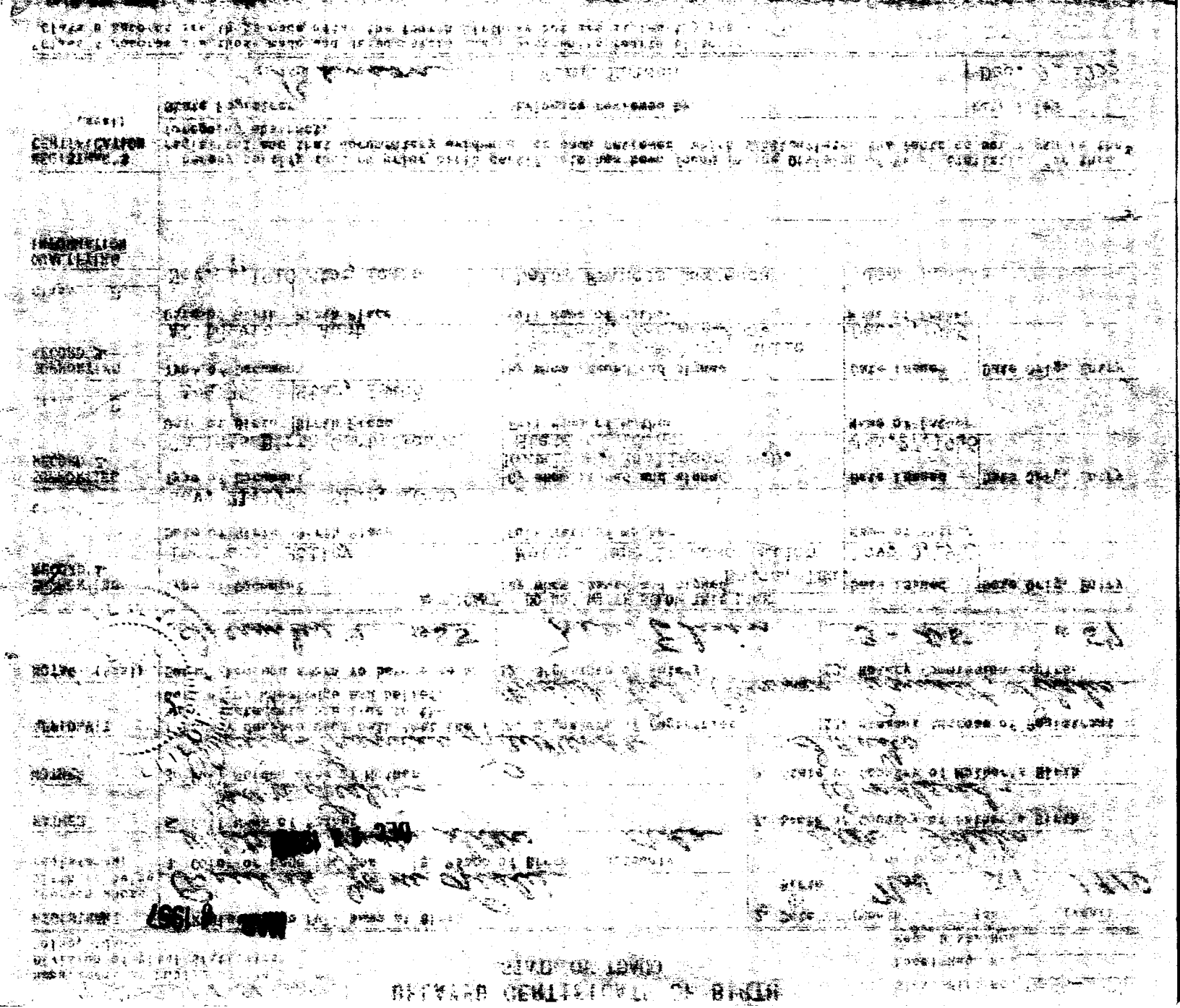
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Benefit Association, Boise, Ida.	Date Issued: Nov. 20, 1943	Date Orig. Entry
Class* B	Date of Birth: Nov. 21, 1910 / Birth Place: Star, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: Ronald P. Rawlinson, M.D. State of Idaho	Date Issued: Jan. 27, 1946	Date Orig. Entry
Class B	Date of Birth: Age 35 / Birth Place: Star, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Affidavit By Aunt	By whom issued and signed: Nell Elison-Notary Public; Minnie E. Couzens-Aunt	Date Issued: Dec. 9, 1955	Date Orig. Entry
Class B	Date of Birth: Nov. 21, 1910 / Birth Place: Star, Idaho	Full Name of Mother: Daisy Frances Lawrence	Name of Father: John Leslie	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: A. I. Benson	Evidence reviewed by: Verna Reisch	Date Filed: Dec. 9, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



635-221-001-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1093
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Doris Claire Fleigle
2. Date of Birth (month) May (day) 21 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise Idaho

FATHER

6. Full Name of Father: Charles Francis Fleigle
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Bernadette Cecelia Brinkerhoff
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Doris Claire Fleigle
11. Present Address of Registrant: 823 Reichert St Monterey, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on December 10 1955

12. Signature of Notary: Frank T. Penhoitt
13. Notary Commission expires: My Commission Expires June 27, 1967 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement by attending physician	JOHN BOECK, M.D. Boise, Idaho		April 5 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 21 1910	Boise, Idaho Ada County	Bernadette Brinkerhoff	C. L. Fliegle

SUPPORTING RECORD 2. Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
church record	ST. JOHN'S CATHEDRAL Boise, Idaho		baptized June 17, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 21 1910		Bernadetta Brinkerhoff	Charles F. Fleigle

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by parents	Charles Francis Fleigle Bernadette Cecelia Fleigle	9-26-55	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 21 1910	Boise, Idaho	Bernadetta Cecilia Fleigle	Charles Francis Fleigle

QUALIFYING INFORMATION

application for insurance METROPOLITAN LIFE INSURANCE CO. #4970965 signed April 24, 1928

date of birth: May 21, 1910; birthplace: Boise, Idaho; Bernadette Fleigle, mother

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	December 19 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 30 1955

DELAYED CERTIFICATE OF BIRTH

State of Idaho

REGISTRAR'S CERTIFICATION (Stat)

Date Filed: December 19, 1955

State Registrar

Evidence reviewed by: Betty Miller

Date Filed: December 19, 1955

693-125034-493

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-013
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lula Mae Wilkinson
2. Date Of Birth (month) Sept. (day) 25 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Minidoka
b. City or Town of Birth: Rupert

FATHER

6. Full Name of Father: Don Declaravel Wilkinson
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Mary Amanda Miller
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Lula Mae Wilkinson Larsen
11. Present Address of Registrant: Route # 2 Rupert, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on December 29 19 55
12. Signature of Notary: H V Creason
13. Notary Commission expires: March 3, 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	SON'S BIRTH CERTIFICATE	STATE OF IDAHO #370513	7-11-50	child born March 2, 1943
	Date of Birth 32 years old	**Birth Place** Rupert Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 2. Class B	STATEMENT RE SCHOOL RECORD	MINIDOKA COUNTY SCHOOLS Rupert, Idaho	12-29-55	
	Date of Birth SEPTEMBER 25, 1910	**Birth Place** Rupert Idaho	**Full Name of Mother** Mary Wilkinson	**Name of Father** Don D. Wilkinson
SUPPORTING RECORD 3. Class B	AFFIDAVIT BY FRIEND OF FAMILY	H. V. CREASON Rupert, Idaho	12-29-55	
	Date of Birth SEPTEMBER 25, 1910	**Birth Place** Rupert Idaho	**Full Name of Mother** Mary Amanda Miller Wilkinson	**Name of Father** Don Declaravel Wilkinson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: Betty Waller
Date Filed: January 4 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 25 1978

JAN 4 1956

766-103-009-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 14 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-043
Local Reg. No. 110
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLIFFORD FRANK COOK		2. Date Of Birth (month) (day) (year): August 3, 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: (Morton) Bonner
			b. City or Town of Birth: Morton (near Laclede) Idaho
FATHER	6. Full Name of Father: EDWARD G. COOK		7. State or Country of Father's Birth: Delano, Minnesota
MOTHER	8. Full Maiden Name of Mother: MARY LYDIA SULLIVAN		9. State or Country of Mother's Birth: DELTA IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Frank Cook	11. Present Address of Registrant: 13501 E. Trent, Spokane, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 11 1955	12. Signature of Notary: Paul F. Moore	13. Notary Commission expires: 9/11 1957

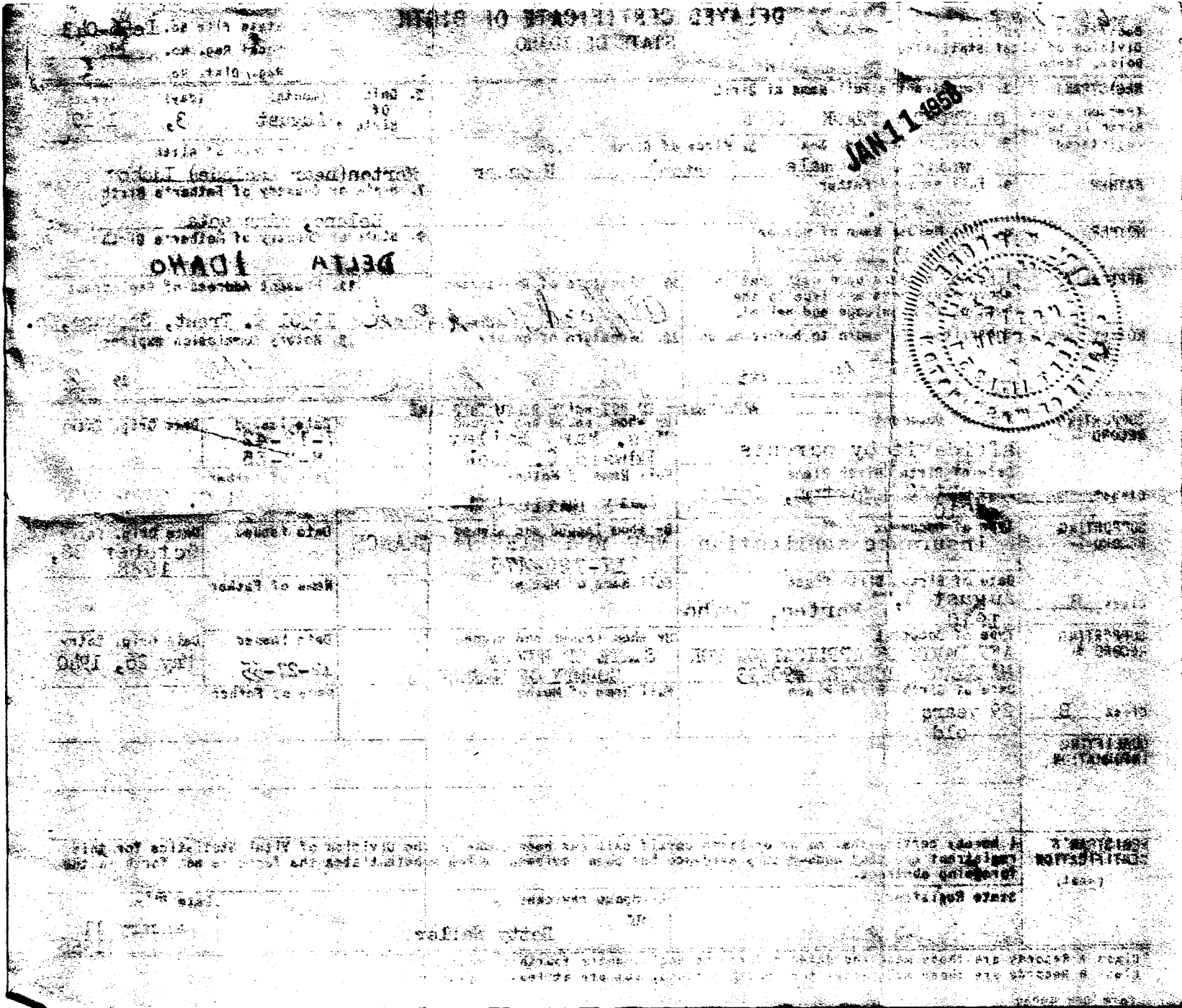
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by parents	By whom issued and signed: Mrs. Mary Bailey, Edward C. Cook	Date Issued: 7-13-42, 8-8-55	Date Orig. Entry:	
	Date of Birth: August 3 1910	Birth Place: Morton, Idaho	Full Name of Mother: Mary Bailey	Name of Father: Edward G. Cook	
SUPPORTING RECORD 2. Class B	Type of Document: insurance application	By whom issued and signed: NEW YORK LIFE INSURANCE #17-736-475	Date Issued:	Date Orig. Entry: October 23, 1948	
	Date of Birth: August 3, 1910	Birth Place: Morton, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT OF APPLICATION FOR MARRIAGE LICENSE #90593	By whom issued and signed: STATE OF NEVADA COUNTY OF WASHOE	Date Issued: 12-27-55	Date Orig. Entry: May 26, 1940	
	Date of Birth: 29 years old	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Branson	Evidence reviewed by: bw Betty Waller	Date Filed: January 11 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067


JAN 11 1956

253-22-014-249

RECEIVED JAN 30 1956

Division of Vital Statistics

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-088
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: IDAHO b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) HELEN b. (Middle) FRANCES c. (Last) BETTS

4. SEX: FEMALE

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) JAN (Day) 24 (Year) 1910

FATHER OF CHILD

7. FULL NAME: a. (First) JACOB b. (Middle) c. (Last) BETTS

8. COLOR OR RACE: WHITE

9. AGE (At time of this birth): 38 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): KANSAS

11a. USUAL OCCUPATION: FARMER

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) NORA b. (Middle) FRANCIS c. (Last) BURNETT

13. COLOR OR RACE: WHITE

14. AGE (At time of this birth): 27 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): VIRGINIA

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
4	1	1

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Geo. D. A. Kellogg. M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: 107-12th Ave. S. Nampa, Idaho

18d. DATE SIGNED: 1/24/56.

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE:

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH: 6 LBS. 2 OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]

Approximate date:

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: Silver nitrate Sol.

Form DPH-48001

DEC 12 1956

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

.....Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

921-226-036-418

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-094
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Edwina Isaak

2. Date of Birth: August 26, 1910

3. Color or Race: white

4. Sex: female

5. Place of Birth: a. County: Oneida (~~Power~~)

b. City or Town of Birth: near American Falls, Idaho

FATHER

6. Full Name of Father: August W. Isaak

7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: Justina L. Mayer

9. State or Country of Mother's Birth: Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella Edwina Isaak Bolton

11. Present Address of Registrant: American Falls, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 23, 1956

12. Signature of Notary: W. C. Loffbourrow

13. Notary Commission expires: Jan. 3, 1959.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document: STATEMENT RE BIBLE RECORD

By whom issued and signed: viewed by W. C. Loffbourrow Notary, American Falls, Idaho

Date Issued: 1-24-56

Date Orig. Entry: near time of birth

Date of Birth: August 26 1910

Birth Place:

Full Name of Mother: Justina Louise Mayer

Name of Father: August William Isaak

SUPPORTING RECORD 2.

Class B

Type of Document: AFFIDAVIT BY MOTHER

By whom issued and signed: August W. Isaak American Falls, Idaho

Date Issued: 1-23-56

Date Orig. Entry:

Date of Birth: August 26 1910

Birth Place: American Falls Idaho

Full Name of Mother: Justina L. Mayer

Name of Father: August W. Isaak

SUPPORTING RECORD 3.

Class B

Type of Document: APPLICATION FOR INSURANCE

By whom issued and signed: IDAHO MUTUAL BENEFIT ASSOCIATION, Boise, Idaho

Date Issued:

Date Orig. Entry: January 11 1935

Date of Birth: August 26 1910

Birth Place: American Falls Idaho

Full Name of Mother: #11303

Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

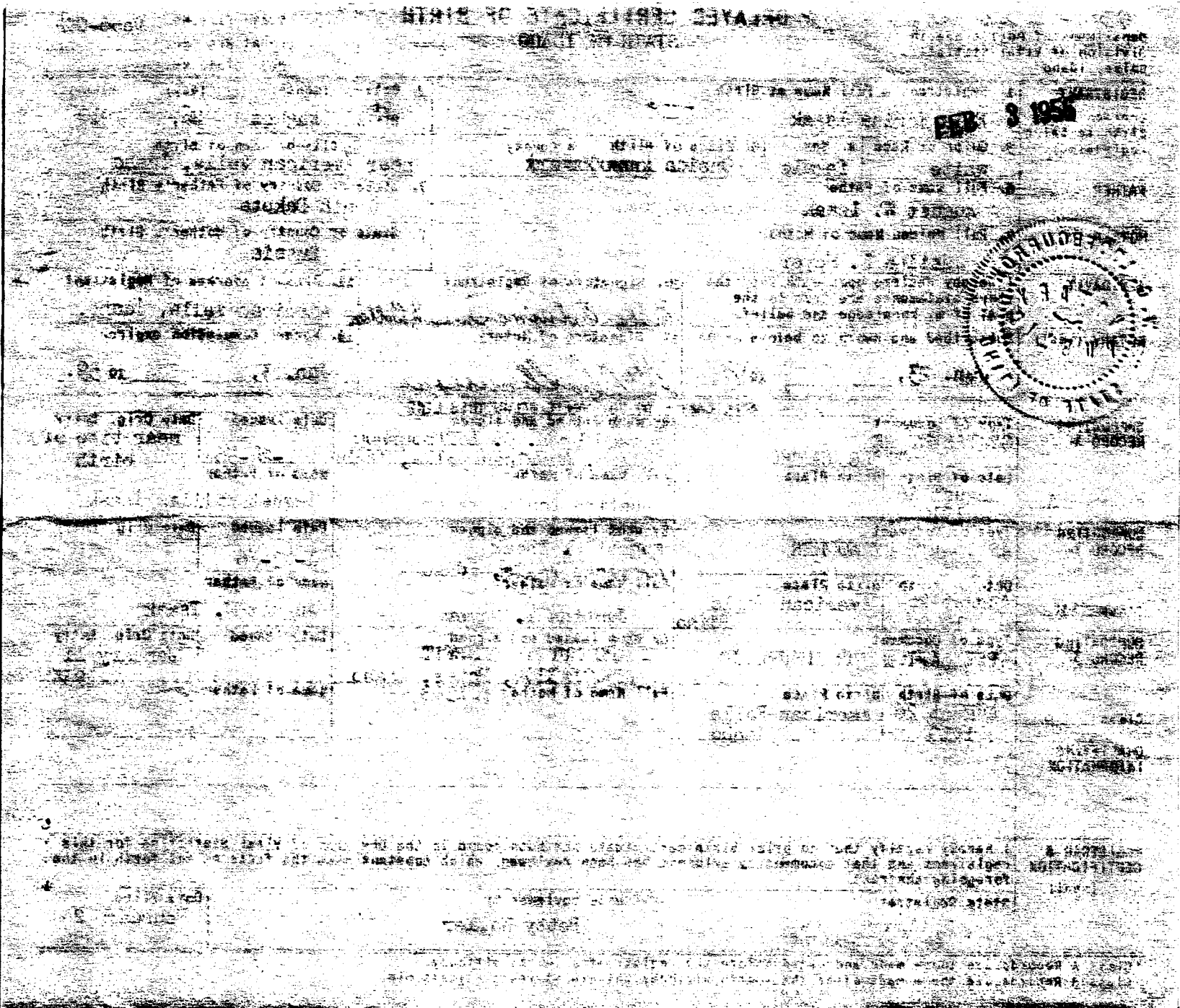
State Registrar: W. W. Denman

Evidence reviewed by: Betty Waller

Date Filed: February 2 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067


FEB 3 1956

183-205-506-183

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-109
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Elizabeth Ahlstrom
2. Date of Birth (month) June (day) 5 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Bingham; b. City or Town of Birth: Shelley Idaho

FATHER

6. Full Name of Father: James Ahlstrom
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Matilda Jolley Ahlstrom
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary E. Ahlstrom Hayes
11. Present Address of Registrant: 869 9th St Idaho Falls

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 26 1956
12. Signature of Notary: Emmett E. Talley
13. Notary Commission expires: June 4 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	SON'S BIRTH CERTIFICATE	STATE OF IDAHO #211356		child born March 15, 1933
	Date of Birth 22 years old	**Birth Place** Shelley, Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 2. Class A	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued	Date Orig. Entry: blessed August 7, 1910
	Date of Birth June 5 1910	**Birth Place** Shelley, Idaho Bingham County	**Full Name of Mother** Matilda Jolley	**Name of Father** James Ahlstrom
SUPPORTING RECORD 3. Class B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: IDAHO MUTUAL BENEFIT ASSOCIATION Boise, Idaho 4-12-10-15141	Date Issued: ION	Date Orig. Entry: December 3 1952
	Date of Birth June 5 1910	**Birth Place** Shelley, Idaho	**Full Name of Mother**	**Name of Father**

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	February 2 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 7 1958

REGISTRATION

(Please type or print with ink in order to make clearly legible copies)

1. Name of Child
2. Date of Birth
3. Sex
4. Place of Birth (City or Town and County)
5. Birth Place (City or Town and County)

FATHER

6. Full Name of Father
7. Place of Birth of Father (State or Country)

MOTHER

8. Full Maiden Name of Mother
9. Place of Birth of Mother (State or Country)

AFFIDAVIT

I hereby declare that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

Subscribed and sworn to before me on

12. Signature of Notary
13. Notary Commission Expires

SUPPORTING RECORD 1

Type of Document | By whom issued and signature | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

SUPPORTING RECORD 2

Type of Document | By whom issued and signature | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that the above certificate has been issued by the Division of Vital Statistics for this registrant and that information contained herein has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar | Reviewed by | Date Filed

249-104-010-655

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-123
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Burton		2. Date Of Birth (month) (day) (year): November 4, 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Irvin, Bonneville b. City or Town of Birth: Irvin, Idaho
FATHER	6. Full Name of Father: William Burton		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Eliza Weeks		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Burton	11. Present Address of Registrant: Ronan, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: June 1, 1955	12. Signature of Notary: Clara B. Swindell	13. Notary Commission expires: May 5, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #324411	Date Issued:	Date Orig. Entry: child born Oct. 29, 1941
Class* B	Date of Birth: 30 years old	Birth Place: Irwin, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued: 1-7-56	Date Orig. Entry: baptized July 31, 1920
Class B	Date of Birth: November 4 1910	Birth Place: Irwin, Idaho	Full Name of Mother: Eliza Weeks	Name of Father: Harry Burton or William Burton*
SUPPORTING RECORD 3.	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: SCHOOL ADMINISTRATION OFFICE Idaho Falls, Idaho	Date Issued: 4-28-55	Date Orig. Entry: graduated May 23, 1930
Class B	Date of Birth: November 4 1910	Birth Place:	Full Name of Mother:	Name of Father: William Burton

QUALIFYING INFORMATION

*affidavit attached by aunt of registrant stating that Harry Burton and William Burton are one and the same person.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	February 13 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

STATE OF IDAHO

FEB 13 1958

DECEASED

912-225-022-284

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-110
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Agnes Rasmussen			2. Date of Birth (month) (day) (year): February 25 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Dubois
FATHER	6. Full Name of Father: Henry Rasmussen			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Agnes Bhûl			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Agnes Raschkes		11. Present Address of Registrant: Dubois, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 2, 1956	12. Signature of Notary: B. H. Thomas, Clerk of Dist. Court, Clark County, Idaho, By Betty Ann Wegener Deputy		13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #263852	Date Issued: 12-21-55	Date Orig. Entry: child born Feb. 24, 1938
	Date of Birth: 28 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class A	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 7-19-50	Date Orig. Entry: Census of 1910 April 15
	Date of Birth: 1/12 years 1 month old	Birth Place: Idaho	Full Name of Mother: Agnes Rasmussen	Name of Father: Henry Rasmussen
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: AGNES RASMUSSEN Dubois, Idaho	Date Issued: 12-13-55	Date Orig. Entry:
	Date of Birth: February 25 1910	Birth Place: Dubois, Idaho Fremont County	Full Name of Mother: Agnes Rasmussen	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	February 13 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 13 1958

1. Registration Full Name of Birth		2. Date of Birth (month)	(day)
3. Place of Birth		February	25 1910
4. Place of Birth		Duboia	
5. Place of Birth		6. State or Country of Father's Birth	
7. Place of Birth		Idaho	
8. Place of Birth		9. State or Country of Mother's Birth	
10. Signature of Registrant		11. Present Address of Registrant	
12. Signature of Notary		Duboia, Idaho	
13. Notary Commission expires		14. Notary Commission expires	
		Idaho	

DO NOT WRITE BELOW THIS LINE

Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother		
Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father	

CERTIFICATION

State Registrar

Date Filed

391-131-038-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho .

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-142
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard August Traichal			2. Date Of Birth: (month) August (day) 31 (year) 1910	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Crawford	
FATHER	6. Full Name of Father: August G. Traichal			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Mary E. Blanchard			9. State or Country of Mother's Birth: Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard August Traichal		11. Present Address of Registrant: 4420 Second Ave. Detroit, Michigan	
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 3RD 1956	12. Signature of Notary: Edgar Suck-Lumb		13. Notary Commission expires: Nov. 22. 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: August G. Traichal		Date Issued: 2-16-45	Date Orig. Entry:
Class* B	Date of Birth: August 31 1910	Birth Place: Crawford, Idaho Payette County	Full Name of Mother: Mary E. Blanchard	Name of Father: August g. Traichal	
SUPPORTING RECORD 2.	Type of Document: AGE CARD Form No. 10	By whom issued and signed: NILES CITY SCHOOLS Niles City, Ohio		Date Issued:	Date Orig. Entry:
Class B	Date of Birth: August 31 1910	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: SOCIAL SECURITY RECORD #282-09-1952	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service		Date Issued:	Date Orig. Entry: signed Nov. 31, 1936
Class B	Date of Birth: August 31 1910	Birth Place: Longvalley, Idaho	Full Name of Mother: Mary Blanchard	Name of Father: August Gus Traichal	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Denson	Evidence reviewed by: bw Betty Waller	Date Filed: February 13 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 13 1

285-210-004-244

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-151
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUTH SHEPHERD
2. Date Of Birth (month) JULY (day) 10 (year) 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County PARIS-IDAHO BEAR LAKE; b. City or Town of Birth PARIS IDAHO

FATHER

6. Full Name of Father: JOSEPH RUSSELL SHEPHERD
7. State or Country of Father's Birth: ENGLAND

MOTHER

8. Full Maiden Name of Mother: ROSE BUDGE
9. State or Country of Mother's Birth: PROVIDENCE UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth S. Harwell
11. Present Address of Registrant: 1910 So-20th Caldwell Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Feb 14 1956

12. Signature of Notary: [illegible]
13. Notary Commission expires: 8-19-58

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Division of Vital Statistics State File#48-8854 Boise	July 29,1948	July 29,1948
Class* B	Date of Birth: Age 38 ' / Birth Place: Paris, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Church Record	Pocatello, Idaho Jesus Christ of Latter Day Sts.	1-2-18	1-2-18
Class B	July 10,1910 / Paris, Idaho	Rose Budge	Joseph R. Shepherd	
SUPPORTING RECORD 3.	School Record	Logan, Utah Utah State Agricultural College	1929-1930	1929-1930
Class B	7/10/10		J. R. Shepherd	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	2/15/1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 1 6 1950

613-130-003-843

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-162
Local Reg. No.
Reg. Dist. No.

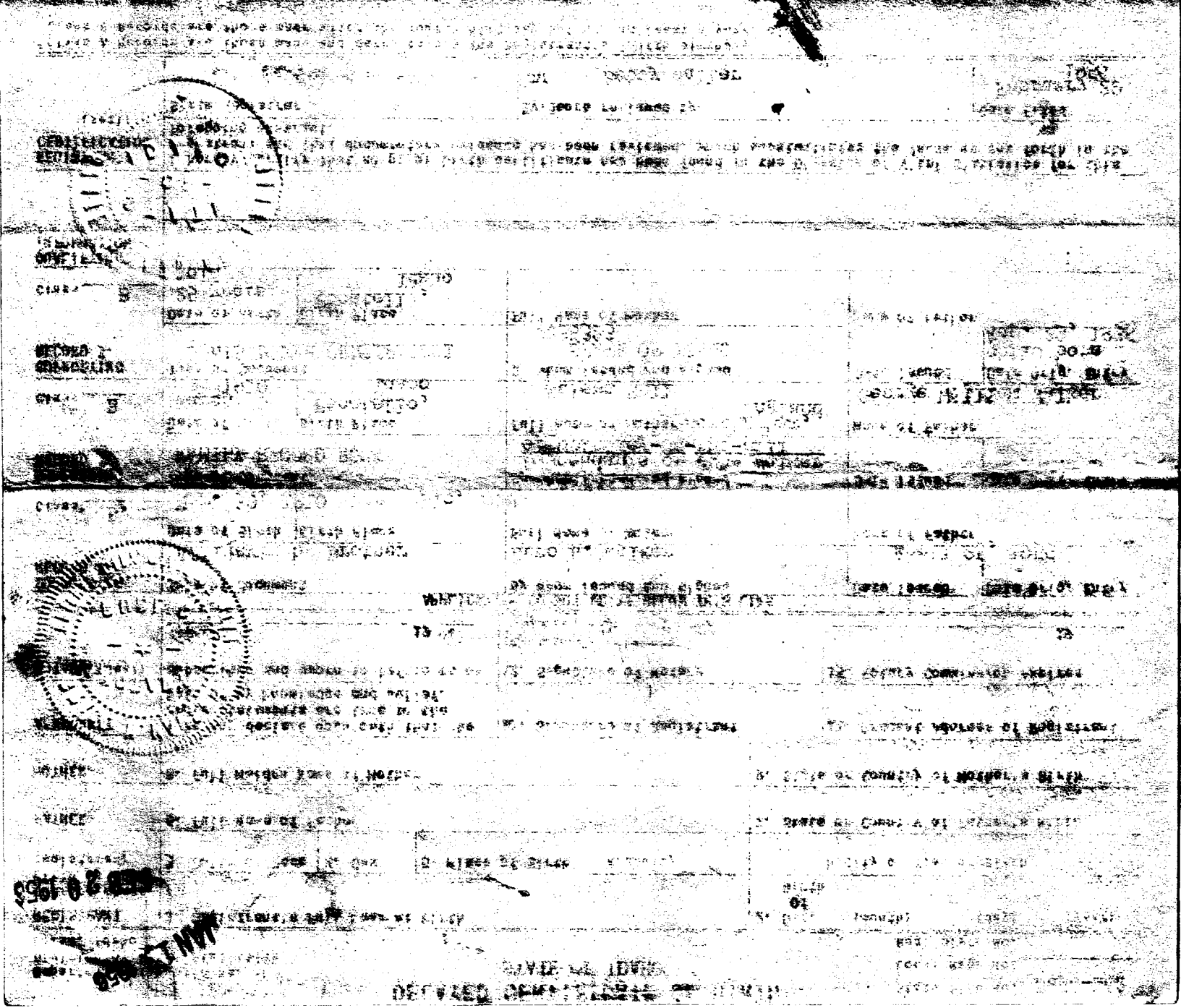
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Lamar Walker			2. Date Of Birth (month) March (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Pocatello, Idaho Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: William George Walker			7. State or Country of Father's Birth: Weber County - Utah State
MOTHER	8. Full Maiden Name of Mother: Selena Hull			9. State or Country of Mother's Birth: Weber County - Utah State
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Lamar Walker		11. Present Address of Registrant: 671 No. Main St, Brigham City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on April 28 19 57	12. Signature of Notary: Grace H Hansen My com exp 4-9-57		13. Notary Commission expires 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B.	Type of Document: Affidavit by Brother	By whom issued and signed: Duro K. Walker	Date Issued: April 25, 1955	Date Orig. Entry
	Date of Birth / Birth Place: Mar. 30, 1910 Pocatello, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: FAMILY RECORD BOOK	By whom issued and signed: Descendants of John Walker of Gringley-On-the-Hill	Date Issued	Date Orig. Entry
	Date of Birth: March 30 1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Nottingham, England Selena Hull	Name of Father: George William Walker	
SUPPORTING RECORD 3. Class B	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #235323	Date Issued	Date Orig. Entry: child born Aug. 23, 1935
	Date of Birth: 25 years old / Birth Place: Pocatello, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W H Hansen	Evidence reviewed by: bw Betty Waller		Date Filed: February 20 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 Copy Pd



345-219044-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-168
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Caroline Lundburg			2. Date of Birth (month) (day) (year): September 19 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Weiser, Washington	b. City or Town of Birth: Weiser, Idaho
FATHER	6. Full Name of Father: Joel Julius Lundburg			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Allie Johnson			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene C. Dygert		11. Present Address of Registrant: 4528 Fieldbrook Rd. Oakland, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: January 13 1956	12. Signature of Notary: [illegible]		13. Notary Commission expires: March 19 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY PARENTS		By whom issued and signed: JOEL J. LUNDBURG ALLIE LUNDBURG	Date Issued: 1-9-56	Date Orig. Entry
Class* B	Date of Birth: September 19, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Allie Johnson Lundburg	Name of Father: Joel J. Lundburg	
SUPPORTING RECORD 2.	Type of Document: SON'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF CALIFORNIA #2940	Date Issued: 1-26-56	Date Orig. Entry: child born August 8, 1937
Class B	Date of Birth: 26 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR INSURANCE		By whom issued and signed: NEW YORK LIFE INSURANCE CO.	Date Issued:	Date Orig. Entry: July 19 1929
Class B	Date of Birth: September 19, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Allie Lundburg	Name of Father: Joel Lundburg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Denson	Evidence reviewed by: Betty Waller	Date Filed: September 20, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 2 copies sent

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Stat. Reg. No. [illegible]
Local Reg. No.
Reg. Dist. No.

FEB 20 1956

REGISTRAR: 1. Registrar's Full Name of Birth
Person Reporting Birth
Registrar's Signature
2. Date of Birth (month) (day) (year)
3. Place of Birth (Country) (City or Town of Birth)

FATHER: 4. Full Name of Father
7. State or Country of Father's Birth

MOTHER: 5. Full Maiden Name of Mother
8. State or Country of Mother's Birth

AFFIDAVIT: 9. Proposed Date of Birth
10. Signature of Registrant
11. Present Address of Registrant

NOTARY: 12. Subscribed and Sworn to before me on
13. Signature of Notary
14. Notary Commission Expires

SUPPORTING RECORD 1: [illegible] FOR FAMILY BIRTH
Date Issued: 1-4-56
Date Orig. Entry

Class: B
Date of Birth: Sept. 1, 1910
Birth Place: Weiser, Idaho
Full Name of Mother: Ella Landburg
Name of Father: Joel Landburg

SUPPORTING RECORD 2: [illegible] CERTIFICATE
Date Issued: 1-26-56
Date Orig. Entry: Aug. 10, 1939

Class: B
Date of Birth: 26 years
Birth Place: Idaho
Full Name of Mother
Name of Father

SUPPORTING RECORD 3: Type of Debate: AMPLIFICATION FOR INSURANCE
By whom issued and signed: [illegible]
Date Issued
Date Orig. Entry: July 19, 1929

Class: B
Date of Birth: Sept. 1, 1910
Birth Place: Weiser, Idaho
Full Name of Mother: Ella Landburg
Name of Father: Joel Landburg

QUALIFYING INFORMATION

SEAL AND CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing [illegible].

Signature
Evidence Reviewed by: Betty Waller
Date Filed: September 20, 1956

Class A Registrar [illegible]
Class B Records are those made after the fourth [illegible]

238-021044-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De56-204~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Martin Schumacher Jr.	2. Date of Birth (month) April (day) 2 (year) 1910
	3. Color or Race: white; 4. Sex: male; 5. Place of Birth: ~~Midvale~~ a. County: Wash.	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Clifford Martin Schumacher	7. State or Country of Father's Birth: Tenessee
MOTHER	8. Full Maiden Name of Mother: Lydia Margaret Schlatter	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Martin Schumacher Jr.
		11. Present Address of Registrant: 718 South 9th Ave. Yakima, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: 13 January 1956	12. Signature of Notary: H M Grady
		13. Notary Commission expires: 22 November 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: APPLICATION FOR INSURANCE		By whom issued and signed: METROPOLITAN LIFE INSURANCE CO.	Date issued:	Date Orig. Entry: October 5 1934
Class* B	Date of Birth: April 2 1910	Birth Place: Midvale, Idaho	Full Name of Mother: Lydia Schlatter	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed: WASHINGTON STATE BOARD OF HEALTH, Olympia, Washington	Date issued: 2-15-56	Date Orig. Entry: child born Jan 25, 1937
Class B	Date of Birth: 26 years old	Birth Place: Idaho	Full Name of Mother: #36588	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION: I do Recall Making the above delivery at Midvale
Signed
Dr F E Schmidt M.D.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	March 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 Copy sent

MAR 2 1956

263-128039-963

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-238
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rowe Murray Bolton		2. Date of Birth (month) April (day) 28 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Blaine, now Power County; b. City or Town of Birth: near American Falls, Idaho.
FATHER	6. Full Name of Father: Ross L. Bolton		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Florence L. Bolton, nee Florence L. Rowe		9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rowe Murray Bolton	11. Present Address of Registrant: American Falls, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1956.	12. Signature of Notary: W C Loofbourrow, Residing at American Falls, Idaho.	13. Notary Commission expires: Jan. 3, 1959.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF IDAHO #258397	Date issued	Date Orig. Entry: child born Aug. 31, 1937
Class* B	Date of Birth: 27 years old	Birth Place: American Falls Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY FATHER		By whom issued and signed: ROSS L. BOLTON American Falls, Idaho	Date issued: 3-9-56	Date Orig. Entry
Class B	Date of Birth: April 28 1910	Birth Place: American Falls Idaho	Full Name of Mother: Florence L. Rowe	Name of Father: Ross L. Bolton	
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR INSURANCE		By whom issued and signed: BANKERS LIFE COMPANY Des Moines, Iowa #1315142	Date issued	Date Orig. Entry: September 18 1942
Class B	Date of Birth: April 28 1910	Birth Place: American Falls Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

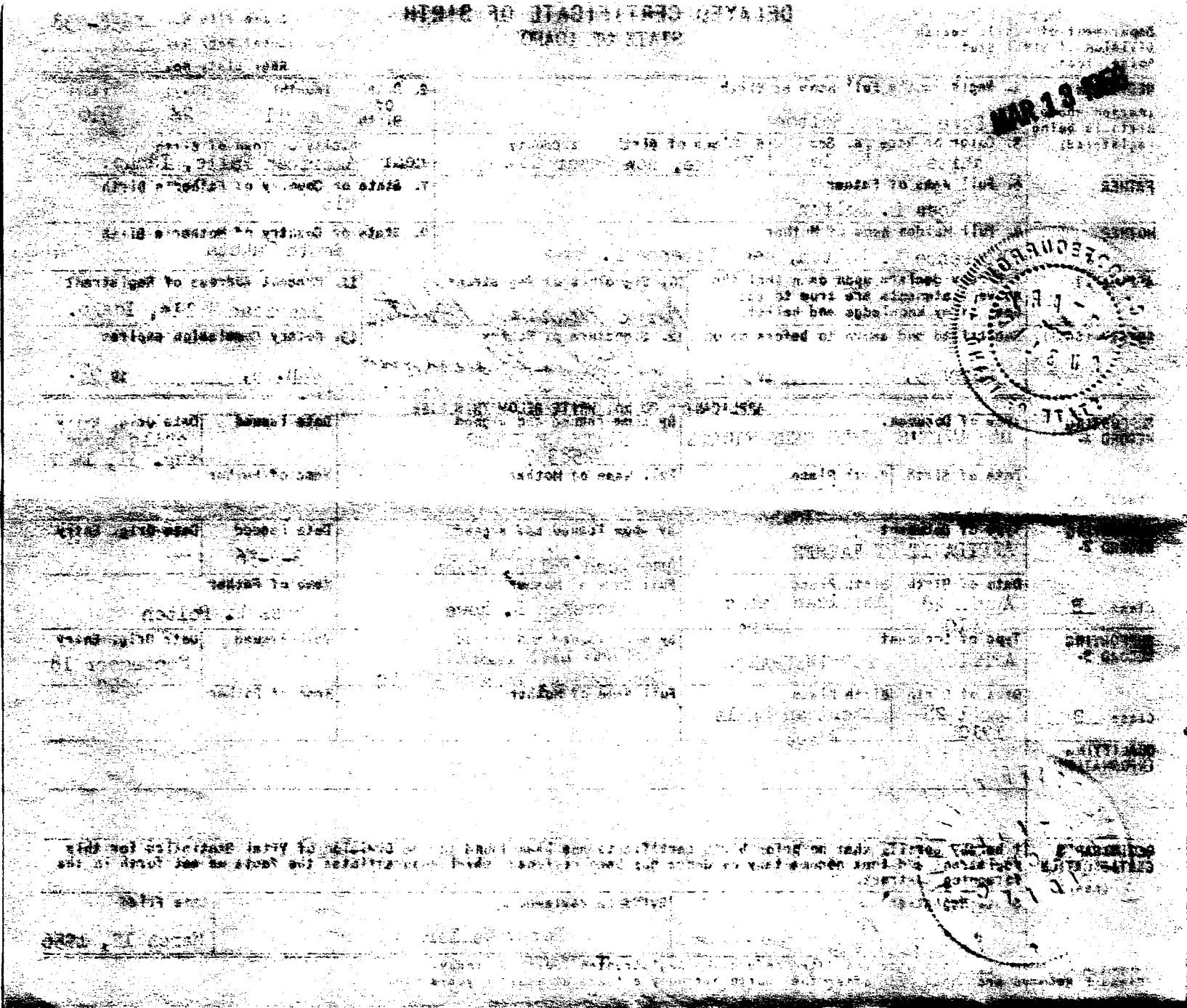
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	March 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



216-204-006-649

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-243
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Bennetta Sjostrom			2. Date Of Birth (month) May (day) 4 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: Charles Ceverin Sjostrom			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Bennett Ann Furniss			9. State or Country of Mother's Birth: Ogden, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ella Bennetta Sjostrom	11. Present Address of Registrant: Box 609, Blackfoot, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: JAN 25 1956 19___		12. Signature of Notary: Marinus W. Smith	13. Notary Commission expires: My Commission Expires 10-26-58 19___	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued: 7-1/55	Date Orig. Entry: blessed July 3, 1910	
	Date of Birth: May 4 1910	Birth Place: Idaho	Full Name of Mother: Bennetta Furniss	Name of Father: Charles C. Sjostrom	
SUPPORTING RECORD 2. Class B	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH	Date Issued: 7-1-55	Date Orig. Entry: ~~b~~baptized ~~Aug. 4, 1918~~	
	Date of Birth: May 4 1910	Birth Place: Idaho	Full Name of Mother: Bennetta Furniss	Name of Father: Charles C. Sjostrom	
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: CHARLES C. SJOSTROM	Date Issued: 2-29-56	Date Orig. Entry:	
	Date of Birth: May 4 1910	Birth Place: Bingham County Idaho	Full Name of Mother:	Name of Father: Charles C. Sjostrom	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Betty Waller	Date Filed: March 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

DELAYED CERTIFICATE OF BIRTH

MAR 13

296-109-010-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-257
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ~~Ray~~ RAY Thornton Brookbush
2. Date of Birth: (month) May (day) 9 (year) 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: William Alfred Brookbush
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Lydia Edwina Thornton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ray Thornton Brookbush
11. Present Address of Registrant: Route 5 Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 1 1956
12. Signature of Notary: John M. Hays
13. Notary Commission expires: Dec. 15 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	APPLICATION FOR INSURANCE	BANKERS UNION LIFE INSURANCE COMPANY		July 9 1947
	Date of Birth May 9 1910	**Birth Place** Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 2. Class B	CHURCH RECORD	L.D.S. CHURCH Pocatello		Ordained Oct. 25, 1926
	Date of Birth May 9 1910	**Birth Place** Iona, Idaho	**Full Name of Mother** Lydia Thronton	**Name of Father** William A. Brookbush
SUPPORTING RECORD 3. Class B	MARRIAGE LICENSE	STATE OF MONTANA County of Beaverhead		married Aug. 6, 1943
	Date of Birth 33 years old	**Birth Place** Idaho	**Full Name of Mother** Lydia Thornton	**Name of Father** W. A. Brookbush

QUALIFYING INFORMATION

MILITARY RECORD THE ARMY OF THE UNITED STATES inducted April 22, 1941
30 years and 11/12 old birthplace: Iona, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Emerson	Betty Waller	March 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person who birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (Month) (Day) (Year): [illegible]
3. Color or Race: [illegible]
4. Sex: [illegible]
5. Place of Birth: County: [illegible]
6. Duty or Town of Birth: [illegible]

FATHER

7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: [illegible]

MOTHER

9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

NOTARY (Seal)

Subscribed and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary
13. Notary Commission expires [illegible] 19[illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Idaho	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Idaho	[illegible]	[illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Idaho	[illegible]	[illegible]

QUALIFYING INFORMATION

[illegible] Issued
[illegible] 22, 1941
[illegible] Idaho

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been issued by the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	March 13, 1945

Figures & Records are those made and dated before the Registrant's fourth birthday.
Figures & Records are those made after the fourth birthday but are at least [illegible]

231-10-031-685

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-297
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stanley William Blair
2. Date of Birth: March 7 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Craigmont, Idaho - Lewis; b. City or Town of Birth: Craigmont

FATHER

6. Full Name of Father: William Blair
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Jessie Venora Wheat
9. State or Country of Mother's Birth: Jenesee, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stanley William Blair
11. Present Address of Registrant: Aberdeen, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 19 1956
12. Signature of Notary: M. D. Linskeil
13. Notary Commission expires: December 31 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	#518-32-4536 SOCIAL SECURITY RECORD	TREASURY DEPARTMENT Internal Revenue Service		1-29-48
	Date of Birth March 7 1910	**Birth Place** Craigmont, Idaho Lewis County	**Full Name of Mother** Jessie Venora Wheat	**Name of Father** William Blair
SUPPORTING RECORD 2. Class B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: NATIONAL SERVICE LIFE INSURANCE	Date Issued	Date Orig. Entry: April 22 1942
	Date of Birth March 7 1910	**Birth Place** Craigmont Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 3. Class B	Type of Document: MILITARY RECORD	By whom issued and signed: ARMY OF THE UNITED STATES	Date Issued	Date Orig. Entry: inducted Apr. 20, 1942
	Date of Birth March 7 1910	**Birth Place** Craigmont Idaho	**Full Name of Mother**	**Name of Father**

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Betty Waller	March 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

MAR 20 1950

REGISTRAR'S NAME

1. Name of Person (Person alone, birth is being registered) — Full Name of Birth: Stanley William Blair

2. Date of Birth (month) (day) (year): March 7 1910

3. Color or Race: White

4. Sex: Male

5. Place of Birth (Country): Craigmont, Idaho - Lewis

6. City or Town of Birth: Craigmont

7. State or Country of Father's Birth: Iowa

8. Full Name of Father: William Blair

9. State or Country of Mother's Birth: Jamaica, Idaho

10. Full Maiden Name of Mother: Jessie Venora Wheat

11. Present Address of Registrant: Aberdeen, Idaho

12. Signature of Registrant: [signature]

13. Notary Commission expires: [signature] 19 57

14. Signature of Notary: [signature]

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		1-20-48

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]		

SUPPORTING RECORD 2.

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		April 22 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 7 1910	Craigmont Idaho		

Class

SUPPORTING RECORD 3.

Type of Document	By Whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		Amended Apr. 20, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 7 1910	Craigmont Idaho		

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding abstract.

State Registrar — Evidence reviewed by — Date filed: March 10, 1948

Class A Records are those made and dated before the registration of the registrant.
Class B Records are those made after the [illegible] of the registrant.

712-109-001-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-311
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jess Tom Qabica
2. Date of Birth (month) (day) (year): sept 9 10
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Jose Gabica
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Mecaela Larrimaga
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jess Gabica Boy
11. Present Address of Registrant: 231 New Meadows Ave

NOTARY (Seal)

Subscribed and sworn to before me on: March 21 1956
12. Signature of Notary: Nina K. Carroll
13. Notary Commission expires: 4-5-57 Boise Ida 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Bureau of Vital Statistics Idaho State File #253453	Mar.27,1937	Mar. 27, 1937
Class* B	Date of Birth: Age 26 / Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Army Honorable Discharge	J. R. Sikes, Personnel Off. Army of the United States	Aug.10,1946	Aug. 10, 1946
Class B	Date of Birth: Sept.9,1910 / Birth Place: Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	School record	Fred W. Anderson, County. Nampa, Grade School Supt.	Mar.26,1956	Nov. 1917
Class B	Date of Birth: Age 7 / Birth Place:	Full Name of Mother: Mecaela Gabica	Name of Father: Jose Gabica	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Emmons	Verna Reisch	March 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

MAR 28 1958

795-123-025-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-327
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FORREST WILSON GRESHAM			2. Date of Birth (month) MARCH (day) 23 (year) 1910	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: IDAHO	a. County: IDAHO	b. City or Town of Birth: KOOSKIA
FATHER	6. Full Name of Father: Abner Gresham			7. State or Country of Father's Birth: Hamburg, Illinois	
MOTHER	8. Full Maiden Name of Mother: Nancy Elizabeth Wilson			9. State or Country of Mother's Birth: Hamburg, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Forrest Wilson Gresham	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1956		12. Signature of Notary: Jack Pederson	13. Notary Commission expires: July 30 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY OLDER SISTER		By whom issued and signed: MRS. DAISY GRESHAM TOLL Molalla, Oregon	Date Issued: 2-11-56	Date Orig. Entry
Class* B	Date of Birth: March 23 1910	Birth Place: Kooskia, Idaho Idaho County	Full Name of Mother: Nancy Elizabeth Wilson	Name of Father: Abner Gresham	
SUPPORTING RECORD 2.	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER 542-28-7898		By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued	Date Orig. Entry: December 1 1948
Class B	Date of Birth: March 28 1910	Birth Place: Kooskia, Idaho Idaho County	Full Name of Mother: Bessie Wilson	Name of Father: Abner Gresham	
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR INSURANCE		By whom issued and signed: BANKERS LIFE COMPANY Des Moines, Iowa #123626	Date Issued	Date Orig. Entry: May 15 1942
Class B	Date of Birth: March 23 1910	Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: March 28, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

168-123-006-231

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-330
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Douglas William Johnson		2. Date Of Birth (month) 4 (day) 23 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley, Idaho
FATHER	6. Full Name of Father: William Russell Johnson		7. State or Country of Father's Birth: Evanston, Wyoming
MOTHER	8. Full Maiden Name of Mother: Alice Staples		9. State or Country of Mother's Birth: Bontiful, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Douglas William Johnson	11. Present Address of Registrant: 1016 Federal St Bend Ore
NOTARY (Seal)	Subscribed and sworn to before me on: March 6, 1956	12. Signature of Notary: [signature]	13. Notary Commission expires: MY COMMISSION EXPIRES SEP. 22, 1956 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: CHURCH RECORD		By whom issued and signed: L.D.S. CHURCH Shelley 2nd Ward; Blackfoot Ward	Date issued:	Date Orig. Entry: blessed Aug. 7, 1910
	Date of Birth: April 23 1910	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Alice Staples	Name of Father: William R. Johnson	
SUPPORTING RECORD 2. Class B	Type of Document: MILITARY RECORD		By whom issued and signed: ARMY OF THE UNITED STATES	Date issued:	Date Orig. Entry: DISCHARGED No. 18, 1945
	Date of Birth: April 23 1910	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY PARENTS		By whom issued and signed: ALICE S. JOHNSON WILLIAM R. JOHNSON	Date issued: 3-19-56	Date Orig. Entry:
	Date of Birth: April 23 1910	Birth Place: Shelley, Idaho	Full Name of Mother: Alice S. Johnson	Name of Father: William R. Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	bw Betty Waller	March 28, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 28 1958

281-221-028-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. ~~De56-343~~
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gwendolyn Gloria Shaw	2. Date Of Birth (month) (day) (year): August 21 1910
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: St. Maries Kootanai	b. City or Town of Birth: St. Maries, Idaho
FATHER G.G.L. [illegible]	6. Full Name of Father: William George Shaw	7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Ethel Hall	9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gwendolyn G. Leigh; 11. Present Address of Registrant: 2921 Florida St.
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1956	12. Signature of Notary: [illegible] Kaiser; 13. Notary Commission expires: May 6 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY PARENTS		By whom issued and signed: W. G. SHAW, ETHEL SHAW	Date issued: 3-16-56	Date Orig. Entry:
Class* B	Date of Birth: August 21 1910	Birth Place: St. Maries Idaho	Full Name of Mother: Ethel Shaw	Name of Father: W. G. Shaw	
SUPPORTING RECORD 2.	Type of Document: Statement re COUNTY RECORD OF BIRTH		By whom issued and signed: LORRAINE K. BRUSH, LOCAL REGISTRAR PANHANDLE DISTRICT HEALTH UNIT	Date issued: 2-17-56	Date Orig. Entry:
Class B	Date of Birth: August 21 1910	Birth Place: St. Maries Idaho	Full Name of Mother: Ethel Hall	Name of Father: W. L. Shaw	
SUPPORTING RECORD 3.	Type of Document: DAUGHTER'S BIRTH CERTIFICATE		By whom issued and signed: STATE OF CALIFORNIA Dept. of Public Health	Date issued: 3-22-56	Date Orig. Entry: child born April 3, 1936
Class B	Date of Birth: 25 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Waller	April 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Sub. Reg. No.

REGISTRAR (Person Birth Registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): August 21 1910
	3. Date of Race (A. Sex): [illegible]	4. Place of Birth (a. County): St. Maries, Idaho
		b. City or Town of Birth: St. Maries, Idaho
FATHER	5. Full Name of Father: William George Shaw	6. State or Country of Father's Birth: Canada
MOTHER	7. Full Maiden Name of Mother: Ethel Hall	8. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	9. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: AFFIDAVIT BY PARENTS		By whom issued and signed: W. G. SHAW, ETHEL SHAW	Date Issued: 3-16-56	Date Orig. Entry
Class 2	Date of Birth: August 21 1910	Birth Place: St. Maries, Idaho	Full Name of Mother: Ethel Shaw	Name of Father: W. G. Shaw	
SUPPORTING RECORD 2	Type of Document: Statement re COUNTY RECORD OF BIRTH		By whom issued and signed: [illegible] LOCAL REGISTRAR, PANHANDLE DISTRICT HEALTH UNIT	Date Issued: 2-17-56	Date Orig. Entry
Class 2	Date of Birth: August 21 1910	Birth Place: St. Maries, Idaho	Full Name of Mother: Ethel Hall	Name of Father: W. G. Shaw	
SUPPORTING RECORD 3	Type of Document: [illegible]		By whom issued and signed: STATE OF CALIFORNIA, Dept. of Public Health	Date Issued: 3-12-56	Date Orig. Entry: child born April 3, 1926
Class 2	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Waller	April 4, 1956

Class A Records are [illegible] date [illegible] the Registrant's fourth birthday.
Class B Records are [illegible] date [illegible] the Registrant's fourth birthday [illegible]

152-29-031-293

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-371
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Leo Deschamp			2. Date Of Birth: March 29th 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Nezperce Lewis	b. City or Town of Birth: Nezperce
FATHER	6. Full Name of Father: Charles Elmer Deschamp			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Ione Sylvia Billow			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Leo Deschamp		11. Present Address of Registrant: Priest River, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 4th, 1956	12. Signature of Notary: Vera C. Bambino		13. Notary Commission expires: June 19th, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: CENSUS RECORD	By whom issued and signed: DEPARTMENT OF COMMERCE Bureau of the Census	Date Issued: 3-29-56	Date Orig. Entry: Census of 1920 January 1	
	Date of Birth: 9 10/12 years old	Birth Place: Idaho	Full Name of Mother: Iona S. Deschamp	Name of Father: Charles E. Deschamp	
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: IONA SYLVIA BILLOW DESCHAMP Priest River, Idaho	Date Issued: 4-4-56	Date Orig. Entry:	
	Date of Birth: March 29 1910	Birth Place: Nezperce, Idaho Lewis County	Full Name of Mother: Iona Sylvia Billow Deschamp	Name of Father: Charles Elmer Deschamp	
SUPPORTING RECORD 3. Class B	Type of Document: APPLICATION FOR SOCIAL SECURITY NUMBER 518-05-0963	By whom issued and signed: TREASURY DEPARTMENT Internal Revenue Service	Date Issued:	Date Orig. Entry: applied April 21, 1937	
	Date of Birth: March 29 1910	Birth Place: Nezperce, Idaho Lewis County	Full Name of Mother: Iona Sylvia Billow	Name of Father: Charles Elmer Deschamp	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Betty Waller	Date Filed: April 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted] 10 1958

Department of Health, Health Division, Boise, Idaho

State File No. [illegible]

Local Reg. No.

Regd. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name of Birth

2. Date of Birth (month) (day) (year)

3. Color or Race | 4. Sex | 5. Place of Birth | 6. County | 7. City or Town of Birth

FATHER

8. Full Name of Father

9. State or Country of Father's Birth

MOTHER

10. Full Maiden Name of Mother

11. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

12. Signature of Registrant

13. Present Address of Registrant

NOTARIAL

Subscribed and sworn to before me on

14. Signature of Notary

15. Notary Commission expires

SUPPORTING RECORD 1.

Type of Document: [illegible]

By whom issued and signed: [illegible] Bureau of the Census

Date Issued: [illegible]

Date Orig. Entry: Consulate of 1920 January [illegible]

Class: [illegible]

Date of Birth: [illegible]

Birth Place: Idaho

Full Name of Mother: Iona [illegible]

Name of Father: Charles E. Leschamp

SUPPORTING RECORD 2.

Type of Document: [illegible]

By whom issued and signed: [illegible] Bureau of the Census

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Class: [illegible]

Date of Birth: [illegible]

Birth Place: Nazareth, Idaho Lewis County

Full Name of Mother: [illegible]

Name of Father: Charles Elmer Leschamp

SUPPORTING RECORD 3.

Type of Document: [illegible]

By whom issued and signed: [illegible] Bureau of the Census

Date Issued: [illegible]

Date Orig. Entry: April 21, 1937

Class: [illegible]

Date of Birth: [illegible]

Birth Place: Nazareth, Idaho Lewis County

Full Name of Mother: Iona [illegible]

Name of Father: Charles [illegible] Leschamp

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by: Betty Waller

Date Filed: April 10, 1958

Class A Records are those made and dated before the [illegible] fourth birthday.

Class B Records are those made after [illegible] but [illegible] years old.

453-202842-358

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-375
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Methvenen (Edith Methven)		2. Date Of Birth (month) (day) (year): October 2 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Buhl, Twin Falls County; b. City or Town of Birth
FATHER	6. Full Name of Father: John F. Methvenen		7. State or Country of Father's Birth: Iowa City, Iowa
MOTHER	8. Full Maiden Name of Mother: Clara Anna Lehman		9. State or Country of Mother's Birth: Columbus City, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Methven Wuebbenhorst	11. Present Address of Registrant: Buhl, Idaho, Route 1
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 24 1956	12. Signature of Notary: [illegible]	13. Notary Commission expires: July 13 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: BIBLE RECORD	By whom issued and signed: photostatic copy viewed by this office	Date Issued:	Date Orig. Entry: obviously old
Class* B	Date of Birth: October 2 1910	Birth Place: Buhl, Idaho	Full Name of Mother: Clara Anna Methven	Name of Father: John F. Methven
SUPPORTING RECORD 2.	Type of Document: Statement re SCHOOL RECORD	By whom issued and signed: BUHL PUBLIC SCHOOLS	Date Issued: 2-24-56	Date Orig. Entry: September 10, 1917
Class B	Date of Birth: October 2 1910	Birth Place: Buhl, Idaho	Full Name of Mother:	Name of Father: John Methven
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY OLDER SISTER	By whom issued and signed: GERTRUDE METHVEN FARLINGER Buhl, Idaho	Date Issued: 4-5-56	Date Orig. Entry:
Class B	Date of Birth: October 2 1910	Birth Place: Buhl, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: bw Betty Waller	Date Filed: April 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. District No.

APR 10 1956

1. Registrant's Full Name at Birth (Edith Mothiven)	2. Date of Birth (month) (day) (year)	
3. Sex	4. Place of Birth	5. County
6. Full Name of Father	7. Birthplace of Father	
8. Full Maiden Name of Mother	9. Birthplace of Mother	
10. Affidavit: I hereby declare upon oath that the statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Record 1	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Supporting Record 2	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Supporting Record 3	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place: October 2, 1910, Idaho	Full Name of Mother	Name of Father

Qualifying Information

Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that a delayed certificate has been prepared, which supplements the facts as set forth in the supporting documents.

State Registrar | Evidence reviewed by | Date Filed: April 10, 1956

652-106-021-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-388
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MERLIN ALFRED WELLS
2. Date of Birth (month) (day) (year): SEPT. 6 1910
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: WINDER / IDAHO FRANKLIN
b. City or Town of Birth: WINDER IDAHO

FATHER

6. Full Name of Father: ALFRED EPHRAIM WELLS
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: BESSIE TAYLOR
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merlin Alfred Wells
11. Present Address of Registrant: R.F.D. #2 North Pocatello / Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 27th of March 1956
12. Signature of Notary: [illegible]
13. Notary Commission expires: February 15 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #441640	Date Issued:	Date Orig. Entry: child born Aug. 17, 1947
	Date of Birth: 36 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH Preston 4 Ward, Oneida Stake	Date Issued:	Date Orig. Entry: ordained Jan 4, 1926
	Date of Birth: September 6, 1910	Birth Place: Winder Idaho	Full Name of Mother: Bessie Taylor	Name of Father: Alfred E. Wells
SUPPORTING RECORD 3. Class B	Type of Document: CERTIFICATE OF MEMBERSHIP	By whom issued and signed: U. S. CIVIL SERVICE RETIREMENT SYSTEM	Date Issued:	Date Orig. Entry: effective Sept. 10, 1943
	Date of Birth: September 6, 1910	Birth Place:	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Beeson	bw Betty Waller	April 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PBH-H0063

DEPARTMENT OF HEALTH

STATE OF CALIFORNIA

1. Name of Father

2. Place of Birth

3. Date of Birth

4. Name of Mother

5. Place of Birth

6. Date of Birth

7. Name of Informant

8. Mailing Address of Informant

9. Relationship to Child

10. Name and Address of Physician

11. Date Received by Local Registrar

12. Signature of Physician

13. Date Signed

14. Name of Hospital or Other Place of Birth

15. Address of Hospital or Other Place of Birth

16. Name of Child

17. Sex

18. Color or Race

19. Date of Birth

20. Place of Birth

21. Type of Birth

22. Number of Previous Children Born Alive to This Mother

23. Number of Previous Children Now Living

24. Number of Previous Children Born Dead

25. Legitimate

26. Illegitimate

27. Name of Father

28. Age

29. Color or Race

30. Birthplace

31. Occupation

32. Industry

33. Name of Mother

34. Age

35. Color or Race

36. Birthplace

37. Occupation

38. Industry

39. Maiden Name

40. Number of Children Born Alive to This Mother

41. Number of Children Now Living

42. Number of Children Born Dead

43. Legitimate

44. Illegitimate

45. Signature of Informant

46. Date Signed

47. Signature of Local Registrar

48. Date Filed

49. Remarks

50. Type of Document

51. Date Issued

52. Issued by

53. Date Signed

54. Name of Father

55. Name of Mother

56. Name of Child

57. Date of Birth

58. Place of Birth

59. Name of Hospital or Other Place of Birth

60. Address of Hospital or Other Place of Birth

61. Name of Informant

62. Mailing Address of Informant

63. Relationship to Child

64. Name and Address of Physician

65. Date Received by Local Registrar

66. Signature of Physician

67. Date Signed

68. Remarks

69. Type of Document

70. Date Issued

71. Issued by

72. Date Signed

73. Name of Father

74. Name of Mother

75. Name of Child

76. Date of Birth

77. Place of Birth

78. Name of Hospital or Other Place of Birth

79. Address of Hospital or Other Place of Birth

80. Name of Informant

81. Mailing Address of Informant

82. Relationship to Child

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84. Date Received by Local Registrar

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87. Remarks

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91. Date Signed

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94. Name of Child

95. Date of Birth

96. Place of Birth

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98. Address of Hospital or Other Place of Birth

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106. Remarks

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114. Date of Birth

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117. Address of Hospital or Other Place of Birth

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127. Date Issued

128. Issued by

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134. Place of Birth

135. Name of Hospital or Other Place of Birth

136. Address of Hospital or Other Place of Birth

137. Name of Informant

138. Mailing Address of Informant

139. Relationship to Child

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143. Date Signed

144. Remarks

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147. Issued by

148. Date Signed

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151. Name of Child

152. Date of Birth

153. Place of Birth

154. Name of Hospital or Other Place of Birth

155. Address of Hospital or Other Place of Birth

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157. Mailing Address of Informant

158. Relationship to Child

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162. Date Signed

163. Remarks

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166. Issued by

167. Date Signed

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170. Name of Child

171. Date of Birth

172. Place of Birth

173. Name of Hospital or Other Place of Birth

174. Address of Hospital or Other Place of Birth

175. Name of Informant

176. Mailing Address of Informant

177. Relationship to Child

178. Name and Address of Physician

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182. Remarks

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184. Date Issued

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239. Remarks

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242. Issued by

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249. Name of Hospital or Other Place of Birth

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252. Mailing Address of Informant

253. Relationship to Child

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258. Remarks

259. Type of Document

260. Date Issued

261. Issued by

262. Date Signed

263. Name of Father

264. Name of Mother

265. Name of Child

266. Date of Birth

267. Place of Birth

268. Name of Hospital or Other Place of Birth

269. Address of Hospital or Other Place of Birth

270. Name of Informant

271. Mailing Address of Informant

272. Relationship to Child

273. Name and Address of Physician

274. Date Received by Local Registrar

275. Signature of Physician

276. Date Signed

277. Remarks

278. Type of Document

279. Date Issued

280. Issued by

281. Date Signed

282. Name of Father

283. Name of Mother

284. Name of Child

285. Date of Birth

286. Place of Birth

287. Name of Hospital or Other Place of Birth

288. Address of Hospital or Other Place of Birth

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290. Mailing Address of Informant

291. Relationship to Child

292. Name and Address of Physician

293. Date Received by Local Registrar

294. Signature of Physician

295. Date Signed

296. Remarks

297. Type of Document

298. Date Issued

299. Issued by

300. Date Signed

292 - 105 - 028 - 292 593

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-401
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Percy Monroe Bishop.			2. Date of Birth (month) August (day) 5 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Coeur d'Alene. Kootenai	b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: Daniel Monroe Bishop.			7. State or Country of Father's Birth: North Dakota.
MOTHER	8. Full Maiden Name of Mother: Maude Mary (Nichols) Bishop.			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Percy Monroe Bishop		11. Present Address of Registrant: South Bend. Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 25th 1953.	12. Signature of Notary: Claude House, Jr.		13. Notary Commission expires: Sept. 12th 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement re SCHOOL RECORD		By whom issued and signed: PACIFIC COUNTY SUPER. OF SCHOOLS, South Bend,	Date Issued: 3-22-56	Date Orig. Entry: school census of May 1, 1922
Class* B	Date of Birth: August 5 1910	Birth Place:	Full Name of Mother: Washington Mrs. Dan Bishop	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: BIBLE RECORD		By whom issued and signed: viewed by Charles B. Welsh Notary, South Bend, Wash.	Date Issued: 2-13-56	Date Orig. Entry: near time of birth
Class A	Date of Birth: August 5 1910	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR INSURANCE		By whom issued and signed: SUNSET LIFE INSURANCE CO. OLympia, Wash. #A 1224	Date Issued:	Date Orig. Entry: applied Nov. 21, 1946
Class B	Date of Birth: August 5 1910	Birth Place: Coeur d'Alene Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W W Benson	Betty Waller	April 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 17 1956

366-28-042 -264

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-417
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROY PETER TOFT			2. Date Of Birth (month) (day) (year): SEPTEMBER 28 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: IDAHO TWIN FALLS	b. City or Town of Birth: BUHL
FATHER	6. Full Name of Father: Jens Peter Toft			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Verena M. Soulak			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roy Peter Toft		11. Present Address of Registrant: Rt. #6, Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1956	12. Signature of Notary: Robert L Alexander		13. Notary Commission expires: May 30 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: BIBLE RECORD	By whom issued and signed: PHOTOSTAT of record viewed by this office - Div. of Vital Statistics	Date Issued:	Date Orig. Entry:
Class* B	Date of Birth: September 28, 1910 / Birth Place: Buhl, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Statement re SCHOOL RECORD	By whom issued and signed: BUHL PUBLIC SCHOOLS Buhl, Idaho	Date Issued: 2-25-56	Date Orig. Entry: first week in Sept., 1917
Class B	Date of Birth: 6 years old / Birth Place:	Full Name of Mother:	Name of Father: J. P. Taft	
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT By mother	By whom issued and signed: VERENA M. TOFT Caldwell, Idaho	Date Issued: 4-18-56	Date Orig. Entry:
Class B	Date of Birth: September 28, 1910 / Birth Place: Buhl, Idaho Twin Falls County	Full Name of Mother: Verena M. Soulak	Name of Father: Jens Peter Toft	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Betty Waller	Date Filed: April 20, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 28 1958

APR 30 1958

556-04-014-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-443
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERNEST E. NEWTON			2. Date Of Birth (month) JUNE (day) 4 (year) 1910	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: IDAHO CANYON	b. City or Town of Birth: NAMPA	
FATHER	6. Full Name of Father: D. F. NEWTON			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Clemma Christenat			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ernest E Newton	11. Present Address of Registrant: 17 No. Groveland Ave. Medford, Oreg.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1956		12. Signature of Notary: A A Bonney	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Oct. 31, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: COUNTY RECORD OF BIRTH		By whom issued and signed: CANYON COUNTY STATE OF IDAHO	Date Issued: 12-6-55	Date Orig. Entry
Class* A	Date of Birth: June 4 1910	Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: Clemma Christenat	Name of Father: D. F. NEWTON	
SUPPORTING RECORD 2.	Type of Document: AFFIDAVIT BY MOTHER		By whom issued and signed: MRS. CLEMMA BRISCOE	Date Issued: 9-22-54	Date Orig. Entry
Class B	Date of Birth: June 4, 1910	Birth Place: Nampa, Idaho	Full Name of Mother: Clemma Newton	Name of Father: D. F. Newton	
SUPPORTING RECORD 3.	Type of Document: application for insurance		By whom issued and signed: New York Life Insurance Co. #17-684-777	Date Issued:	Date Orig. Entry: 1940
Class B	Date of Birth: June 4 1910	Birth Place: Nampa Idaho	Full Name of Mother: Clemma Newton	Name of Father: Delta F. Newton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	April 30 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

APR 30 1956

DELAYED CERTIFICATE OF BIRTH

293-22-1002 968

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-456
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecilia May Killoran		2. Date of Birth (month) September (day) 28 (year) 1910	
	3. Color or Race: W.	4. Sex: F.	5. Place of Birth: a. County: Idaho	b. City or Town of Birth: Adam — Meadows, Idaho
FATHER	6. Full Name of Father: Eugene Augusta Killoran		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Celestine May Royer		9. State or Country of Mother's Birth: Graceville, Bigstone Co., Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecilia Kline	11. Present Address of Registrant: 2424 S. Pendleton, Boise, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 19 56	12. Signature of Notary: Ann Smith	13. Notary Commission expires: November 4 19 59	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Certificate of Baptism	By whom issued and signed: Weiser, Idaho St. Agnes Church	Date Issued: Apr. 13, 1956	Date Orig. Entry: May 16, 1911	
	Date of Birth: Sept. 28, 1910	Birth Place: Meadows, Idaho	Full Name of Mother: Celestina Royer	Name of Father: Gus Killoran	
SUPPORTING RECORD 2. Class B	Type of Document: Child's birth certificate	By whom issued and signed: Kentucky State File #68973	Date Issued: Sept. 1, 1943	Date Orig. Entry: Sept. 1, 1943	
	Date of Birth: Age 32	Birth Place: New Meadows, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Type of Document: Insurance Policy	By whom issued and signed: Portland, Oregon Oregon Life Insurance Co.	Date Issued: Feb. 4, 1929	Date Orig. Entry: Feb. 4, 1929	
	Date of Birth: Sept. 28, 1910	Birth Place: Meadows, Idaho	Full Name of Mother: Celestine May Killoran	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Verna Reisch	Date Filed: May 1, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBH #0067

235-205 1040-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56- 457
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Helen Steach			2. Date Of Birth: (month) June (day) 5 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Shoshone	b. City or Town of Birth: Kellogg	
FATHER	6. Full Name of Father: Clair Bringham Steach			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Mary Margaret Keenan			9. State or Country of Mother's Birth: Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Maude Helen Steach	11. Present Address of Registrant: 3755 Fillmore Street, San Francisco 23, California	
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 1956		12. Signature of Notary: Cecelia B. Otter CECELIA B. OTTER	13. Notary Commission expires: My Commission Expires January 5, 1960 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: church record		By whom issued and signed: St. Alphonsus Church Wallace, Idaho	Date Issued: 4-16-56	Date Orig. Entry: baptized June 24, 1910
	Date of Birth: June 5 1910	Birth Place: Kellogg Idaho	Full Name of Mother: Mary M. Keenan	Name of Father: Clair Steach	
SUPPORTING RECORD 2. Class B	Type of Document: affidavit by aunt		By whom issued and signed: John R. Keenan	Date Issued: 3-15-56	Date Orig. Entry:
	Date of Birth: June 5 1910	Birth Place: Kellogg Idaho	Full Name of Mother: Mary Margaret Keenan	Name of Father: Clair Bringham Steach	
SUPPORTING RECORD 3. Class	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
Dec 2,	State Registrar		Evidence reviewed by: bw Betty Waller	Date Filed: May 3, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

May 8, 1956

219-108-040-156

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-458
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No. 828 Division
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. 828 Division
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Ida.

4. **FULL NAME OF CHILD** Edwin Roy Barker

5. Date of Birth of Child (Month, day, year) April 8, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Moseph Barker
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cornwall (City or town) England (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Janie Jewell
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Cornwall (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at Kellogg Idaho M. on the date and at the place stated above, and that personal particulars were furnished by Janie (First name) Barker (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature T. R. Mason M.D. ~~Midwife~~ Address Kellogg Ida Date 3/6-43

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1956

MAY 18 2012

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or ~~midwife, or by affidavits of the father or mother of the child, or if~~ neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

916-251003-159

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-542
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Geraldus Rawlins
2. Date of Birth (month) (day) (year): Nov. 25, 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Everett Layfaette Rawlins
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Geraldine Jerman
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Geraldus Rawlins
11. Present Address of Registrant: 3430 North 51st Street, Phoenix, Arizona

NOTARY (Seal)

Subscribed and sworn to before me on: 19th day of May 19 56
12. Signature of Notary: Reid F. Ellsworth
13. Notary Commission expires: March 8 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Idaho File #356276 Bureau of Vital Statistics	Aug.11,1942	Aug.11,1942
Class* B	Date of Birth: Age 31 / Birth Place: Grace, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Affidavit	Maricopy Co., Arizona Susie Harris-Sister in Law	May 19,1956	May 19, 1956
Class B	Date of Birth: Nov.25,1910 / Birth Place: Grace, Idaho	Full Name of Mother: Geraldine Jerman	Name of Father: Everett Layfaette Rawlins	
SUPPORTING RECORD 3.	Insurance Policy	Salt LakeCity, Utah Beneficial Life Ins.	May 14, 1940	May 14, 1940
Class B	Date of Birth: Nov. 25,1910 / Birth Place: Grace, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna R. Reisch	May 22, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. [illegible]
Registrar No. [illegible]

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name of Birth: Geraldine Hawlins
2. Date of Birth: Nov. 23, 19[illegible]
3. Color or Race: [illegible]
4. Sex: [illegible]
5. Place of Birth (County): Bannock
6. Place of Birth (Town of Birth): Grace

FATHER

7. Full Name of Father: Everett Lay'aette Hawlins
8. State or Country of Father's Birth: Idaho

MOTHER

9. Full Maiden Name of Mother: Geraldine Jerman
10. State or Country of Mother's Birth: Idaho

AFFIDAVIT

11. Date of Registrant: [illegible]
12. Signature of Registrant: [illegible]
13. Present Address of Registrant: 3430 North 21st Street, Phoenix, Arizona

NOTARY

14. Sworn and sworn to before me on the [illegible] day of May 1956
15. Signature of Notary: [illegible]
16. Notary Commission expires: March 8 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: [illegible]
Date of Birth: Birth Place
By whom issued and signed: [illegible]
Full Name of Mother
Date Issued: Aug. 1[illegible], 19[illegible]
Date Orig. Entry: Aug. 1[illegible], 19[illegible]
Name of Father
Class: [illegible]

SUPPORTING RECORD 2

Type of Document: [illegible]
Date of Birth: Birth Place
By whom issued and signed: Maricopa [illegible], Arizona
Full Name of Mother
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Name of Father
Class: B

SUPPORTING RECORD 3

Type of Document: [illegible]
Date of Birth: Birth Place
By whom issued and signed: [illegible]
Full Name of Mother
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Name of Father
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE (Seal)

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar: [illegible]
Evidence reviewed by: Verna R. Weisch
Date Filed: May 2[illegible], 1956

*Class A records are those made and dated before the registrant's fourth birthday.
Class B records are those made after the fourth birthday but not at least [illegible]

299-126016-215

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-653
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thurman Arthur Birch
2. Date of Birth (month) (day) (year): November 26, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: Thomas Francis Birch
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mabel Sanford
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thurman Arthur Birch
11. Present Address of Registrant: RT. 2, Burley

NOTARY (Seal)

Subscribed and sworn to before me on: May 31 1956
12. Signature of Notary: Vern Carter
13. Notary Commission expires: April 26 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	County record of birth	Register of Births Cassia Co., Burley, Idaho	5-7-56	Birth Register Page No. 23 No. 510
	Date of Birth November 1910 / **Birth Place** Idaho	**Full Name of Mother** Mabel Sanford Birch		**Name of Father** Thomas F. Birch
SUPPORTING RECORD 2. Class B	son's birth certificate	State of Idaho #314218		child born May 2, 1941
	Date of Birth 30 years old / **Birth Place** Oakley Idaho	**Full Name of Mother**		**Name of Father**
SUPPORTING RECORD 3. Class B	affidavit by mother	Mrs. Mabel Sanford Birch Cassia Co., Idaho	4-28-56	
	Date of Birth November 26, 1910 / **Birth Place** Oakley, Idaho Cassia County	**Full Name of Mother** Mabel Sanford		**Name of Father** Thomas Francis Birch
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beaman	Betty Waller	June 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 18 1975

OCT 25 1974

JUN 27 1956

843-225030-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-654
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth A. Hull			2. Date of Birth (month) April (day) 25 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Lemhi	b. City or Town of Birth: Salmon	
FATHER	6. Full Name of Father: Arthur S. Hull			7. State or Country of Father's Birth: Corvallis, Montana	
MOTHER	8. Full Maiden Name of Mother: Mernie M. Bailey			9. State or Country of Mother's Birth: Bronson, Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth A. Hull		11. Present Address of Registrant: 110 E Second. Davison, Michigan	
NOTARY (Seal)	Subscribed and sworn to before me on: 14 June 1956	12. Signature of Notary: Gordon L. Graham		13. Notary Commission expires: 14 Nov 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: family birth announcement	By whom issued and signed: Mr. & Mrs. Arthur Hull		Date Issued:	Date Orig. Entry: mailed April 27, 1910
Class* A	Date of Birth: April 25 1910	Birth Place:	Full Name of Mother: Mrs. Arthur Hull	Name of Father: Arthur Hull	
SUPPORTING RECORD 2.	Type of Document: statement re county record	By whom issued and signed: W. W. Simmonds, Clerk of District Court, Salmon Idaho		Date Issued: 4-25-44	Date Orig. Entry:
Class A	Date of Birth: April 25 1910	Birth Place: Salmon Idaho	Full Name of Mother: Mernie Hull	Name of Father: Arthur Hull	
SUPPORTING RECORD 3.	Type of Document: affidavit	By whom issued and signed: Grace Hull Summit, Michigan		Date Issued: 4-23-56	Date Orig. Entry:
Class B	Date of Birth: April 25 1910	Birth Place: Salmon Idaho	Full Name of Mother: Mernie Bailey Hull	Name of Father: Arthur Hull	

QUALIFYING INFORMATION

daughter's birth certificate — Michigan Department of Health Division of Vital Statistics — issued 6-6-52 — child born March 5, 1934

23 years old — birthplace: Salmon, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. A. Bannon	bw Betty Waller	June 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 27 1956

JUN 28 1956

Arthur S. Hall

Twin

Female

Family Birth

Single

Legal

Caucasian

Caucasian

Arthur Hall

Arthur Hall

Arthur Hall

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

RECEIVED
JUL 13 1956
Division of Vital Statistics

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De56-726
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Ashton
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER** (Always fill in these)
   (a) State (b) County
   (c) City
   (d) Street address or R. F. D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (for registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Arnetta Davis

5. **DATE OF BIRTH** (Month, day, year) July 19 1956

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 7

8. No. months of Pregnancy 9

FATHER OF CHILD	**MOTHER OF CHILD**
10. **FULL NAME** Stephen Davis	16. **FULL MAIDEN NAME** Mary Green
11. Color or Race White	17. Color or Race White
12. Age at time of **THIS** birth 29 yrs.	18. Age at time of **THIS** birth 25 yrs.
13. Birthplace Bellevue Penn (City or Town) (State or foreign country)	19. Birthplace Bear Lake Utah (City or Town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business ✓

22. Was a standard serological test for syphilis performed? Yes ..... No ✓ Approximate date .....
23. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
24. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead None (d) Stillborn None

25. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mary Davis (First name) (Last name), who is related to this child as Mother. (Mother, etc.)

27. (a) 7-13-56 (Date received) (b) W. L. Benson (Registrar's signature)

26. Attendant's **OWN** signature E. L. Hanzi, M. D. (D.O., Midwife, etc.)
and address Ashton Idaho Date July 20 1956

28. Given name added on ..... by ..... (Registrar's signature)

AUG 14 1956

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of None

(b) Labor: Complication: None

Induced? No

(c) State all operations for delivery None

(d) Did baby have any:

(1) Congenital Malformation? No

Describe: —

(2) Birth Injury? No

Describe:

(e) Signature of Physician:

E. L. Thomas

DELAYED

381-226-003-319

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-777
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Darlesky Margaret Thatcher
2. Date of Birth (month) Feb. (day) 26 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho, Bannock
b. City or Town of Birth: Thatcher

FATHER

6. Full Name of Father: Howard Elmer Thatcher
7. State or Country of Father's Birth: Logan, Utah

MOTHER

8. Full Maiden Name of Mother: Amy Carlene Larkin
9. State or Country of Mother's Birth: Harrisville Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Darlesky T. Hollingsworth
11. Present Address of Registrant: 2214 Broadway, San Diego California

NOTARY (Seal)

Subscribed and sworn to before me on: July 17th 1956
12. Signature of Notary: Vesta M. Person
13. Notary Commission expires: My Commission Expires December 13, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	son's birth certificate	State of Idaho #208745		child born Dec. 25, 1932
	Date of Birth 22 years old	**Birth Place** Thatcher Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 2. Class B	church record	I.D.S. Church Thatcher 2nd Ward		baptized April 30, 1918
	Date of Birth February 26, 1910	**Birth Place** Thatcher, Idaho Bannock County	**Full Name of Mother** Amy Larkin	**Name of Father** Howard E. Thatcher
SUPPORTING RECORD 3. Class B	insurance record	Metropolitan Life Insurance Co. #318547 M1		November 1 1938
	Date of Birth 29 years old next birthday	**Birth Place**	**Full Name of Mother**	**Name of Father**

QUALIFYING INFORMATION

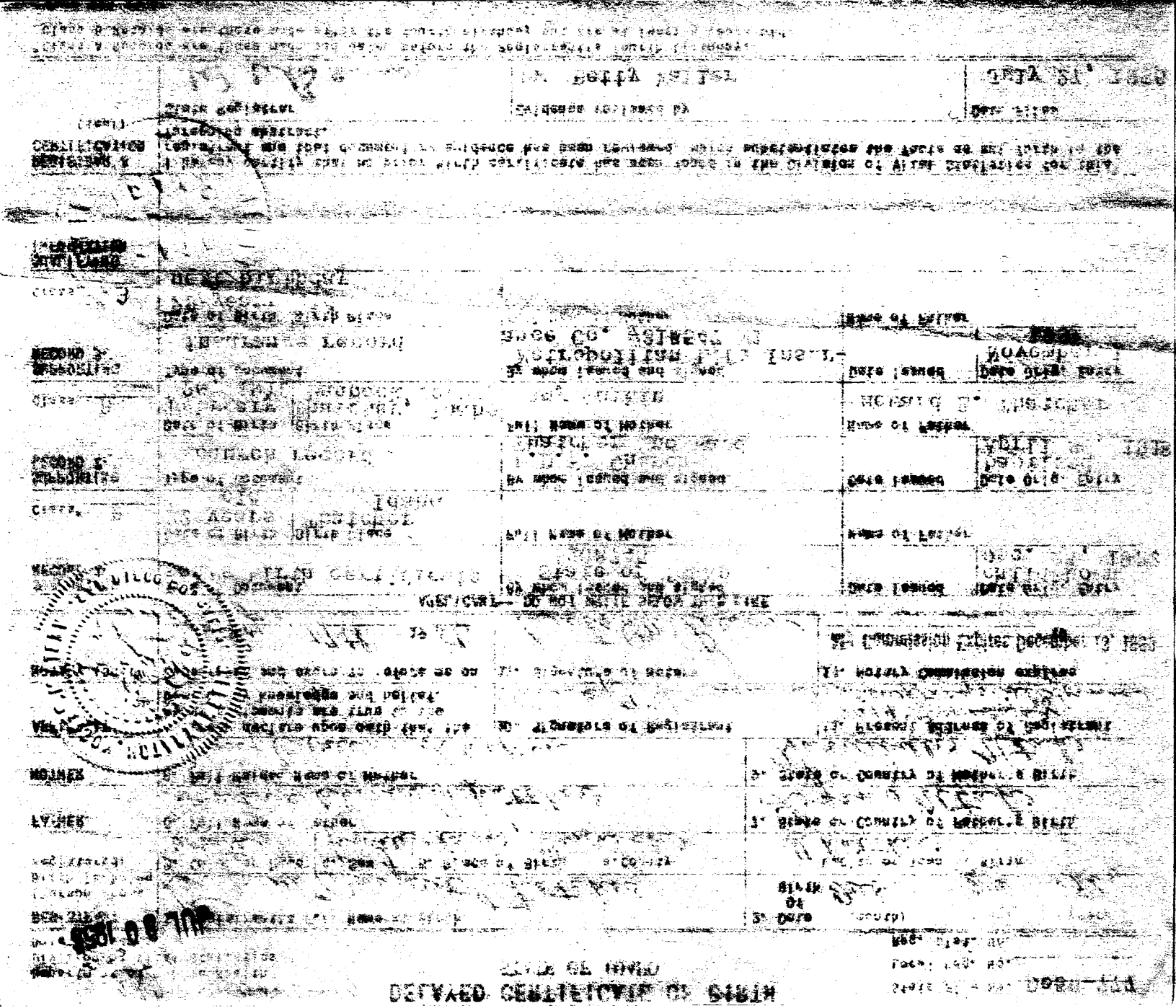
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	July 27, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

JUL 30 1958

REGISTRAR (Person from Birth Indexed Registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month)
	3. Date of Birth (Sex) 4. Place of Birth (County)	5. Date of Issue of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPLICANT	10. Declare upon oath that the statements are true to the best of knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY	12. Subscribed and sworn to before me on [illegible]	12. Signature of Notary
		13. Notary Commission expires My Commission Expires December 13, 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

RECORD 1	Document: Birth certificate	By whom issued and signed: State of Idaho	Date Issued	Date Orig. Entry: [illegible]
Class B	Date of Birth: [illegible] years old; Birth Place: Thatcher, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: Church record	By whom issued and signed: [illegible]	Date Issued	Date Orig. Entry: April [illegible], 1958
Class B	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Howard E. Thatcher	
SUPPORTING RECORD 3	Type of Document: Insurance record	By whom issued and signed: Metropolitan Life Insurance Co. [illegible]	Date Issued	Date Orig. Entry: November [illegible]
Class B	Date of Birth: [illegible]		Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior Birth certificate has been found in the Division of Vital Statistics for this registrant and that document or evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Waller	July 27, 1958

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible] years old.

133-22-003-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D56-789
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Theo Allsworth
2. Date of Birth: (month) Jan (day) 21 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County ~~Bingham~~ Idaho Bannock; b. City or Town of Birth: Robin

FATHER

6. Full Name of Father: Samuel Lewell Allsworth
7. State or Country of Father's Birth: Springville Utah

MOTHER

8. Full Maiden Name of Mother: May Ella Theo Whiting
9. State or Country of Mother's Birth: Soldier Summit Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella Theo Allen
11. Present Address of Registrant: R #1 Hamilton Montana

NOTARY (Seal)

Subscribed and sworn to before me on July 23 19 56

12. Signature of Notary: Reborna Gliche
13. Notary Commission expires: NOTARY PUBLIC for the State of Montana Residing at Hamilton, Montana My Commission Expires May 9th, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's birth Certificate	Idaho State File No. 202363 Bureau of Vital Statistics	May 20,1932	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	22-age / Robin, Idaho			
SUPPORTING RECORD 2. Class B	Certificate of Blessing	Orson M. Christenson-Bishop L. D. S. CHurch	May 1, 1910	
	Jan. 21, 1910 / Robin, Idaho	Ella Whiting	Laval Allsworth	
SUPPORTING RECORD 3. Class B	Affidavit by Aunt	Ruth Whiting Phillips	July 30,1956	
	Jan. 21, 1910 / Robin, Idaho	May Ella Theo Whiting	Laval Allsworth	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. B.	Joan Mowery	July 30, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

652-220-001-315

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-795
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eileen Lenore Weston		2. Date of Birth (month) February (day) 20 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Douglass Edward Weston		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Emma Frances Langroise		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eileen Weston Nordstrom	11. Present Address of Registrant: 1319 N. 7th St., Boise, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 2 1956	12. Signature of Notary: Mary R. Carroll Boise Idaho	13. Notary Commission Expires: 4-5 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: School Record-Boise Public Schools	By whom issued and signed: D.C.DeBeaumont, Supt.		Date Issued: 8-2-1956	Date Orig. Entry: Jan 18,1924
	Date of Birth: Feb 20,1910	Birth Place:	Full Name of Mother:	Name of Father: D. W. Weston	
SUPPORTING RECORD 2. Class_____	Type of Document: Affidavit by Mother	By whom issued and signed: Emma F. Weston		Date Issued: 8-2-1956	Date Orig. Entry:
	Date of Birth: Feb 20,1910	Birth Place: Boise, Idaho	Full Name of Mother: Emma Frances Langroise	Name of Father: Douglass Edward Weston	
SUPPORTING RECORD 3. Class_____	Type of Document: Insurance Policy #993983	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued:	Date Orig. Entry: Jan 10,1921
	Date of Birth: Feb. 20,1910	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father: DouglassE. Weston	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	August 2, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

AUG 2 1956

REGISTRARY	1. Registrant's Full Name at Birth	2. Date of Birth
	[illegible]	[illegible]
	3. Color or Race	4. Place of Birth
		5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
	[illegible]	Illinois
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
	[illegible]	[illegible]
AFFIDAVIT	10. Being duly sworn upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant
		12. Present Address of Registrant
NOTARY	13. Subscribed and sworn to before me	14. Signature of Notary

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Bethel Nicoll-Boise Public Schools	D.C. Wheaumont, Supt.	[illegible]	Jan 12,1924
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Feb 20,1910		[illegible] Weston	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by Mother	[illegible] Weston	8-2-1956	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Feb 20,1910 Boise, Idaho	[illegible]	[illegible] Edward Weston	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Insurance Policy [illegible]	Metropolitan Life Ins. Co.		Jan 10,1921
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Feb. 20,1910 Boise, Idaho		[illegible] Weston	
SUPPORTING DECLARATION				

REGISTRAR: I hereby certify that my [illegible] has been reviewed, which [illegible] the facts as set forth in the foregoing [illegible].

State Registrar	Address Reviewed by	Date Filed
[illegible]	[illegible]	August [illegible], 1956

Class 1 Records are those made [illegible]
Class 2 Records are those made [illegible]

RECEIVED 753-130
AUG 13 1956 004-443
Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-827
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RAYMOND CLIFFORD PETERSON		2. Date Of Birth (month) January (day) 30 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: BEAR LAKE; b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: CHARLES ANDREW PETERSON		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: HATTIE MARIA MULLENS		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond C Peterson	11. Present Address of Registrant: Box 514, Trona, California
NOTARY (Seal)	Subscribed and sworn to before me on: August 7 1956	12. Signature of Notary: Reva M. Leitch	13. Notary Commission expires: March 2 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Aunt	By whom issued and signed: Daisy C. Shanahan	Date Issued: June 1, 1956	Date Orig. Entry
	Date of Birth: January 30, 1910	Birth Place: Montpelier, Ida.	Full Name of Mother: Mrs. Hattie Peterson	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Application for Employment	By whom issued and signed: American Potash & Chemical Lancaster, California	Date Issued: 10-19-39	Date Orig. Entry
	Date of Birth: 1-30-1910	Birth Place: Montpelier, Ida.	Full Name of Mother: .	Name of Father
SUPPORTING RECORD 3. Class A	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureauof the Census	Date Issued: June 16, 1955	Date Orig. Entry: Census of 1920
	Date of Birth: Age 10	Birth Place: Idaho	Full Name of Mother: Hattie Peterson	Name of Father: Charles Peterson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	August 14, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 14 1956

REGISTRAR	1. Registrant's Full Name at Birth	2. Date of Birth January 30 [illegible]
	3. Color or Race	4. Place of Birth [illegible] LAKE	5. City or Town of Birth Montpelier
FATHER	6. Full Name of Father	7. Name of Country of Birth [illegible]
MOTHER	8. Full Maiden Name of Mother	9. State or Country [illegible]
AFFIDAVIT	I hereby certify that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrar [illegible]
NOTARY (Seal)	Subscribed and sworn to before me	11. Signature of Notary [illegible]

SUPPORTING RECORD 1	Type of Document [illegible]	By Whom Issued and Signed [illegible]	Date Issued / Date Orig. Entry [illegible]
	Date of Birth [illegible]	Full Name of Father [illegible]	Name of Father
	[illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class 1	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 2	Type of Document Census Record	By Whom Issued and Signed Department of Commerce Bureau of the Census	Date Issued / Date Orig. Entry June 10, 1938 1940
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
Class 2	Age 10 [illegible]	[illegible] Peterson	Charles Peterson
ADDITIONAL INFORMATION			

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	August 14 1956

*Birth A Records are [illegible] the Birth Registrar [illegible]
Class B Records are [illegible] the Birth Registrar [illegible]

819-11-1008-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-844
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Calvin Dee Hardin
2. Date of Birth (month) Sept. (day) 11 (year) 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County McCall; b. City or Town of Birth ~~Nebraska~~

FATHER

6. Full Name of Father: ~~Sam~~ Calvin T. Hardin
7. State or Country of Father's Birth: Nebraska Dawes Co. Oct. 17. 88

MOTHER

8. Full Maiden Name of Mother: Sunbeam Taylor (Hardin)
9. State or Country of Mother's Birth: Crystal Lake Ill. Aug 21. 1893

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Calvin Dee Hardin
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on 16- August 1956
12. Signature of Notary: Dillon W Later
13. Notary Commission expires: Feb. 16, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's Birth Certificate	Bureau of Vital Statistics	7-7-45	
Class* B	Date of Birth: 34 years old; Birth Place: McCall, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Family Record	Sunbeam Taylor Hardin-Mother	Feb. 5, 1914	
Class B	Date of Birth: Sept. 11, 1910; Birth Place: McCall, Idaho	Full Name of Mother: Sunbeam Taylor Hardin	Name of Father: Calvin Thos. Edgar Hardin	
SUPPORTING RECORD 3.	Affidavit	Sunbeam Taylor Hardin	Aug. 6, 1956	
Class B	Date of Birth: Sept. 11, 1910; Birth Place: McCall, Idaho	Full Name of Mother: Sunbeam T. Hardin	Name of Father: Calvin T. Hardin	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Joan Mowery	Aug. 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 17 1958

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 20 956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-849
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sarah Grace Adamson
2. Date of Birth (month) (day) (year): November One, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho, Washington,
b. City or Town of Birth: Meadows

FATHER

6. Full Name of Father: Jesse Willis Adamson
7. State or Country of Father's Birth: Washington U.S.A.

MOTHER

8. Full Maiden Name of Mother: Faith Kern
9. State or Country of Mother's Birth: Indiana U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Sarah Grace Adamson
11. Present Address of Registrant: Elk Blue River, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: July 21 1956
12. Signature of Notary: [illegible]
13. Notary Commission expires: MY COMMISSION EXPIRES FEB. 1. 1957 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	hospital record of daughter's birth	The Dalles Hospital The Dalles, Oregon		child born June 4, 1943
Class* B	Date of Birth: November 1, 1910 — Birth Place: Meadows Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	application for insurance	By whom issued and signed: Penn Mutual Life Insurance Co. #1397531	Date Issued	Date Orig. Entry: applied Nov. 1, 1928
Class B	Date of Birth: November 1, 1910 — Birth Place: Meadows Idaho	Full Name of Mother: Faith Kern	Name of Father: Jesse W. Adamson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Douglas Co., Oregon Faith Kern Adamson	Date Issued: August 14, 1956	Date Orig. Entry
Class B	Date of Birth: November 1, 1910 — Birth Place: Meadows, Idaho	Full Name of Mother: Faith Kern Adamson	Name of Father: Jesse W. Adamson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Verna Reisch	August 20, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 21 1956

DELAYED

Dup of 1910-D69-183

364-20410 44-285

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-851
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lula Betsy Combs
2. Date of Birth (month) (day) (year): December 4 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Midvale Washington Co. Ida.
b. City or Town of Birth: Midvale, Idaho

FATHER

6. Full Name of Father: Audy Combs
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Letty Sherman
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Lula Combs Lippert
11. Present Address of Registrant: Pierce, Idaho, Box 277

NOTARY (Seal)

Subscribed and sworn to before me on July 19 1956

12. Signature of Notary: Ross E. Butler
Social Security # 543-38-3054
13. Notary Commission expires: March 21 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	School record	Weiser, Idaho Washington County	June 18,	1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	December 4, 1910			
SUPPORTING RECORD 2. Class B	Affidavit by Sister	Malheur Co., Oregon Ida Sherman Drummond	July 18,	1956
	December 4, 1910 / Midvale, Idaho	Letty Sherman Combs	Audy Combs	
SUPPORTING RECORD 3. Class B	Son's birth certificate	Vital Statistics-Sacramento California File #41-8547	January 28,	1941
	Age 30 / Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Verna Reisch	August 20, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH H0067

AUG 21 1956

954-222 003-395
AUG 24 1956
Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-879
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Maria Reddish	2. Date Of Birth (month) October (day) 22 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Bannock	b. City or Town of Birth: Lund
FATHER	6. Full Name of Father: Frederick Herbert Reddish	7. State or Country of Father's Birth: Derbyshire, England
MOTHER	8. Full Maiden Name of Mother: Zillah Elizabeth Linford	9. State or Country of Mother's Birth: Davis County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Wallington; 11. Present Address of Registrant: 520 So. 4th Ave., Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 18 1956	12. Signature of Notary: Wendell Henderson; 13. Notary Commission expires: May 4 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate		By whom issued and signed: Boise, Idaho Idaho File #277650	Date issued: March 7. 1939	Date Orig. Entry
Class* B	Date of Birth: Age 28	Birth Place: Lund, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: A. Wm. Lund L.D.S. Church-Salt Lake, Utah	Date issued: 7-16,1956	Date Orig. Entry: Dec. 4,1910
Class A	Date of Birth: October 22,1910	Birth Place: Lund, Idaho	Full Name of Mother: Zillah E. Linford	Name of Father: Fredrick H. Reddish	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Zillah E. Reddish	Date issued: August 18, 1956	Date Orig. Entry
Class B	Date of Birth: October 22, 1910	Birth Place: Lund, Idaho	Full Name of Mother: Zillah Elizabeth Linford	Name of Father: Frederick Herbert Reddish	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Verna Reisch	August 24,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

AUG 27 1956

REGISTRAR'S (Person whose birth is being registered)

1. Full Name of Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth (Country)
6. City or Town of Birth

FATHER

7. Full Name of Father
8. State or Country of Father's Birth

MOTHER

9. Maiden Name of Mother
10. State or Country of Mother's Birth

11. Signature of Registrant
12. Present Address of Registrant
13. Notary Commission Expires

14. Signature of Notary

May 4 19 56

SUPPORTING RECORD 1

Class 2

Type of Document: Church Record
Date of Birth: Aug 28
Birth Place: Lund, Idaho
By whom issued and signed: L.D.S. Church-Salt Lake
Date Issued: March 2, 1938
Date Orig. Entry: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2

Class 3

Type of Document: Affidavit by Mother
Date of Birth: Octoner 22, 1910
Birth Place: Lund, Idaho
By whom issued and signed: William E. Linford
Date Issued: August 18, 1956
Date Orig. Entry: [illegible]
Name of Father: Frederick Herbert
Full Name of Mother: William Elizabeth Linford

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Sig.)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar
Evidence reviewed by: Teresa Retsch
Date Filed: August [illegible], 1956

819-221-C

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 29 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-892
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Birth: Ova Francis Harvey.
2. Date of Birth: August 21 1910
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Idaho Cassia; b. City or Town of Birth: Oakley.

FATHER

6. Full Name of Father: Robert Levy Harvey
7. State or Country of Father's Birth: Oklahoma

MOTHER

8. Full Maiden Name of Mother: Luella Frances Comstock.
9. State or Country of Mother's Birth: Hickory County, Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ova Smith
11. Present Address of Registrant: 3323 N.E. 12th Portland, 12, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on August 26 1956
12. Signature of Notary: Fred W. Dolsh
13. Notary Commission expires: Sept. 11 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Affidavit by Doctor	Oakley, Idaho A. F. O. Nielson	August 21, 1910	
	Date of Birth: August 21, 1910 — Birth Place: Oakley, Idaho	Full Name of Mother: Luella Comstock	Name of Father: Robert Levy Harvey	
SUPPORTING RECORD 2. Class B	Social Security Record	Internal Revenue Service Treasury Department	November 18, 1947	
	Date of Birth: August 21, 1910 — Birth Place: Oakley, Idaho	Full Name of Mother: Luella Francis Comstock	Name of Father: Robert Levi Harvey	
SUPPORTING RECORD 3. Class B	Son's birth certificate	Vital Statistics-Boise, Ida. Idaho File #180791	October 19, 1929	
	Date of Birth: Age 19 — Birth Place: Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	August 29, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 7 1955

PRELIMINARY

REGISTRARS

1. Registrar's Number
2. Date of Birth
3. Sex
4. Full Name of Subject
5. Date of Birth
6. Full Maiden Name of Mother
7. State or Country of Father's Birth
8. State or Country of Mother's Birth

I hereby declare that the above statements are true to the best of my knowledge and belief.

9. Signature of Registrant
10. Signature of Notary
11. Present Address of Registrant
12. Notary Commission Expires

NOTARY (seal)

FUELIC NOTARY

REGISTRARS

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible]	[illegible]	[illegible]

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Verna Reisch	[illegible]

*Class A Records are those made and dated before the Registrar's Office [illegible]

249-225 1004-219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 21 56
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-898
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Smith
2. Date of Birth: November 25 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho — Bear Lake; b. City or Town of Birth: Georgetown

FATHER

6. Full Name of Father: Wells Harrson Smith
7. State or Country of Father's Birth: Bear Lake Co., Idaho

MOTHER

8. Full Maiden Name of Mother: Florence Barkdull
9. State or Country of Mother's Birth: Bear Lake Co., Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred L. Cromatage
11. Present Address of Registrant: 842 Adams Montpelier, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 1, 1956
12. Signature of Notary: Ruth Alard
13. Notary Commission expires: March 6, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
church record	L. D. S. Church Georgetown Ward		blessed Jan. 1, 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
November 25, 1910	Georgetown, Idaho Bear Lake County	Florence Barkdull	Wells Smith

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Bear Lake Co., Idaho Florence Smith	Aug. 2, 1956	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
November 25, 1910	Georgetown, Ida.	Florence Barkdull Smith	Wells H. Smith

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	Bureau of Vital Statistics Idaho File #218302	January 2, 1934	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	Georgetown, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Verna Reisch	August 31, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 31 1956

1. Name of Registrant's Full Name of Birth		2. Date of Birth (month) (day) (year)	
Mildred Smith		November 25 1910	
3. Color or Race (4. Sex)	5. Place of Birth	6. County	7. Place of Birth
White Female	Idaho	Bear Lake	Georgetown
8. Full Name of Father			8. State or Country of Father's Birth
Wells Harrison Smith			Bear Lake Co., Idaho
9. Full Maiden Name of Mother			9. State or Country of Mother's Birth
Florence Barkhull			Bear Lake Co., Idaho

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	14. Present Address of Registrant
Sworn and sworn to before me on	12. Signature of Notary	15. Notary Commission Expires

APPLICATION - DO NOT WRITE BELOW THIS LINE

Type of Document: Church record	By whom issued and signed: L. D. S. Church, Georgetown Ward	Date Issued	Date Orig. Entry: Blessed Jan. 1, 1911
Date of Birth, Birth Place: [illegible]	Full Name of Mother: Florence Barkhull	Name of Father: [illegible]	
Type of Document: Affidavit by Mother	By whom issued and signed: Bear Lake Co., Idaho, Florence Smith	Date Issued: Aug. 2, 1956	Date Orig. Entry
Date of Birth, Birth Place: November 25, 1910, Georgetown, Id.	Full Name of Mother: Florence Barkhull Smith	Name of Father: Wells H. Smith	
Type of Document: Cattle's birth certificate	By whom issued and signed: Idaho Vital Statistics, Idaho File [illegible]	Date Issued: January 2, 1934	Date Orig. Entry
Date of Birth, Birth Place: Age 25, Georgetown, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	bw Verna Heisch	August 31, 1956

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least [illegible]

556-212-038-389

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-903
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emma Amelia Newburn
2. Date Of Birth (month) Aug. (day) 12 (year) 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Payette, Idaho
b. City or Town of Birth: Payette, Idaho

FATHER

6. Full Name of Father: Benjamin Harrison Newburn
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Emma Marinda Chinburg
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emma N. Ross
11. Present Address of Registrant: Route 3, The Dalles, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on 20 August 1956

12. Signature of Notary: [illegible]
13. Notary Commission expires: 10-1 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Social Security Record	Internal Revenue Service Treasury Department	September 27, 1938	
	Date of Birth August 12, 1910	**Birth Place** Payette, Idaho	**Full Name of Mother** Emma Marinda Chinburg	**Name of Father** Benjamin Harrison Newburn
SUPPORTING RECORD 2. Class B	Census Record	Department of Commerce Bureau of Census	Aug.6,56	Census of 1920 January 1
	Date of Birth Age 9	**Birth Place** Idaho	**Full Name of Mother** Miranda Newburn	**Name of Father** Ben H. Newburn
SUPPORTING RECORD 3. Class B	Certificate of Baptism	Rev. A.L. Howarth-Pastor Methodist Church		March 25,1911
	Date of Birth August 12, 1910	**Birth Place** Idaho, Payette	**Full Name of Mother** Marinda Newburn	**Name of Father** Benjamin Newburn

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Reisch	August 31,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH #0063

319-20-001-765

Department of Public Health
Division of Vital Statistics
Boise, Idaho .

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-918
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Olive Carringer
2. Date of Birth (month) (day) (year): March Four 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Rt2 Boise Ada; b. City or Town of Birth: rt2 Boise Idaho

FATHER

6. Full Name of Father: Willis Harold Carringer
7. State or Country of Father's Birth: Decatur Co8 Kansas

MOTHER

8. Full Maiden Name of Mother: Minnie Emaline Goettling
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Oline Carringer Ford
11. Present Address of Registrant: Phoenix Arizona

NOTARY (Seal)

Subscribed and sworn to before me on: Aug8 17 1956

12. Signature of Notary: J. J. Majors
13. Notary Commission expires: Oct. 6 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by father	W. H. Carringer	August 17, 1956	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	March 4, 1910	Boise, Idaho	Minnie E. Carringer	Willis Harold Carringer
SUPPORTING RECORD 2. Class B	Insurance Policy	Industrial Whole Life		Oct. 5, 1931
	Age next birthday 22			
SUPPORTING RECORD 3. Class B	Child's birth certificate	Vital Statistics-Boise	October 11, 1929	
	Age 19	Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Verna Reisch
Date Filed: Sept. 7, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DERIVED CERTIFICATE OF BIRTH

619-202 1008 - 755

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1047
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY MAGDELINE FARRELL		2. Date of Birth (month) (day) (year): November 2 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise; b. City or Town of Birth: Idaho City, Idaho
FATHER	6. Full Name of Father: JAMES J. FARRELL		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: MARY ANN GENAU		9. State or Country of Mother's Birth: MARYLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary M. Farrell	11. Present Address of Registrant: 1086 Bush Street, Apt. 402 San Francisco, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 1 1956	12. Signature of Notary: Charlotte V. Geiger	13. Notary Commission expires: January 29, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: State of Idaho-240175	Date Issued: 2-12-36	Date Orig. Entry:
Class* B	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: K. F. Raure-Pastor	Date Issued: Sept. 25, 1956	Date Orig. Entry: Nov. 5, 1910
Class B	Date of Birth: Nov. 2, 1910	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Sylvester F. Farrell-Brother	Date Issued: Oct. 8, 1956	Date Orig. Entry:
Class B	Date of Birth: Nov. 2, 1910	Birth Place: Idaho City, Idaho	Full Name of Mother: Mary Ann Genau	Name of Father: James J. Farrell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joan Mowery	Oct. 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 9 1956

REGISTRANT

1. Name of Birth

2. Date of Birth (Month) (Day) (Year)

November 2 1910

3. Color or Race | 4. Sex | 5. Place of Birth (Ciry) (County)

White Female Boise

6. Place of Birth (City or Town of Birth)

Idaho City, Idaho

FATHER

7. Full Name of Father

[illegible]

8. State or Country of Father's Birth

IDAHO

9. Full Maiden Name of Mother

[illegible]

10. State or Country of Mother's Birth

[illegible]

PREPARATION

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant

11. Present Address of Registrant

1060 Bush Street Apt. 402
San Francisco, Calif.

12. Signature of Notary

13. Notary Commission Expires

January 29, 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother

Class

SUPPORTING RECORD 2.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

SUPPORTING RECORD 3.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

731-222-044-218

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 27 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1067
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Audrey Viola Glascock	2. Date Of Birth (month) Aug (day) 22 (year) 1910
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Clyde Harrson Glascock	7. State or Country of Father's Birth: Idaho - Washington
MOTHER	8. Full Maiden Name of Mother: Iula May Barton	9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Audrey Viola Goerndt; 11. Present Address of Registrant: Rt 1, Fruitland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1956	12. Signature of Notary: Earl S. Secoy; 13. Notary Commission expires: June 8 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by father	By whom issued and signed: Clyde Harrson Glascock	Date issued: August 22, 1956	Date Orig. Entry
	Date of Birth: August 22, 1910; Birth Place: Weiser, Idaho	Full Name of Mother: Iula May Barton	Name of Father: Clyde Hanson Glascock	
SUPPORTING RECORD 2. Class B	Type of Document: Child's birth certificate	By whom issued and signed: State of Idaho-163929	Date issued: June 14, 1928	Date Orig. Entry
	Date of Birth: Age 18; Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Family Bible	By whom issued and signed: Iula Glascock-Mother 1910	Date issued: Aug. 22, 1910	Date Orig. Entry
	Date of Birth: Aug. 22, 1910; Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	vr Joan Mowery	Oct. 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

STATE OF IDAHO

OCT 12 1950

314-20-026-667

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 16 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1081
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VELDA CAMPBELL		2. Date of Birth (month) (day) (year): November 1, 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Annis, Jefferson; b. City or Town of Birth: Annis
FATHER	6. Full Name of Father: Hyrum Campbell		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Fox		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Velda Walton	11. Present Address of Registrant: 320 Wright Way, Sparks, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: September 7, 1956.	12. Signature of Notary: Grant L Young	13. Notary Commission expires: August 31, 1956.

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's birth certificate	Idaho File #226277	November	4, 1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 24 / Annis, Idaho			
SUPPORTING RECORD 2. Class B	Affidavit by Mother	Alice Campbell	September	6, 1956
	November 1, 1910 / Annis, Idaho	Alice Fox	Hyrum Campbell	
SUPPORTING RECORD 3. Class B	Insurance Policy	Occidental Life Ins. Co. California	June 19,	1951
	November 1, 1910 / Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Verna Wilson	Oct. 16, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

137-207-00 RECEIVED 165 OCT 17 1956 Division of Vital Statistics

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1090
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Louise Alperstett	2. Date Of Birth (month) 10 (day) 7 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: St. Lukes; a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: William F. Alperstett	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Martha Ellen Jones	9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Rentel; 11. Present Address of Registrant: Eagle Rt.1 - Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 6, 1956	12. Signature of Notary: Mary Strode; 13. Notary Commission expires: 9-6-1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date issued: December	Date Orig. Entry: 17, 1945
Class* B	Date of Birth: October 7, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Ella Jones	Name of Father: William Alperstette	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Marie Spangler-Librarian Mercy Hospita-Nampa, Ida.	Date issued: Sept.27,56	Date Orig. Entry: Oct.25,1930
Class B	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt		By whom issued and signed: Ida F. Warner	Date issued: October 4,	Date Orig. Entry: 1956
Class B	Date of Birth: October 7,1910	Birth Place: Boise, Idaho	Full Name of Mother: Martha E. Alperstett	Name of Father: William Alperstett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Verna Wilson	Oct.18,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. DC-1000

Local Reg. No.

Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 18 1956

REGISTRANT (Person whose Birth is being registered)

1. Name of Birth — Full Name of Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth (Country)
6. Place of Birth (City or Town of Birth)

FATHER

6. Full Name of Father
7. State or Country of Father's Birth

MOTHER

8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare and swear that the statements are true to the my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on

12. Signature of Notary
13. Notary Commission expires

19

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Security Record	Treasury Department	December 17, 1945	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	[illegible], Idaho	[illegible]	

Class B

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Record	Marie Bangiar-Librarian Mercy Bonnita-Nurse, Ida.	Sept. 27, 55	Oct. 25, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Ag. 20	Idaho		

Class B

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Guest	Ida [illegible] Mother	October 4, 1956	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
October 7, 1910	Boise, Idaho	Marida C. Alperstett	William Alperstett

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Verna Wilson	Oct. 18, 1956

Class A Records are those made and dated [illegible] Registrants [illegible]
Class B Records are those made after the [illegible] at least 5 years old.

238-214-003

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP 27 956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1115
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verl Lynett Schneider
2. Date of Birth (month) (day) (year): Sept 14th 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Bancroft

FATHER

6. Full Name of Father: Ephraim Christian Schneider
7. State or Country of Father's Birth: Utah. U.S.A.

MOTHER

8. Full Maiden Name of Mother: Annie Maria Hansen
9. State or Country of Mother's Birth: Utah. U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verl Berrett
11. Present Address of Registrant: 478 No water Idaho Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 12 1956
12. Signature of Notary: [illegible]
13. Notary Commission expires: Sept 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Oregon File #679	Aug. 22, 45	Jan 10, 1945
Class* B	Date of Birth: Age 34 / Birth Place: Bancroft, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Certificate of Blessing	Heber C. Loveland	July 8, 1918	
Class B	Date of Birth: September 14, 1910 / Birth Place: Bancroft, Idaho	Full Name of Mother: Annie Hansen	Name of Father: Ephraim C. Schneider	
SUPPORTING RECORD 3.	Affidavit by brother	Miles Schneider	October 12, 1956	
Class B	Date of Birth: September 14, 1910 / Birth Place: Bancroft, Idaho	Full Name of Mother: Annie H. Schneider	Name of Father: Ephraim C. Schneider	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	vr Verna Wilson	Oct. 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 26 1956

413-701-037-813

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1184
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARL LEWIS MATHEWS		2. Date Of Birth (month) (day) (year): SEPT. 1st 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: OWYHEE COUNTY; b. City or Town of Birth:
FATHER	6. Full Name of Father: ELMER WINFRED MATHEWS		7. State or Country of Father's Birth: PARMA IDAHO
MOTHER	8. Full Maiden Name of Mother: MARY EVALYNE HALLFORD		9. State or Country of Mother's Birth: HILLSBORO, ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Lewis Mathews	11. Present Address of Registrant: RFD 2, Box 254 Boise, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: November 10, 1956	12. Signature of Notary: Ernest G. Jones	13. Notary Commission expires: February 2, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Information taken from Bible	Date Issued: Oct. 26, 1956	Date Orig. Entry:
Class* B	Date of Birth: Sept. 1, 1910	Birth Place: Owyhee County	Full Name of Mother: Mary Evalyne Mathews	Name of Father: Elmer Winfred Mathews
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: J. C. Higdon Business Men's Insurance Co.	Date Issued: 11-1-55	Date Orig. Entry:
Class B	Date of Birth: 9-1-1910	Birth Place: Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Own Child's birth certificate	By whom issued and signed: State of Idaho-360540	Date Issued: 10-21-42	Date Orig. Entry:
Class B	Date of Birth: Age 32	Birth Place: Grandwiew, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. BENSON	Evidence reviewed by: Joan Mowery	Date Filed: Nov. 13, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

NOV 14 1958

231-208-006-7 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

NOV 13 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1190
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Mary Blakeslee	2. Date Of Birth: (month) July (day) 8 (year) 1910	
	3. Color or Race: Amerocan Indian	4. Sex: Female	5. Place of Birth: Ft.Hall, Idaho a. County: Bingham	b. City or Town of Birth: Fort Hall
FATHER	6. Full Name of Father: William Worth Blakeslee	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Jessie Elvan Parker	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Mary Blakeslee	11. Present Address of Registrant: Box 1714 Sacaton, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 22, 1956	12. Signature of Notary: Jay R. Morgo, Jr.	13. Notary Commission expires: Jan. 19, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by Mother	By whom issued and signed: Fort Hall, Idaho Jessie E. Blakeslee	Date Issued: September 18, 1956	Date Orig. Entry
	Date of Birth: July 8, 1910	Birth Place: Fort Hall, Idaho	Full Name of Mother: Jessie E. Blakeslee	Name of Father
SUPPORTING RECORD 2. Class A	Type of Document: Church Record	By whom issued and signed: Fort Hall, Idaho Good Shepherd Episcopal	Date Issued: October 30, 1910	Date Orig. Entry
	Date of Birth: July 8, 1910	Birth Place: Fort Hall, Idaho	Full Name of Mother: Jessie Blakeslee	Name of Father: William Blakeslee
SUPPORTING RECORD 3. Class B	Type of Document: Discharge papers from Navy	By whom issued and signed: United States Navy J.F. Wegforth, Comm. Officer	Date Issued: Nov. 23, 1945	Date Orig. Entry
	Date of Birth: July 8, 1910	Birth Place: Fort Hall	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: VW Shirley Straubhar	Date Filed: Nov. 14, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH #0067

NOV 26 1956

414-116-028-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 14 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1195
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milo Philip Daughters	2. Date Of Birth (month) Sept (day) 16 (year) 1910
	3. Color or Race / 4. Sex: M / 5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d Alene
FATHER	6. Full Name of Father: Turpen Andrew Daughters	7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Pearl Howard	9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Milo Philip Daughters
		11. Present Address of Registrant: 1604 Main Forest Grove Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 8, 1956	12. Signature of Notary: Kenneth A. Bump
		13. Notary Commission expires: March 10, 1960 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by Uncle	Colton M. Howard	Nov.2,1956	
	Date of Birth: Sept. 16, 1910 / Birth Place: Coeur d'Alene	Full Name of Mother: Pearl Howard Daughters	Name of Father: Turpen Andrew Daughters	
SUPPORTING RECORD 2. Class B	Application for Social Security Account No.	U.S. Treasury Dept.	Jan.5,1937	
	Date of Birth: Sept.16, 1910 / Birth Place: Coeur d'Alene	Full Name of Mother: Pearl Howard	Name of Father: Turpen Andrew Daughters	
SUPPORTING RECORD 3. Class B	Insurance Policy	The Prudential Insurance Company of America	Aug.8,1951	
	Date of Birth: Sept.16, 1910 / Birth Place: Coeur d'Alene	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Shirley Straubhar	Nov.16,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 19 1959

FEB 18 1959

213-101-009-513

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED

State File No. De56-1258
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMERY SACCOMANNO			2. Date of Birth (month) APRIL (day) 1 (year) 1910	
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: PRIEST RIVER b. City or Town of Birth: PRIEST RIVER, Idaho		
FATHER	6. Full Name of Father: JOSEPH SACCOMANNO			7. State or Country of Father's Birth: ITALY	
MOTHER	8. Full Maiden Name of Mother: ANNA NACCARATO			9. State or Country of Mother's Birth: ITALY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emery Saccomanno		11. Present Address of Registrant: PRIEST River Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12th 1953	12. Signature of Notary: Vern C. Bombino		13. Notary Commission expires: June 19, 1956	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Honorable Discharge	Army of the United States	Jan. 5, 1946	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr. 1, 1910 Priest River, Idaho			
SUPPORTING RECORD 2.	Church Record	Spokane, Washington St. Aloysius Church	Aug. 9, 1956	Apr. 3, 1910
Class A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 1, 1910	Anna Naccarato	Joseph Saccomanno	
SUPPORTING RECORD 3.	Affidavit by Friend of Family	Bruno Bombino	Nov 19, 1956	
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 1, 1910 Priest River, Idaho	Anna Naccarato	Joseph Saccomanno	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	eh Joyce B. Foltz	Dec. 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

Registrar's Full Name of Birth: EMERY SACCOMANNO

Date: April 1, 1910

Color or Race: White | Sex: Male | Place of Birth: Priest River, Donner | Duty of Town of Birth: Priest River, Idaho

FATHER: Full Name of Father: Joseph Saccomanno | State or Country of Father's Birth: Italy

MOTHER: Full Maiden Name of Mother: Anna Naccarato | State or Country of Mother's Birth: Italy

APPLICANT: I hereby declare upon oath that the above statements are true in the best of my knowledge and belief.

Signature of Registrant: [illegible]

Present Address of Registrant: [illegible]

Subscribed and sworn to before me on: [illegible]

Signature of Notary: [illegible]

Notary Commission expires: [illegible]

APPLICANT: DO NOT WRITE WITHIN THIS LINE

SUPPORTING RECORD 1: Type of Document: [illegible] | By whom issued and signed: [illegible] | Date Issued: [illegible] | Date Orig. Entry: [illegible]

Date of Birth: [illegible] | Birth Place: [illegible] | Full Name of Mother: [illegible] | Name of Father: [illegible]

Class: B

SUPPORTING RECORD 2: Type of Document: Church Record | By whom issued and signed: Bohane, Washington St. Aloysius Church | Date Issued: Aug. 2, 1938 | Date Orig. Entry: Nov. 3, 1940

Date of Birth: April 1, 1910 | Birth Place: [illegible] | Full Name of Mother: Anna Naccarato | Name of Father: Joseph Saccomanno

Class: A

SUPPORTING RECORD 3: Type of Document: Affidavit by Friend of Family | By whom issued and signed: Bruno Bombino | Date Issued: Nov 19, 1956 | Date Orig. Entry: [illegible]

Date of Birth: April 1, 1910 | Birth Place: Priest River, Idaho | Full Name of Mother: Anna Naccarato | Name of Father: Joseph Saccomanno

Class: B

QUALIFYING INFORMATION:

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar: B. W. Hanson | Evidence reviewed by: Joyce B. Foltz | Date Filed: Dec. 10, 1965

Class A Records are those made [illegible] fourth birthday.
Class B Records are those made [illegible] at least [illegible] years old.

Form [illegible]

553-222-029-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1276

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Mildred Nelson		2. Date of Birth (month) (day) (year): January 22 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Latah; b. City or Town of Birth: on Farm near Genesee
FATHER	6. Full Name of Father: August Nelson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Elsie Kristina Jacobson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Mildred Nelson	11. Present Address of Registrant: Troy, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8th day November 1956	12. Signature of Notary: W. W. Robinson	13. Notary Commission expires: July 1, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Elsie Kristina Nelson	Date Issued: Nov. 8, 1956	Date Orig. Entry
	Date of Birth: Jan. 22, 1910	Birth Place: Latah County, Genesee, Idaho	Full Name of Mother: Elsie Kristina Nelson	Name of Father: August Nelson
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Geo. Afahusan	Date Issued: J	Date Orig. Entry: Jul. 10, 1910
	Date of Birth: Jan. 22, 1910	Birth Place: Genesee, Idaho	Full Name of Mother: Elsie Nelson	Name of Father: August Nelson
SUPPORTING RECORD 3.	Type of Document: Son's Birth Certificate	By whom issued and signed: Idaho #3 07244	Date Issued:	Date Orig. Entry: Child's Birth 1/17/41
	Date of Birth: age 30	Birth Place: Genesee, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Straubhar	Dec. 18, 1956

FORM BH 56067

DEC 19 1956

Pearl Mildred Nelson	
White Female	Idaho
August Nelson	
Elsie Bretina Jacobson	
8th day November 56	July 1, 58
	Troy, Idaho
	Sweden
	Sweden
	on farm near Genesee
January 22 1910	

154-208-029-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1289

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMILY HENRIETTA ANDERSON			2. Date Of Birth (month) (day) (year): September 8, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Thelin Hydroth Anderson			7. State or Country of Father's Birth: St.Paul,Minnesota
MOTHER	8. Full Maiden Name of Mother: Amy S. Anderson			9. State or Country of Mother's Birth: Pope County, Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emily H. Peterson		11. Present Address of Registrant: c/o Lake Geneva Bible Camp Alexandria,Minnesota
NOTARY (Seal)	Subscribed and sworn to before me on: November 6, 1956	12. Signature of Notary: Philip B. Rolig PHILIP B. ROLIG, Notary Public Pope County, Minnesota		13. Notary Commission expires: December 11, 1960.

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Amy S. Wilson	Date Issued: Nov. 6, 1956	Date Orig. Entry
	Date of Birth: Sept. 8, 1910 / Birth Place: Troy	Full Name of Mother: Amy S. Anderson	Name of Father: Thelin Hydroth Anderson	
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: Douglas County Hospital Alexandria, Minnesota	Date Issued: May 6, 1939	Date Orig. Entry
	Date of Birth: Sept. 8, 1910 / Birth Place: Troy	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: H.J.Talle-Co.Supt. of Schools Glenwood,Minn.	Date Issued: Nov. 30, 1956	Date Orig. Entry: Census Report Sept. 8,1924
	Date of Birth: Sept. 8, 1910 / Birth Place	Full Name of Mother: Mrs. R. C. Wilson	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Dec.21,1956

FORM BH 56067

RELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRATION

1. Registrant's full name at birth		2. Date of Birth	
[illegible] ANDERSON		September 8, 1910	
3. Date of Birth	4. Sex	5. Place of Birth	6. County
[illegible]	Female	Idaho	
7. Full name of Father		8. Birthplace of Father	
[illegible] Ardreth Anderson		St. Paul, Minnesota	
9. Maiden name of Mother		10. Birthplace of Mother	
[illegible] S. Anderson		Polk County, Minnesota	

11. I certify that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [illegible]

12. Signature of Registrar: [illegible]

Registrar's Address: [illegible] Rolla, Missouri

Registrar's Commission expires: [illegible]

November 6, 1956

SUPPORTING DOCUMENT

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birthplace	Full Name of Mother	Name of Father
[illegible]	Troy	Anna S. Anderson	[illegible] Anderson

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
[illegible]	[illegible] Hospital [illegible]	May 8, 19[illegible]	

Date of Birth	Birthplace	Full Name of Mother	Name of Father
[illegible]	[illegible]		

SUPPORTING RECORD

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth	Birthplace	Full Name of Mother	Name of Father
[illegible]		[illegible] C. [illegible]	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior or other certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Dec. 23, 1956

[illegible]

[illegible] 24 1956

[illegible] SEAL [illegible] POLK COUNTY

358-123-025-912

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1297
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Pedro Lequerica			2. Date of Birth (month) (day) (year): November 23, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Owyhee	b. City or Town of Birth: Near Jordan Valley, Orego
FATHER	6. Full Name of Father: Timoteo Lequerica			7. State or Country of Father's Birth: Ereno, Vizcaya, Spain
MOTHER	8. Full Maiden Name of Mother: Josepha Zabalbeascoa			9. State or Country of Mother's Birth: Ereno, Vizcaya, Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Pedro Lequerica		11. Present Address of Registrant: Arock, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 21st November 1956	12. Signature of Notary: Gabriel Elordi		13. Notary Commission expires: Sept 12 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism Church Record	By whom issued and signed: St. Johns Cathedral Boise, Idaho	Date Issued: Sept. 23, 1953	Date Orig. Entry: Aug.17, 1911
Class* B	Date of Birth: Nov. 23, 1910 / Birth Place:	Full Name of Mother: Josepha Zabalbeascoa	Name of Father: Timotes Lequerica	
SUPPORTING RECORD 2.	Type of Document: U.S. Census Report	By whom issued and signed: Dept. of Commerce Bureau of the Census	Date Issued: Nov. 9, 1956	Date Orig. Entry: Jan.1,1920
Class B	Date of Birth: age 9 / Birth Place: Idaho	Full Name of Mother: Josefa Leguerica	Name of Father: Timonthy Leguerica	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Family Friend	By whom issued and signed: Aileen Shea Slaptes	Date Issued: Dec. 18, 1956	Date Orig. Entry:
Class B	Date of Birth: Nov. 23, 1910 / Birth Place: Owyhee County, Idaho	Full Name of Mother: Josepha Zabalbeascoa	Name of Father: Timoteo Lequercia	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Beeson	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Dec.28,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 28 1956

219208'023-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-001

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Lucille Barigar		2. Date Of Birth (month) (day) (year): [illegible] 8 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Oakley Ida Gem; b. City or Town of Birth: Oakley Idaho
FATHER	6. Full Name of Father: George W. Barigar		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Anna Bell Lamb		9. State or Country of Mother's Birth: Mo.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha L. Kesgard	11. Present Address of Registrant: Seattle Wn
NOTARY (Seal)	Subscribed and sworn to before me on: January 2 1957	12. Signature of Notary: G L McAteo	13. Notary Commission expires: Dec. 31 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date issued: May 11,1937	Date Orig. Entry:
	Date of Birth: Dec.8,1910 / Birth Place: Oakley, Idaho	Full Name of Mother: Anna Bell Whiteaker	Name of Father: George W. Barigar	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Anna B. Sparlin	Date issued: Oct 29,1956	Date Orig. Entry:
	Date of Birth: Dec 8,1910 / Birth Place: Oakley, Idaho	Full Name of ~~Mother~~ Father: Geo. W. Barigar	Name of ~~Father~~ Mother: Anna Bell Lamb	
SUPPORTING RECORD 3.	Type of Document: #403-020-510 Insurance Policy	By whom issued and signed: Prudential Ins. Co. of America	Date issued: July 22,1940	Date Orig. Entry:
	Date of Birth: Dec. 8,1910 / Birth Place: Oakley, Idaho	Full Name of Mother: Annabelle Lamb	Name of Father: George Barigar	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Jan. 2,1957

FORM BH 56067

JAN 3 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1657-001

REGISTRAR	1. Registrar's Full Name at Birth	2. Date of Birth (month) (day) (year)
Person whose birth is being registered	[illegible]	Dec. 8 [illegible]
	3. Color or Race	4. Sex	5. Place of Birth	6. Date of Birth
	[illegible]	[illegible]
FATHER	8. Full Name of Father	7. State or Country of Father's Birth
	[illegible]	[illegible]
MOTHER	9. Full Name of Mother	9. State or Country of Mother's Birth
	[illegible]	[illegible]
AFFIDAVIT	I hereby certify that the [illegible] are true to the best of my knowledge and belief.	10. Signature of Registrar	11. Present Address of Registrar
	[illegible]	[illegible]
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires
	[illegible]	[illegible]	[illegible]

APPLICATION: DO NOT WRITE WITHIN THIS LINE

SUPPORTING RECORD 1	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued: May 11, 1937
	Date of Birth: Dec. 8, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: Anna Bell Whitesker	Name of Father: George W. Barigar
SUPPORTING RECORD 2	Type of Document: Affidavit by Mother	By whom issued and signed: Anna B. Sperlin	Date Issued: Oct 29, 1956
	Date of Birth: Dec 8, 1910	Birth Place: Oakley, Idaho	Full Name of Father: Geo. W. Barigar	Name of Mother: Anna Bell Lamb
SUPPORTING RECORD 3	Type of Document: Insurance Policy #403-020-510	By whom issued and signed: Prudential Ins. Co. of America	Date Issued: July 22, 1940
	Date of Birth: Dec. 8, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: Annabelle Lamb	Name of Father: George Barigar
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documents, evidence has been reviewed, which presumably states the facts as set forth in the foregoing abstract.

State Registrar	Employee reviewed by	Date Filed
E. W. Henson	Joyce B. Foltz	Jan. 2, 1957

913-23-025-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jess S. Rackham			2. Date of Birth (month) (day) (year): December 23, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: Claud V. Rackham			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nettie Stewart			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jess S Rackham		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 26th. 1956.	12. Signature of Notary: Ralph Litton		13. Notary Commission expires: Jan. 5, 1960.

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by attendant	By whom issued and signed: Julia Clark		Date Issued: Sept. 4, 1956	Date Orig. Entry
	Date of Birth: Dec. 23, 1910	Birth Place: Teton City, Idaho	Full Name of Mother: Nettie Rackham	Name of Father: Claud V. Rackham	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Teton City, Idaho L.D.S. Church		Date Issued: 9/7/1911	Date Orig. Entry: Baptized Jan. 3, 1920
	Date of Birth: Dec. 23, 1910	Birth Place: Teton, Idaho	Full Name of Mother: Nettie Stewart	Name of Father: C. V. Rackham	
SUPPORTING RECORD 3.	Type of Document: School record (Census)	By whom issued and signed: Fremont County, Idaho		Date Issued: 1/10/57	Date Orig. Entry: Sept. 1922
	Date of Birth: Dec. 23, 1910	Birth Place:	Full Name of Mother: Nettie Stewart Rackham	Name of Father: Claud V. Rackham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	VW SS Shirley Straubhar	Jan. 15, 1957

FORM BH 56067

3 copies paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 16 1957

419-220-033-683

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-041
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Martin
2. Date of Birth (month) August (day) 20 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Archer

FATHER

6. Full Name of Father: John H. Martin
7. State or Country of Father's Birth: Derbyshire, England

MOTHER

8. Full Maiden Name of Mother: Jane Wylie
9. State or Country of Mother's Birth: Annabankshire, Scotland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellen Martin Ashcraft
11. Present Address of Registrant: Granger Wn. 13 of 387

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 9, 1957
12. Signature of Notary: Don Stites
13. Notary Commission expires: Aug 3 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by older brother	James W. Martin Sunnyside, Utah	4-11-56	
Class* B	Date of Birth: August 20, 1910 — Birth Place: Archer Idaho	Full Name of Mother: Jane Wylie Martin	Name of Father: John Martin	
SUPPORTING RECORD 2.	son's birth certificate	State of Idaho #288525		child born Nov. 28, 1939
Class B	Date of Birth: 29 years old — Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Church record	L.D.S. Salt Lake City	6/12/56	Oct. 2, 1910
Class B	Date of Birth: Aug. 20, 1910 — Birth Place: Archer, Idaho	Full Name of Mother: Jane Wylie	Name of Father: John Martin	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	bw Shirley Straubhar	Jan. 15, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 16 1959

695-110-025-756

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-046
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Floyd Albert Finney			2. Date Of Birth (month) Sept. (day) 10, (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Woodland, Idaho	b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Frank Abraham Finney			7. State or Country of Father's Birth: Woodson County, Kansas	
MOTHER	8. Full Maiden Name of Mother: Mabel Lilly George			9. State or Country of Mother's Birth: Guide Rock, Webster Co., Nebr.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd A Finney		11. Present Address of Registrant: Woodland, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: SEPTEMBER. 21. 1956	12. Signature of Notary: Albert J Hawde		13. Notary Commission expires: JULY. 18 1958.	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's Birth Certificate	By whom issued and signed: Idaho 242490		Date Issued: 2-28-36	Date Orig. Entry:
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: Family Genealogy Record	By whom issued and signed: Charles W. Finney		Date Issued: Jan. 19,	Date Orig. Entry: 1944
	Date of Birth: Sept. 10, 1910	Birth Place: Woodland	Full Name of Mother: Mabel Lilly George	Name of Father: Frank Abraham Finney	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Grandmother	By whom issued and signed: Sarah J. George		Date Issued: 11/26/56	Date Orig. Entry:
	Date of Birth: Sept. 10, 1910	Birth Place: Woodland, Idaho	Full Name of Mother: Mabel Lilly Finney	Name of Father: Frank Abraham Finney	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	SS Shirley Straubhar	Jan. 16, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 17 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: Apr. 19, 1910
	3. Color or Race: White	5. Place of Birth: Dale, Woodland, Idaho
FATHER	6. Full Name of Father: Frank Abraham Finney	7. State or Country of Father's Birth: Woodson County, Kansas
MOTHER	8. Full Maiden Name of Mother: Mabel Lilly George	9. State or Country of Mother's Birth: Wide Rock, Webster Co., Nem.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: Woodland, Idaho	
	12. Signature of Notary: [illegible]	13. Notary Commission expires: JULY 18 19 57

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class: [illegible]				
SUPPORTING RECORD 2	Type of Document: Family [illegible]	By whom issued and signed: Charles [illegible]	Date Issued: Jan. 19, 1904	Date Orig. Entry:
	Date of Birth: Sept. [illegible]	Birth Place: [illegible]	Full Name of Mother: Mabel Lilly George	Name of Father: Frank Abraham Finney
Class: 8				
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
Class: [illegible]				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

249-120-009-458

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-089
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilbur Fredrick Smith (W.F.S.)		2. Date of Birth (month) (day) (year): May 20, 1910
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Sand Point
FATHER	6. Full Name of Father: Fredrick Farmer Smith (W.F.S.)		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Emma Dendel		9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbur F. Smith	11. Present Address of Registrant: 57 SE Butler
NOTARY (Seal)	Subscribed and sworn to before me on: November 30 1956	12. Signature of Notary: Elizabeth Stevens	13. Notary Commission expires: August 29 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: Harry M. Smith	Date Issued: Nov. 30,	Date Orig. Entry: 1956
Class* B	Date of Birth: May 20, 1910 / Birth Place: Bonner County, Sand Point, Ida.	Full Name of Mother: Emma Dendel	Name of Father: Fredrick Farmer Smith	
SUPPORTING RECORD 2.	Type of Document: Daughter's Birth Certificate	By whom issued and signed: California #2166	Date Issued: Child's Birth Date May 13,	Date Orig. Entry: 1948
Class B	Date of Birth: age 37 / Birth Place: Sandpoint, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Mutual Trust Life Insurance Company	Date Issued:	Date Orig. Entry: Mar.2,1916
Class B	Date of Birth: May 20, 1910 / Birth Place: Sandpoint, Idaho	Full Name of Mother: Emma L. Smith	Name of Father:	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D. W. Benson	Evidence reviewed by: ss Shirley Straubhar	Date Filed: Jan. 31, 1957	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

JAN 31 1957

395-230-028-128

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-137
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARIAN ESTHER LINEHAN		2. Date of Birth (month) APRIL (day) 30 (year) 1910	
	3. Color or Race: CAUC.	4. Sex: F	5. Place of Birth: IDAHO a. County: KOOTENAI	b. City or Town of Birth: RATHDRUM
FATHER	6. Full Name of Father: PAUL LINEHAN		7. State or Country of Father's Birth: MAINE, JOHNS POND.	
MOTHER	8. Full Maiden Name of Mother: MABEL VELINA ASHLEY		9. State or Country of Mother's Birth: ILLANOIS, TONICA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marian Linehan Lybeck	11. Present Address of Registrant: SKAGWAY, ALASKA	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 6th 1957	12. Signature of Notary: Mary T. McCann	13. Notary Commission expires: U.S. Commission 19 57	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: U. S. Treasury Dept.	Date Issued: 2-11-37	Date Orig. Entry:	
Class* B	Date of Birth: Apr. 30, 1910	Birth Place: Rathdrum, Idaho	Full Name of Mother: Mable Velina Ashley	Name of Father: Paul Linehan	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Mabel Linehan Lybeck	Date Issued: 11-24-39	Date Orig. Entry:	
Class B	Date of Birth: Apr. 30, 1910	Birth Place: Rathdrum, Idaho	Full Name of Mother: Mabel Linehan Lybeck	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Voting Registration	By whom issued and signed: Skagway, Alaska	Date Issued: 11-19-53	Date Orig. Entry: 3-27-46	
Class B	Date of Birth: age 36	Birth Place: Rathdrum, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Shirley Straubhar	Date Filed: Feb. 13, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 18 1957

858-24-028-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-155

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Heyn
2. Date of Birth (month) (day) (year): June 24- 1910
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Coeur d'Alene, Kootenai
b. City or Town of Birth: Coeur d'Alene, Idaho

FATHER

6. Full Name of Father: Henry Heyn
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Maria Augusta Christina Pingel
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward Heyn
11. Present Address of Registrant: R. 1 Box 9 CDAleme, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 23 19 57

12. Signature of Notary: M E Strandrew
13. Notary Commission expires: 12/1/57 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Lodge Record	Fraternal Order of Eagles	1-24-57	11-6-35

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 24, 1910			

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record	Kootenai Co., Schools Coeur d'Alene, Idaho	1-22-57	Sept. 1916

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 6			

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by Mother	Maria Heyn	2-12-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 24, 1910	Coeur d'Alene Idaho	Maria Heyn	Henry Heyn

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(Seal)

State Registrar	Evidence reviewed by	Date Filed
W W Barnes	SS Shirley Straubhar	Feb. 15, 1957

FORM BH 56067

1 copy paid

FEB 18 1957

381-225032-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-156

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY FLORENCE THAYER			2. Date Of Birth (month) JUNE (day) 25 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: IDAHO LINCOLN	b. City or Town of Birth: SHOSHONE	
FATHER	6. Full Name of Father: HARRY ALLAN THAYER			7. State or Country of Father's Birth: ILLINOIS	
MOTHER	8. Full Maiden Name of Mother: FLORENCE FLORETTA SCHAUB			9. State or Country of Mother's Birth: ILLINOIS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy F. Thayer	11. Present Address of Registrant: 2321 Clement St	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 11 19 57		12. Signature of Notary: Edda E. Smith	13. Notary Commission expires: Oct. 10. 19 59	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Harry A. Thayer		Date Issued: 2-8-57	Date Orig. Entry:
	Date of Birth: June 25, 1910	Birth Place: Shoshone, Idaho	Full Name of Mother: Florence Schaub	Name of Father: Harry A. Thayer	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Chas B. Dalten -Pastor		Date Issued:	Date Orig. Entry: 9-5-1915
	Date of Birth: June 25, 1910	Birth Place:	Full Name of Mother: Florence M. Thayer	Name of Father: Harry A. Thayer	
SUPPORTING RECORD 3.	Type of Document: Daughter's Birth Cert.	By whom issued and signed: San Francisco, California		Date Issued: 5-8-51	Date Orig. Entry: Child born Mar. 30, 1930
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Jensen	Evidence reviewed by: Shirley Straubhar		Date Filed: Feb. 15, 1957	

FORM BH 56067 1 copy pasted

FEB 18 1957

819-20-035-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-160
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maurice Timothy HARTNETT
2. Date of Birth (month) (day) (year): NOV. 20 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho Nez Perce
b. City or Town of Birth: LEWISTON

FATHER

6. Full Name of Father: Timothy DENNIS HARTNETT
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: JANE MARTHA BENNETT
9. State or Country of Mother's Birth: MONTANELLE IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maurice T Hartnett
11. Present Address of Registrant: WEISER Idaho Rt 1

NOTARY (Seal)

Subscribed and sworn to before me on: January 28, 1957
12. Signature of Notary: Ev Norner
13. Notary Commission expires: January 1, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Mother & Father
By whom issued and signed: T. D. Hartnett, Janie M. Hartnett
Date Issued: 8-20-56
Date Orig. Entry:

Class*:
Date of Birth: November 20, 1910
Birth Place: Lewiston, Idaho
Full Name of Mother: Jane Martha Bennett
Name of Father: Timothy Dennis Hartnett

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: Idaho Mutual Benefit Assoc.
Date Issued: 26-Oct.-45
Date Orig. Entry:

Class:
Date of Birth: November 20, 1910
Birth Place: Lewiston, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: Child's Birth Certificate
By whom issued and signed: State of Idaho #215088
Date Issued: Child's Birthdate August 12, 1933
Date Orig. Entry:

Class:
Date of Birth: Age 22
Birth Place: Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W E Benson
Evidence reviewed by: Shirley Cooper
Date Filed: 2-19-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1957

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): Nov 2[illegible] 1712
	3. Color or Race: White	4. Sex: [illegible]
	5. Place of Birth (Account): [illegible]	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: Timothy Dennis Hartnett	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: Jane Martha Hartnett	9. State or Country of Mother's Birth: [illegible]
APPLICANT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Idavit by Mother & Father	By whom issued and signed: T. D. Hartnett, Jane D. Hartnett	Date Issued: [illegible]	Date Orig. Entry
Class	Date of Birth: November 20, 1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Jane Martha Hartnett	Name of Father: Timothy Dennis Hartnett
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mut. of Hospital Assoc.	Date Issued: 20-Oct.-[illegible]	Date Orig. Entry
Class	Date of Birth: November 20	Birth Place: Lewiston, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3.	Type of Document: [illegible] Certificate	By whom issued and signed: State of Idaho [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Class	Date of Birth: [illegible] 22	Birth Place: Idaho	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

Proof of Birth: Proof of that no prior birth certificate has been found in the Division of Vital Statistics for this registration, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Foregoing Contract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	2-15-57

Class A records are those made and filed before the registrant's fourth birthday.
Class B records are those made at or after the fourth birthday but are at least [illegible] years old.

169-221-014-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-166

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Louise Jordan
2. Date Of Birth: (month) 10 (day) 21 (year) 10
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho Canyon; b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Benjamin Harrison Jordan
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Alma Caroline Hansen
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice L. Dorland
11. Present Address of Registrant: 1906 Dracena St. Bakersfield Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: February 12, 1957
12. Signature of Notary: D. George Hay
13. Notary Commission expires: July 23 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	Benjamin Harrison Jordan	1-28-57	
	Date of Birth: Oct. 21, 1910 — Birth Place: Nampa, Idaho	Full Name of Mother: Alma Caroline Hansen	Name of Father: Benjamin Harrison Jordan	
SUPPORTING RECORD 2.	School Record	Bakersfield High School Bakersfield, California	1-4-57	Sept. 1923
	Date of Birth: Oct. 21, 1910 — Birth Place: Nampa, Idaho	Full Name of Mother: Alma Jordan	Name of Father: Benjamin Jordan	
SUPPORTING RECORD 3.	Marriage License	Kern Co., California	1-29-57	8-4-48
	Date of Birth: age 37 — Birth Place: Idaho	Full Name of Mother: Alma Hansen	Name of Father: Benjamin Jordan	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

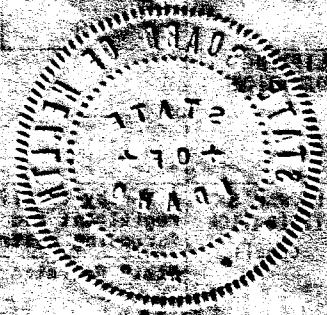
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Shirley Straubhar	Feb. 20, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

FEB 2 1959



168-224-042-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 57-191

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Johnson			2. Date of Birth (month) June (day) 24 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Twin Falls	b. City or Town of Birth: Kimberly
FATHER	6. Full Name of Father: George Henry Johnson			7. State or Country of Father's Birth: Ogden, Utah,
MOTHER	8. Full Maiden Name of Mother: Annie D. Morrill			9. State or Country of Mother's Birth: Junction, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia J. Hendrickam		11. Present Address of Registrant: 460 E. 2nd North, Richfield, Utah.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 18 1957	12. Signature of Notary: Dorothy Baker		13. Notary Commission expires: Apr. 18 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: Laban Rupert Morrill		Date Issued: 8-10-56	Date Orig. Entry:
	Date of Birth: June 24, 1910	Birth Place: Kimberly, Idaho	Full Name of Mother: Annie D. Morrill	Name of Father: George Henry Johnson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Richfield 6th Ward Sevier Stake L.D.S.		Date Issued: 2-10-57	Date Orig. Entry: 4-6-1919
	Date of Birth: June 24, 1910	Birth Place: Twin Falls Co., Kimberly, Idaho	Full Name of Mother: Annie D. Morrill	Name of Father: G. H. Johnson	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: Sevier County, Utah		Date Issued: 2-8-57	Date Orig. Entry: 8-31-1933
	Date of Birth: age 23	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Straubhar	Feb. 27, 1957

FORM BH 56067

FEB 22 1957

764-216-003-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-254

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margereth Amanda Poulsen
2. Date Of Birth (month) Jan (day) 16 (year) 1910.
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Grace -

FATHER

6. Full Name of Father: William Christian Poulsen
7. State or Country of Father's Birth: Franklin - Idaho

MOTHER

8. Full Maiden Name of Mother: Lola Bertha Sharp
9. State or Country of Mother's Birth: Ogden - Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margereth Amanda Poulsen
11. Present Address of Registrant: Route 3 Blackfoot Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Feb. 13 1957
12. Signature of Notary: [signature]
13. Notary Commission expires: Nov 18 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	Benewah Ward L.D.S. Church		Apr. 2, 1910
	Date of Birth: Jan. 16, 1910 — Birth Place: Bannock Co., Grace, Idaho	Full Name of Mother: Lola Sharp	Name of Father: Wm. C. Poulsen	
SUPPORTING RECORD 2.	Son's Birth Certificate	Idaho #171482	9-10-53	Child born 4-29-1929
	Date of Birth: age 19 — Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Insurance Policy	Gem State Mutual Life Association #23799-EC	3-17-42	
	Date of Birth: Jan. 16, 1910 — Birth Place: Grace, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: ss Shirley Straubhar
Date Filed: Mar. 12, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 1

264-30-025-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 27 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-276

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Elmer Lewis Souders			2. Date Of Birth (month) (day) (year): October 30th, 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Nez Perce	b. City or Town of Birth: Southwick, Idaho.	
FATHER	6. Full Name of Father: Frank Souders			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Grace Wells			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Lewis Souders		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 6th 1956	12. Signature of Notary		13. Notary Commission expires: Jan. 11th 1960	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account No.	By whom issued and signed: U.S. Treasury Dept.	Date Issued:	Date Orig. Entry: 11-19-36
	Date of Birth: Oct. 30, 1910 / Birth Place: Nez Perce Co., Southwick, Ida.	Full Name of Mother: Grace Emily Wells	Name of Father: Frank Souders	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Grace Souders	Date Issued: 10-30-56	Date Orig. Entry:
	Date of Birth: Oct. 30, 1910 / Birth Place: Idaho	Full Name of Mother: Grace Souders	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Photostatic copy of Family Bible Record	By whom issued and signed: Original viewed by Notary Public Glenn Farthing	Date Issued: viewed 2-26-57	Date Orig. Entry: Sometime shortly after birth
	Date of Birth: Oct. 30, 1910 / Birth Place:	Full Name of Mother: Grace E. Souders	Name of Father: Frank C. Souders	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D W Benson	Evidence reviewed by: Shirley Straubhar		Date Filed: March 18, 1957

FORM BH 56067

1 - Copy - Face

RECORDED CERTIFICATE OF BIRTH

916-210-001-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-295

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Bernice Rawlings
2. Date Of Birth (month) (day) (year): Sept. 10 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Boise Ada
b. City or Town of Birth: BOISE

FATHER

6. Full Name of Father: Thomas Carter Rawlings
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Jennie Belle Nelson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel Bernice Rawlings
11. Present Address of Registrant: Rt 2 Meridian Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 4, 1957

12. Signature of Notary: Jesse A Hatch
13. Notary Commission expires: December 17 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Idaho Mutual Benefit Association GH 3857-3	3-17-1947	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept 10,1910 Boise, Idaho			
SUPPORTING RECORD 2.	Affidavit by Mother	Jennie Rawlings Cagle	1-4-1957	
	Sept 10,1910 Boise, Idaho	Jennie Belle Nelson	Thomas Carter Rawlings	
SUPPORTING RECORD 3.	Family Bible	Entered in Bible by Mother		Obviously Old
	Sept 10,1910 Boise, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

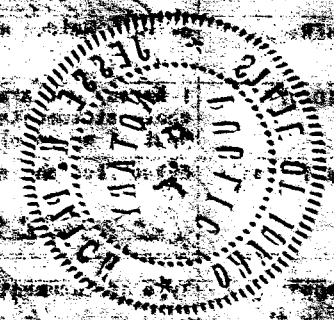
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	March 22, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 26 1957



26420?028-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be 57-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Monica Laura Boucher			2. Date of Birth: (month) July (day) 7 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. City: Coeur d' Alene; a. County: Kootenai	b. City or Town of Birth: Coeur d' Alene	
FATHER	6. Full Name of Father: Wilfred Amedy Boucher (deceased)			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Laura Mary Chainey			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Monica Laura Boucher Mapson	11. Present Address of Registrant: 438 Vista Drive, San Carlos, California	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 12, 19 57		12. Signature of Notary: A. Joline Lyons	13. Notary Commission expires: Feb. 15, 19 57	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. Thomas Church CATH. Coeur d'Alene, Idaho	Date Issued: 2-26-57	Date Orig. Entry: 7-17-1910
	Date of Birth: July 7, 1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Laura Chainey	Name of Father: Wilfred Boucher	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate		By whom issued and signed: St. Thomas Parish Coeur d'Alene, Idaho	Date Issued:	Date Orig. Entry: Aug.12,1934
	Date of Birth: July 7, 1910	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Laura M. Boucher	Date Issued: 3-13-57	Date Orig. Entry:
	Date of Birth: July 7, 1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Laura M. Chainey Boucher	Name of Father: Wilfred A. Boucher	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D. W. Benson		Evidence reviewed by: ss Shirley Straubhar	Date Filed: March 25, 1957	

FORM BH 56067

MAR 25 1957

366124-025-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-374

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myron Sibsby Tofte			2. Date Of Birth (month) (day) (year): Sept. 24 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Mullen
FATHER	6. Full Name of Father: Knote Tofte			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Laura Jensen			9. State or Country of Mother's Birth: Nebr.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myron Tofte		11. Present Address of Registrant: Omaha Nebr
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1957	12. Signature of Notary: Kenneth K Price		13. Notary Commission expires: June 14 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Birth Announcement	By whom issued and signed: Father- K. Tofte	Date Issued: 9-28-1910	Date Orig. Entry:
	Date of Birth: Sept. 24, 1910 / Birth Place: Mullan, Idaho	Full Name of Mother:	Name of Father: K. Tofte	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L.O. Overheim - Pastor	Date Issued: 11-9-1912	Date Orig. Entry:
	Date of Birth: Sept. 24, 1910 / Birth Place:	Full Name of Mother: Laura Tofte	Name of Father: Knute Tofte	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle	By whom issued and signed: Clarence L. Jensen	Date Issued: 3-27-57	Date Orig. Entry:
	Date of Birth: Sept. 24, 1910 / Birth Place: Mullen, Idaho	Full Name of Mother: Laura Jensen Tofte	Name of Father: Knute Tofte	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [illegible] Benson	Evidence reviewed by: Nancy Richards SS	Date Filed: 4-10-57

FORM BH 56067

APR 11 1957

236-228-003-918

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-385

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl May Stone			2. Date of Birth (month) May (day) 28, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: William Franklin Stone			7. State or Country of Father's Birth: Oseolo, Nebraska
MOTHER	8. Full Maiden Name of Mother: Pearl Blanche Raynor			9. State or Country of Mother's Birth: Waukesha, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl May (Stone) Gurss		11. Present Address of Registrant: Box 263, Independence, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1957	12. Signature of Notary: Alex. C. Krater		13. Notary Commission expires: Nov. 23 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Pearl B. Stone	Date Issued: 9-29-55	Date Orig. Entry:
	Date of Birth: May 28, 1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Pearl Blanche Raynor	Name of Father: William Franklin Stone	
SUPPORTING RECORD 2.	Type of Document: Son's Birth Certificate	By whom issued and signed: Nevada #1041	Date Issued: 2-15-57	Date Orig. Entry: Child born Oct. 9, 1937
	Date of Birth: age 27 / Birth Place: Pocatello, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: U.S. Census Report	By whom issued and signed: U.S. Dept. of Commerce	Date Issued: 2-27-57	Date Orig. Entry: 1-1-1920
	Date of Birth: age 9 / Birth Place: Idaho	Full Name of Mother: Pearl Stone	Name of Father: William Stone	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Shirley Straubhar	April 10, 1957

FORM BH 56067

APR 11 1957

213-109-006-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-389
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elon Francisco Bacon
2. Date of Birth (month) June (day) 9 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Frank Bacon
7. State or Country of Father's Birth: Vicksburg Michigan

MOTHER

8. Full Maiden Name of Mother: Osceola Bates
9. State or Country of Mother's Birth: Taylorville Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elon Francisco Bacon
11. Present Address of Registrant: 108 McKinley Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 2 1957
12. Signature of Notary: Grace Bistline
13. Notary Commission expires: August 3 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	BINGHAM COUNTY RECORD OF BIRTH -Book 2, Page 21	County Recorder, Bingham co. Blackfoot, idaho	Feb 17, 1942	
Class*	Date of Birth / Birth Place: June 9,1910 Blackfoot, Idaho	Full Name of Mother: Ola Bates	Name of Father: Frank Bacon	
SUPPORTING RECORD 2.	Personal Record, Form 2946 Union Pacific Railroad Co.	Personal Record Bureau Office of Master Mechanic	4-2-1957	Aug 23, 1935
Class	Date of Birth / Birth Place: June 9,1910 Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Life Insurance Policy Metropolitan Life Ins. Co.	Metropolitan Life, Ins. Co.	Nov 14,1921	
Class	Date of Birth / Birth Place: Age Next Birthday 12	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 10, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFIED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 11 1957

1. NAME	2. Full Name at Time of Birth
3. Color or Race	4. Sex
5. Place of Birth	a. County
b. City or Town of Birth	
6. Full Name of Father	
7. Full Maiden Name of Mother	
8. Date of County of Previous Birth	
9. Date of County of Subsequent Birth	
10. Number of Children Born to This Mother	
11. Number Now Living	
12. Number Dead	
13. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	
14. Signature of Informant	
15. Address and Relationship	
16. Signature of Attendant	
17. Address and Title of Attendant	
18. Signature of Local Registrar	
19. Date Received by Local Registrar	

RECORDED — Type of Document: BENEHAM COUNTY RECORD OF BIRTH -Book 2, Page 21

Date of Birth Birth Place

CERTIFIED COPY — Type of Document: Personal Record, Form 2540 Union Pacific Railroad Co.

Date of Birth Birth Place

Name 2.1910 Blackfoot, Idaho

INSURANCE POLICY — Type of Document: Life Insurance Policy

By Whom Issued and Signed: Prospektian Life, Inc. Co.

Full Name of Insured: Age Next Birthday

Class

RECORDED — By Whom Issued and Signed: County Recorder, Bingham Co. Blackfoot, Idaho

Full Name of Mother

CERTIFIED COPY — By Whom Issued and Signed: Personal Record Bureau Office of Master Mechanic

Full Name of Mother: 4-4-1957 Aug 24, 1956

INSURANCE POLICY — By Whom Issued and Signed: Metropolitan Life, Inc. Co. Nov 14,1927

Full Name of Insured

NOT VALID UNLESS SEAL AFFIXED

Date Filed: April 10, 1957

Evidence Relied on: Jayce S. Folts

Name of Informant

Name of Person Who Made Statement

Date of Birth

Name at Birth

Date Issued

Date Filed

Name of Father

Date Issued

Date Filed

Name of Father

Date Issued

Date Filed

Name of Father

296-230-022-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-395

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Enid Cecil Brossard
2. Date of Birth (month) (day) (year): March 30 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Fremont
b. City or Town of Birth: Lewisville

FATHER

6. Full Name of Father: Louis Alphonse Brossard
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Stella Josephine Fisher
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Enid B. Zukowski
11. Present Address of Registrant: 7813 Nimitz Dr., S. E., Wash. 28, D. C.

NOTARY (Seal)

Subscribed and sworn to before me on: Mar 26 1957

12. Signature of Notary: Stanley R. Newhouse
13. Notary Public Prince Georges County, State of Maryland
My Commission Expires May 6, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavits by parents		By whom issued and signed: Stella Josephine Fisher Brossard, Louis Alphonse Brossard	Date Issued: 3-14-57	Date Orig. Entry:
	Date of Birth: March 30, 1910	Birth Place: Lewisville, Idaho	Full Name of Mother: Stella Josephine Fisher Brossard	Name of Father: Louis Alphonse Brossard	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: LDS Church, Salt Lake City, U.	Date Issued: 3-13-57	Date Orig. Entry: June 5, 1910
	Date of Birth: March 30, 1910	Birth Place: Fremont County Lewisville, Idaho	Full Name of Mother: Stella Fisher	Name of Father: Louis Brossard	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Rigby Senior High School	Date Issued: 3-13-57	Date Orig. Entry: Sept. 1, 1924
	Date of Birth: March 30, 1910	Birth Place: --	Full Name of Mother: --	Name of Father: --	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. W. Bagan	Nancy Richards	April 11, 1957

FORM BH 56067

2 Copies issued

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 11 1967

365-03-004-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-423

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arland Joseph Condie		2. Date of Birth (month) March (day) 3, (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Fish Haven
FATHER	6. Full Name of Father: Joseph William Condie		7. State or Country of Father's Birth: Croydon, Utah. Morgan County	
MOTHER	8. Full Maiden Name of Mother: Chloe Loveland		9. State or Country of Mother's Birth: Garden City, Utah Rich County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: A. J. Condie	11. Present Address of Registrant: 421 - Jane Wash Gooding Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1957	12. Signature of Notary: Julius Schmitt	13. Notary Commission expires: March 1 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Joseph William Condie	Date Issued: 7-6-56	Date Orig. Entry:	
	Date of Birth: 3-3-10	Birth Place: Fish Haven, Ida.	Full Name of Mother: Chloe Loveland Condie	Name of Father: Joseph William Condie	
SUPPORTING RECORD 2.	Type of Document: son's birth certificate	By whom issued and signed: Idaho #273930	Date Issued: Child born 8-31-38	Date Orig. Entry:	
	Date of Birth: age 28	Birth Place: Fish Haven, Ida.	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: school record	By whom issued and signed: School District No. 2, Gooding County, Idaho	Date Issued: 4-3-57	Date Orig. Entry: Sept. 1922	
	Date of Birth: March 3, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. W. Condie	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	April 18, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name at Birth: Arnold Joseph Condie	2. Date of Birth: March 3, 1910
	3. Sex: Male	4. Place of Birth: Hoop Lake; City or Town of Birth: Fish Haven
FATHER	5. Full Name of Father: Joseph William Condie	6. State or Country of Father's Birth: [illegible]
MOTHER	7. Full Maiden Name of Mother: Chloe Loveland	8. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]; 11. Present Address of Registrant: [illegible]
NOTARY (Seal)	9. Sworn and subscribed to before me on: [illegible]	12. Signature of Notary: [illegible]; 13. Notary Commission Expires: [illegible]

APPROVED — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by father	By whom issued and signed: Joseph William Condie	Date Issued: 7-6-56	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Father: Chloe Loveland Condie	Name of Father: Joseph William Condie	
SUPPORTING RECORD 2	Type of Document: Annie Birth certificate	By whom issued and signed: Idaho #273[illegible]	Date Issued: Child Born 8-31-38	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother: Fish Haven, Ida.	Name of Father:	
SUPPORTING RECORD 3	Type of Document: School record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Sept. 1922
	Date of Birth: [illegible]	Full Name of Mother: ---	Name of Father: [illegible]	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] of [illegible].

State Registrar	Fulcrum reviewed by: [illegible]	Date Filed: April 28, 1957

STATE BOARD OF HEALTH
STATE OF IDAHO

255-20-02-3-689

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-446
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Etta Margarett Sevey
2. Date of Birth: July 10th 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho gem; b. City or Town of Birth: Ola

FATHER

6. Full Name of Father: William Arron Sevey
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Jessie May Whisman.
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Etta M. Nelson
11. Present Address of Registrant: Gold Beach, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: April 16 1957

12. Signature of Notary: Co. Clerk Oleta A. Walker
13. Notary Commission expires: Co. Clerk Curry County, Oregon Jan 6 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Census Record	U. S. Dept. of Commerce Bureau of the Census	3-29-57	Jan. 1, 1920
	Date of Birth age 9 / **Birth Place** Idaho	**Full Name of Mother** Jessie M. Sevey	**Name of Father** William A. Sevey	
SUPPORTING RECORD 2. Class B	Affidavits by parents	William A. Sevey and Jessie M. Sevey	2-21-57	
	Date of Birth July 10, 1910 / **Birth Place** Ola, Idaho	**Full Name of Mother** Jessie M. Sevey	**Name of Father** William A. Sevey	
SUPPORTING RECORD 3. Class B	School record	School Dist. No. 64, Malheur County, Oregon	3-4-57	Oct. 1925
	Date of Birth age 15 / **Birth Place** ---	**Full Name of Mother** ---	**Name of Father** W. A. Sevey	

QUALIFYING INFORMATION 3-4-57
Marriage Record, Payette County: age 18 as of Dec. 27, 1928.

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	Nancy Richards	April 23, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #8067

DELAYED CERTIFICATE OF BIRTH

APR 24 1967

794-105-030-55

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 25 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-452
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLARD JACKSON GRUBB
2. Date Of Birth: (month) MAY (day) 8 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Lemhi; b. City or Town of Birth: Patterson, Idaho

FATHER

6. Full Name of Father: ORLANDO JACKSON GRUBB
7. State or Country of Father's Birth: DeQuene, Illinois

MOTHER

8. Full Maiden Name of Mother: FRANCES KATY MILLER
9. State or Country of Mother's Birth: Summerfield, Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Willard Jackson Grubb
11. Present Address of Registrant: 468 San Diego Ave, Daly City, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on July 16 1956

12. Signature of Notary: Ora W. Elkins
13. Notary Commission expires: (7/14 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by Mother	Frances Katy Miller	July 16,	1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 8, 1910 / Patterson, Idaho	Frances Katy Miller	Orlando Jackson Grubb	
SUPPORTING RECORD 2. Class B	Insurance Policy	New York Life Ins. Co.	November 18,	1925
	May 8, 1910 / Idaho	Frances Grubb		
SUPPORTING RECORD 3. Class B	Employment Record	Greyhound Pacific Lines San Francisco, Calif.	4-16-57	June 5, 1944
	May 8, 1910 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	VW Nancy Richards	April 24, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy pd.

313-127-020-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-455

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Henry Tate
2. Date Of Birth (month) (day) (year): Aug. 27 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Elmore; b. City or Town of Birth: Mountain Home

FATHER

6. Full Name of Father: William K. Tate
7. State or Country of Father's Birth: ~~Alabama~~ Georgia

MOTHER

8. Full Maiden Name of Mother: Ethel B. Wayte
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas H. Tate
11. Present Address of Registrant: 410 E 8th No. St Mt Home Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 20 1957
12. Signature of Notary: Julene McNeily
13. Notary Commission expires: Dec 4 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Ethel B. Hart - Mother	3-19-57	
	Date of Birth: Aug. 27, 1910 / Birth Place: Mtn. Home, Idaho	Full Name of Mother: Ethel B. Wayte	Name of Father: William K. Tate	
SUPPORTING RECORD 2.	Lodge Record	The Fraternal Order of Eagles Mtn. Home, Idaho		Jan. 25, 1942
	Date of Birth: Aug. 27, 1910 / Birth Place: Mtn. Home, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Own Child's Birth Certificate	State of Idaho #227989	Child's Birthdate November 1, 1934	
	Date of Birth: Age 24 / Birth Place: Mtn. Home, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Cooper	4-25-57

FORM BH 56067

253-102 0036-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-492

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Allen Beckstead
2. Date Of Birth (month) (day) (year): Nov. 2 1910
3. Color or Race: White
4. Sex: m
5. Place of Birth a. County: Preston Oneida
b. City or Town of Birth: Preston ~~Oneida~~

FATHER

6. Full Name of Father: David Clive Beckstead
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lorain Smith
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas Allen Beckstead
11. Present Address of Registrant: Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 2-19- 1957

12. Signature of Notary: E. B. Bonnell
13. Notary Commission expires: 8-2-58

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Driggs Ward, L.D.S.	7-10-22	6-24-1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 2, 1910 / Oneida Co., Preston, Idaho	Lorain Smith	David Clive Beckstead	
SUPPORTING RECORD 2.	Affidavit by Uncle	Thomas W. Smith	3-18-57	
	Nov. 2, 1910 / Oneida Co., Preston, Idaho	Lorain Beckstead	David Clive Beckstead	
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #194273		child born July 22, 1931
	age 20 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: I. [illegible]
Evidence reviewed by: SS Nancy Richards
Date Filed: May 8, 1957

FORM BH 56067

Delayed

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 9 1957

393-215-042-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Rose Littler			2. Date Of Birth (month) December (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls Co.	b. City or Town of Birth: Buhl, Idaho
FATHER	6. Full Name of Father: Edgar Alfred Littler			7. State or Country of Father's Birth: London, England
MOTHER	8. Full Maiden Name of Mother: Lalla Virtue Sonner			9. State or Country of Mother's Birth: Tecumseh, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Rose Littler Anderson		11. Present Address of Registrant: Rt. #1, Kimberly, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: May 6, 1957	12. Signature of Notary: [illegible]		13. Notary Commission expires: Oct. 20 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Twin Falls Fourth Ward, LDS Church	Date Issued: 12-15-47	Date Orig. Entry: Nov. 23, 1947
	Date of Birth: Dec. 15, 1910 / Birth Place: Twin Falls Co. Buhl, Idaho	Full Name of Mother: Lalla V. Sonner	Name of Father: Edgar Alfred Littler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lalla Virtue Sonner Littler	Date Issued: 4-22-57	Date Orig. Entry:
	Date of Birth: Dec. 15, 1910 / Birth Place: ---	Full Name of Mother: Lalla Virtue Sonner Littler	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #22723⅓	Date Issued:	Date Orig. Entry: child born Aug. 4, 1934
	Date of Birth: age 23 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: nr Nancy Richards		Date Filed: May 16, 1957

FORM BH 56067

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DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 16 1957

955-111-042-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Austin Reed		2. Date Of Birth (month) June (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Buhl, Idaho
FATHER	6. Full Name of Father: Fred Reed		7. State or Country of Father's Birth: Elko Nevada Elko Co.
MOTHER	8. Full Maiden Name of Mother: Elsie Clark		9. State or Country of Mother's Birth: Coalville Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Austin Reed	11. Present Address of Registrant: R#4 Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 2, 1957	12. Signature of Notary: [signature]	13. Notary Commission expires: 2-4-61 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record	By whom issued and signed: Twin Falls County Recorder	Date issued: 11-19-51	Date Orig. Entry: shortly after birth
	Date of Birth: June 11, 1910; Birth Place: Buhl, Idaho	Full Name of Mother: ---	Name of Father: Fred Reed	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Dec. 1, 1936
	Date of Birth: June 11, 1910; Birth Place: Twin Falls Co. Buhl, Idaho	Full Name of Mother: Elsie Clark	Name of Father: Fred Reed	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Buhl Public Schools, Buhl, Ida.	Date issued: 5-5-57	Date Orig. Entry: Sept. 10, 1917
	Date of Birth: June 11, 1910; Birth Place: Buhl, Idaho	Full Name of Mother: ---	Name of Father: Fred Reed	

QUALIFYING INFORMATION: own child's birth certificate, Idaho #206682, child born Aug. 31, 1932: age 22; birthplace Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	May 21, 1957

FORM BH 56067

MAY 24

863-127-014-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Holcomb			2. Date of Birth (month) (day) (year): September 27, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Middleton, Ida. Canyon Co.	b. City or Town of Birth: Middleton, Idaho
FATHER	6. Full Name of Father: Charles Edward Holcomb			7. State or Country of Father's Birth: United States- place unknown
MOTHER	8. Full Maiden Name of Mother: Alice Blazer			9. State or Country of Mother's Birth: Missouri, U. S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Holcomb		11. Present Address of Registrant: Telocaset, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: February 16, 1957 19___	12. Signature of Notary: [illegible]		13. Notary Commission expires: June 16, 1960 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: certified Malheur County, Oregon copy		Date Issued: 4-24-57	Date Orig. Entry: 5-27-33
	Date of Birth: age 22 8 mos.	Birth Place: Middleton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Carrier Registration form from U. P. Railroad Co.		Date Issued:	Date Orig. Entry: Jan. 8, 1937
	Date of Birth: Sept. 27, 1910	Birth Place: Canyon Co. Middleton, Idaho	Full Name of Mother: Alice Blazer	Name of Father: Charles Edward Holcomb	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, age 75	By whom issued and signed: Taylor Evans		Date Issued: 5-11-57	Date Orig. Entry:
	Date of Birth: Sept. 27, 1910	Birth Place: Middleton, Idaho	Full Name of Mother: Alice Blazer	Name of Father: Charles Edward Holcomb	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	May 28, 1957

FORM BH 56067

MAY 29 1957

OCT 21

275-231-004-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-594

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Spencer
2. Date of Birth (month) (day) (year): August 31 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Bear Lake
   b. City or Town of Birth: Paris

FATHER

6. Full Name of Father: George Boardman Spencer Jr.
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Adelina Horsley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice S. Christensen
11. Present Address of Registrant: 1815 Woodland Ave. West Lafayette Indiana

NOTARY (Seal)

Subscribed and sworn to before me on: April 24 1957
12. Signature of Notary: W. G. Blumer
13. Notary Commission expires: Oct. 9 1958.

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	LDS Church, Purdue Branch Lafayette, Indiana	5-13-57	christened Sept. 8, 1910
	Date of Birth: Aug. 31, 1910 / Birth Place: Bear Lake Co. Paris, Idaho	Full Name of Mother: Adeline Horsley	Name of Father: George B. Spencer, Jr.	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Fielding High School Paris, Idaho	Date Issued: 4-26-57	Date Orig. Entry: May, 1929
	Date of Birth: Aug. 31, 1910 / Birth Place: Paris, Idaho	Full Name of Mother: ---	Name of Father: George B. Spencer	
SUPPORTING RECORD 3.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Utah File # 458	Date Issued: 4-22-1957	Date Orig. Entry: Child born May 4, 1936
	Date of Birth: Age 25 / Birth Place: Paris, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	June 6, 1957

FORM BH 56067

1 Certified

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-594

JUN 6 1957

1. Registrant's Name	2. Date (Month) (Day) (Year)	
[illegible]	Birth [illegible] 31 1926	
3. Color or Race	4. Sex	5. Place of Birth (County)
[illegible]	[illegible]	Paris
6. Full Name of Father	7. State or Country of Father's Birth	
[illegible]	[illegible]	
8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
[illegible]	[illegible]	
10. Signature of Registrant	11. Present Address of Registrant	
[illegible]	[illegible]	
12. Signature of Mother	13. Notary Commission expires	
[illegible]	[illegible]	

SUPPORTING RECORD 1	Type of Document: Church Record	By whom issued and signed: LDS Church, Purdue Branch, Lafayette, Indiana	Date Issued: 5-13-57	Date Original Entry: Sept. 8, 1920
	Date of Birth: Aug. 31, 1910	Full Name of Mother: Adeline Horsley	Name of Father: George [illegible] Spencer, Jr.	
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: Fielding High School, Paris, Idaho	Date Issued: 4-24-57	Date Original Entry: May, 1929
	Date of Birth: Aug. 31, 1910	Full Name of Mother: —	Name of Father: George [illegible] Spencer	
SUPPORTING RECORD 3	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Utah, File # 468	Date Issued: 4-22-1957	Date Original Entry: Child born May 4, 1926
	Date of Birth: Age 26	Full Name of Mother: Paris, Idaho	Name of Father:	

QUALIFYING INFORMATION

CERTIFICATE OF BIRTH

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, or that documentary evidence has been reviewed, which substantiates the facts of not Paris in the [illegible] Register.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Henson	Nancy Richards	June 6, 1957

759-203-014-645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-597

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ilona Mae Geise			2. Date Of Birth (month) 12 (day) 3 (year) 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: at home Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: Otto Geise			7. State or Country of Father's Birth: Prussia	
MOTHER	8. Full Maiden Name of Mother: Sophia Ode			9. State or Country of Mother's Birth: North Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs. Thomas O'Brien	11. Present Address of Registrant: R#6. Nampa, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1957		12. Signature of Notary: [signature]	13. Notary Commission expires: 2/6 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Church of St. Paul Nampa, Idaho	Date Issued: 4-9-57	Date Orig. Entry: Baptized July 6, 1940
	Date of Birth: Dec 3,1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Sophie Ode	Name of Father: Otto Geise	
SUPPORTING RECORD 2.	Type of Document: Application for License to practice Nursing		By whom issued and signed: State of Idaho Dept. of Law Enforcement	Date Issued:	Date Orig. Entry: Feb 27, 1936
	Date of Birth: Dec 3,1910	Birth Place: Caldwell, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: No.9,138,748 Life Insurance Policy		By whom issued and signed: Equitable Life Assurance Society of the United Stated	Date Issued: 5-16-1933	Date Orig. Entry: May 16,1933
	Date of Birth: Dec 3,1910	Birth Place: Caldwell, Idaho	Full Name of Mother:	Name of Father: Otto Geise	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: June 6, 1957

FORM BH 56067

JUN 6 1957

Certificate of Baptism	Church of St. Paul Nampa, Idaho	4-[illegible] July 6, 1940
Dec 3,1910 Caldwell, Idaho	Sophie Oss	Otto Geiss
Application for License to practice Nursing	State of Idaho Dept. of Law Enforcement	Feb 27, 1936
Dec 3,1910 Caldwell, Idaho		
No.9,136,748 Life Insurance Policy	Equitable Life Assurance Society of the United States	5-16-1933 May 13,1936
Dec 3,1910 Caldwell, Idaho		Otto Geiss

Date Filed June 6, 1957

819-23-016-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-623

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harper, Wanda
2. Date of Birth (month) (day) (year): July 23 1910
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Oakley, Idaho

FATHER

6. Full Name of Father: William Taylor Harper
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Olive Vilate Wilson
9. State or Country of Mother's Birth: Idaho - Cassia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Harper Hollingsworth
11. Present Address of Registrant: 224 West Young, Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 26 1957
12. Signature of Notary: A. D. Brimhall
13. Notary Commission expires: Sept. 30 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	IDS Church Salt Lake City, Utah	4-22-57	Aug. 14, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23, 1910	Cassia County Oakley, Idaho	Olive Wilson	William T. Harper

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #348767		child born May 16, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 31	Oakley, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Security Account Number	Treasury Dept.		Oct. 10, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 23, 1910	Cassia Co. Oakley, Idaho	Olive V. Wilson	William T. Harper

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	June 18, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 19 1957

DEC 5 1975

336-201-00J-225

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-626
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Spence Lloyd		2. Date of Birth (month) 5 (day) 1 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Central, Idaho
FATHER	6. Full Name of Father: Parley Lea Lloyd		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Janet Spence ~~Lloyd~~		9. State or Country of Mother's Birth: Wyoming	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois S. Lloyd Kerley	11. Present Address of Registrant: 104 E. 18th Street, Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 13, 1957	12. Signature of Notary: Zaida Brummett	13. Notary Commission expires: April 28, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	own child's birth certificate	Idaho #190003		child born Mar. 3, 1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 20 / Central, Idaho	---	---	
SUPPORTING RECORD 2. Class B	Application for Social Security Account Number	Treasury Dept.		Jan. 4, 1937
	May 1, 1910 / Central, Idaho	Jeanett Bell Spence	Lea Lloyd Parley	
SUPPORTING RECORD 3. Class B	Affidavit by father	Parley Lea Lloyd	6-10-57	
	May 1, 1910 / Central, Idaho	Janet Spence Lloyd	Parley Lea Lloyd	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	nr Nancy Richards	June 18, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 19 1967

312-213-029-559

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-645
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Margaret Casselman		2. Date of Birth (month) (day) (year): December 13, 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: b. City or Town of Birth: Potlatch, Idaho
FATHER	6. Full Name of Father: F. Fred Casselman		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Margaret Pauline Neilsen		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Margaret Casselman, (Terry)	11. Present Address of Registrant: R-1, Box 664, Ventura, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1957	12. Signature of Notary: Delva Howd	13. Notary Commission expires: Feb. 24 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Margaret Casselman and F. Fred Casselman	Date Issued: 2-8-55	Date Orig. Entry:
Class* B	Date of Birth: Dec. 13, 1910 / Birth Place: Potlatch, Idaho	Full Name of Mother: Margaret Casselman	Name of Father: F. Fred Casselman	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Adams County Ritzville, Washington	Date Issued: 11-10-54	Date Orig. Entry: May 1, 1920
Class B	Date of Birth: Dec. 13, 1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: F. F. Casselman	
SUPPORTING RECORD 3.	Type of Document: Hunting-Fishing License	By whom issued and signed: Washington Dept. of Game	Date Issued: 7-7-44	Date Orig. Entry: July 7, 1944
Class B	Date of Birth: age 33 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Driver's License, California; dated July 21, 1947: birth date -- Dec. 13, 1910 Marriage License Application, Nez Perce Co., Idaho; dated July 3, 1930: age 19			

REGISTRAR'S CERTIFICATION (seal)

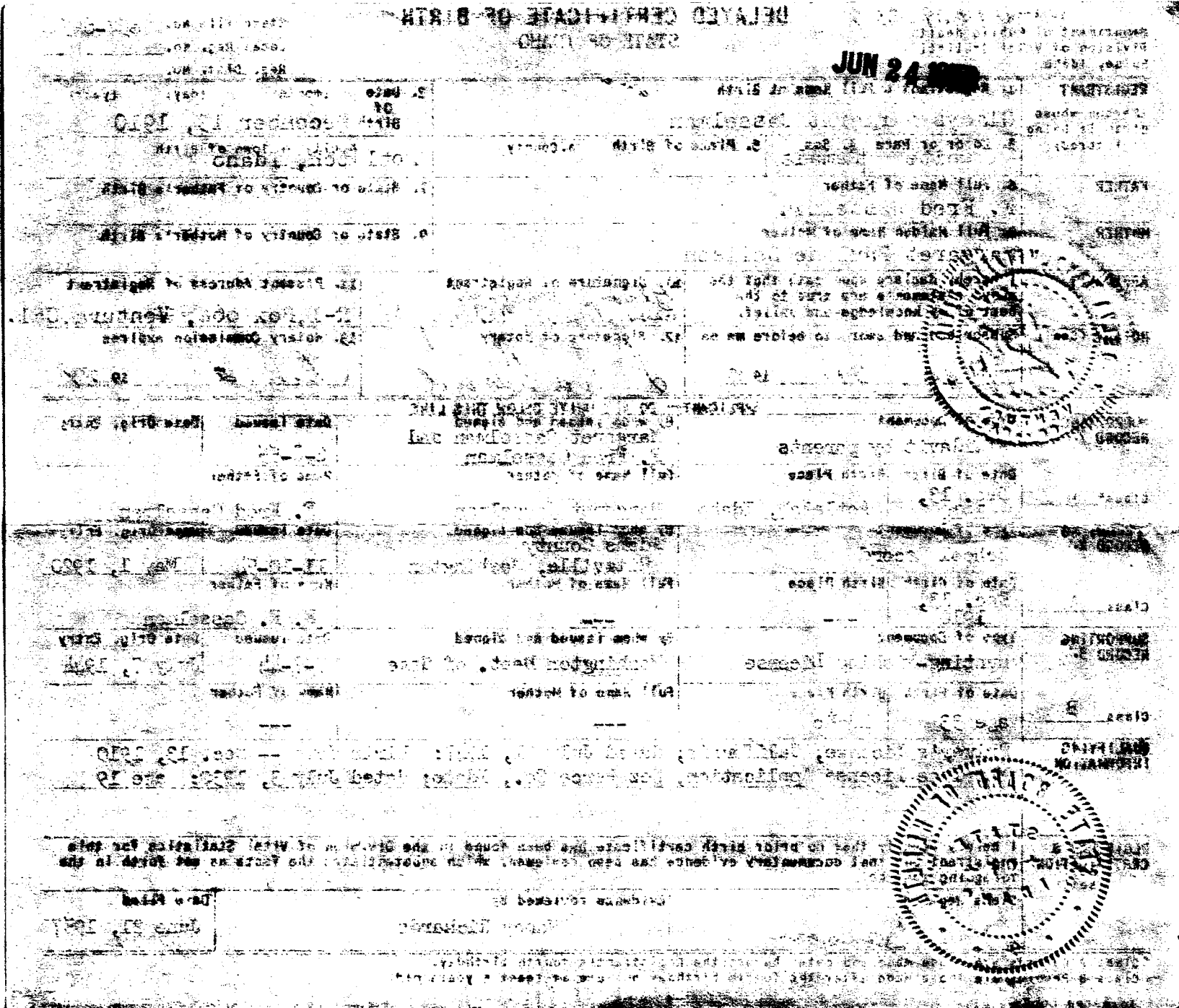
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	June 21, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 Copy Issued



689-204-003-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-665
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lela Ann Whitaker
2. Date of Birth (month) (day) (year): July 4 1910
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Downey Ida. Bannock
b. City or Town of Birth: Cambridge Idaho

FATHER

6. Full Name of Father: James Solomon Whitaker
7. State or Country of Father's Birth: Newton N Yale

MOTHER

8. Full Maiden Name of Mother: Sarah Lowe
9. State or Country of Mother's Birth: Durham Co. England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lela A. Whitaker
11. Present Address of Registrant: R#1 Filer Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 17 1957
12. Signature of Notary: Leah Cedarholm
13. Notary Commission expires: Jan 13 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #175166		child born Sept. 13, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	Cambridge, Idaho	---	---

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	Cambridge Ward LDS Church	7-11-18	July 6, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 4, 1910	Bannock Co. Cambridge, Idaho	Sarah Lowe	James S. Whitaker

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	viewed by Notary Public, Leah Cedarholm; Filer, Idaho on	6-18-57	apparently very old & style of early 1900's.

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 4, 1910	Bannock Co. Cambridge, Idaho	---	James Solomon Whitaker

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	June 27, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

JUN 28 1957

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth [illegible]	2. Date of Birth (month) (day) (year) [illegible]
	3. Color or Race: a. Sex [illegible]	5. Place of Birth: a. County [illegible] b. City or Town of Birth [illegible]
FATHER	6. Full Name of Father [illegible]	7. State or Country of Father's Birth [illegible]
	8. Full Maiden Name of Mother [illegible]	9. State or Country of Mother's Birth [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant [illegible]
	11. Present Address of Registrant [illegible]	
	Subscribed and sworn to before me on [illegible]	12. Signature of Notary [illegible]
	13. Notary Commission expires [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #175166	Date Issued	Date Orig. Entry: child born Sept. 13, 1929
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Cambridge Ward LDS Church	Date Issued: 7-11-18	Date Orig. Entry: July 6, 1918
Class B	Date of Birth: July 4, 1910	Birth Place: Bannock Co. Cambridge, Idaho	Full Name of Mother: Sarah Lowe	Name of Father: James S. Whitaker
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: viewed by Notary Public, Leah Cedarholm; Filer, Idaho on	Date Issued: 6-18-57	Date Orig. Entry: apparently very old & style of early 1900's.
Class B	Date of Birth: July 4, 1910	Birth Place: Bannock Co. Cambridge, Idaho	Full Name of Mother: ---	Name of Father: James Solomon Whitaker
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Mr Nancy Richards	June 27, 1957

*Class A records are those made and dated before the registrant's fourth birthday.
Class B records are those made after the fourth birthday but are at least 6 years old.

493-213-001-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-671

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LOIS LANORE MITCHELL
2. Date Of Birth: (month) APRIL (day) 13 (year) 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County /BOISE/ ADA; b. City or Town of Birth: BOISE, IDAHO

FATHER

6. Full Name of Father: HARRY W. MITCHELL
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: MARGARET ELMA JENKINS
9. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois L Olson
11. Present Address of Registrant: Kettle Falls, Wn

NOTARY (Seal)

Subscribed and sworn to before me on: June 11th 19 57

12. Signature of Notary:
13. Notary Commission expires: State of Washington County of Grant Oct. 26, 1960 19

APPLICANT: DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by parents	Harry W. Mitchell and Margaret Elma Mitchell	6-11-57	
	Date of Birth: April 13, 1910 / Birth Place: Boise, Idaho	Full Name of Mother: Margaret Elma Jenkins	Name of Father: Harry W. Mitchell	
SUPPORTING RECORD 2.	Insurance Policy	New York Life Ins. Co.	3-14-27	March 8, 1927
	Date of Birth: April 13, 1910 / Birth Place: Boise, Idaho	Full Name of Mother: Margaret Mitchell	Name of Father: Harry Mitchell	
SUPPORTING RECORD 3.	own child's birth certificate	Washington #842 certified copy	6-20-49	child born Sept. 30, 1932
	Date of Birth: age 22 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D W Benson
Evidence reviewed by: Nancy Richards
Date Filed: July 1, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE FILE No. 2657-671

JUL 1 1957

REGISTRANT	1. Name of child at birth: [illegible]	2. Date of birth: April 13, 1910	
	3. Sex: Male	4. Race: White	5. Place of birth: Idaho	6. City or Town of Birth: Boise, Idaho
FATHER	8. Full Name of Father: Harry W. Mitchell	7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Margaret Elma Jenkins	9. State or Country of Mother's Birth: Washington
AFFIDAVIT	1. I hereby declare under oath that the statements made on this certificate are true and correct.	2. Signature of Registrant	3. Present Address of Registrant
	[illegible]	[illegible]
	[illegible]	[illegible]
	[illegible]	[illegible]

SUPPORTING RECORD 1	Type of Document: Affidavit by parents	By whom Issued and Signed: Harry W. Mitchell and Margaret Elma Mitchell	Date Issued: 6-11-57	Date Orig. Entry
	Date of Birth: April 13, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Margaret Elma Jenkins	Name of Father: Harry W. Mitchell
SUPPORTING RECORD 2	Type of Document: Insurance Policy	By whom Issued and Signed: New York Life Ins. Co.	Date Issued: 3-11-27	Date Orig. Entry: March 8, 1927
	Date of Birth: April 13, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Margaret Mitchell	Name of Father: Harry Mitchell
SUPPORTING RECORD 3	Type of Document: own child's birth certificate	By whom Issued and Signed: Washington #842 certified copy	Date Issued: 6-20-49	Date Orig. Entry: child born Sept. 30, 1932
	Date of Birth: [illegible] 22	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---

[illegible]

[illegible] prior birth [illegible] has been issued in the Division of Vital Statistics for this [illegible] has been reviewed, which substantiates the facts as set forth in the [illegible]

[illegible]	Evidence reviewed by: Nancy Richards	Date Filed: July 1, 1957

369-202-004-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-679

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flora Cozzens			2. Date Of Birth (month) (day) (year): September 2, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: William Ernest Cozzens			7. State or Country of Father's Birth: Montpelier Idaho
MOTHER	8. Full Maiden Name of Mother: Martha Brown			9. State or Country of Mother's Birth: Springville - Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Flora Cozz Dayton		11. Present Address of Registrant: Cokeville Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: April 13, 1957	12. Signature of Notary: A L Noblitt		13. Notary Commission expires: June 6, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Cokeville Ward, Montpelier Stake L.D.S	Date Issued: 2-26-57	Date Orig. Entry: 1-31-1923
	Date of Birth: Sept. 2, 1910	Birth Place: Bear Lake Co., Montpelier, Ida.	Full Name of Mother: Martha Brown	Name of Father: William Ernest Cozzens
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Sept. 9, 1944
	Date of Birth: Sept. 2, 1910	Birth Place: Bear Lake Co. Montpelier, Ida.	Full Name of Mother: Martha Anne Brown	Name of Father: William Ernest Cozzens
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Wyoming #1930	Date Issued:	Date Orig. Entry: child born Feb. 6, 1930
	Date of Birth: age 19	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	ss nr Nancy Richards	July 2, 1957

FORM BH 56067

443-125 1010-249

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-698
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard Smith Mulliner		2. Date of Birth (month) (day) (year): March 25- 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville County; b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Joseph Smith Mulliner		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Estella Smith		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willard S. Mulliner	11. Present Address of Registrant: 406 Bannock St. Boise, Idah
NOTARY (Seal)	Subscribed and sworn to before me on: June 28, 1957	12. Signature of Notary: Estella S. Mulliner	13. Notary Commission expires: March 5, 1959 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Membership	By whom issued and signed: Church of Jesus Christ of Latter-day Saints	Date Issued: July 3, 1957	Date Orig. Entry: 6-8-1918
Class*	Date of Birth: March 25, 1910; Birth Place: Idaho Falls	Full Name of Mother: Estella Smith	Name of Father: Joseph S. Mulliner	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Estella Mulliner - Mother	Date Issued: July 8, 1957	Date Orig. Entry:
Class	Date of Birth: March 25, 1910; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Estella Smith	Name of Father: Joseph Smith Mulliner	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Papers	By whom issued and signed: Army of the United States	Date Issued: 21 Oct. 45	Date Orig. Entry: 14 August 40
Class	Date of Birth: March 25, 1910; Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barnum	Evidence reviewed by: Shirley Cooper	Date Filed: July 10, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Registrant's Full Name at Birth: Willard Smith Mulliner	2. Date of Birth (month) (day) (year): March 28, 1910	
3. Color or Race: White	4. Sex: Male	5. Place of Birth: Connoville County
Built or Town of Birth: Idaho Falls, Idaho		
6. Full Name of Father: Joseph Smith Mulliner	7. State or Country of Father's Birth: Utah	
8. Full Maiden Name of Mother: Estella Smith	9. State or Country of Mother's Birth: Utah	
10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 408 Hancock St. Boise, Idaho	
12. Signature of Mother: [illegible]	13. Notary Commission expires: March 5, 1969	

Sworn to before me: June 28, 1967

NOT WRITE BELOW THIS LINE

Type of Document: Certificate of Temporary	By whom issued and signed: Church of Jesus Christ of Latter-day Saints	Date Issued: July 3, 1967	Date Orig. Entry: 6-1-1918
Date of Birth: March 28, 1910	Birth Place: Idaho Falls	Full Name of Mother: Estella Smith	Name of Father: Joseph S. Mulliner
Type of Document: Affidavit by Mother	By whom issued and signed: Estella Mulliner - Mother	Date Issued: July 8, 1967	Date Orig. Entry:
Date of Birth: March 28, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Estella Smith	Name of Father: Joseph Smith Mulliner
Type of Document: Peculiar Discharge Papers	By whom issued and signed: Army of the United States	Date Issued: 21 Oct. 1957	Date Orig. Entry: 11 August 40
Date of Birth: March 28, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother:	Name of Father:

Class

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: Shirley [illegible]	Date Filed: July 17, 1967

Class A [illegible]
Class B [illegible]

291-227013-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-706

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Selma Marie Minnie Krahn		2. Date Of Birth (month) July (day) 27 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Camas b. City or Town of Birth: Fairfield, Idaho.
FATHER	6. Full Name of Father: Otto Krahn		7. State or Country of Father's Birth: Town' Stettin, Germany
MOTHER	8. Full Maiden Name of Mother: Maria Boldt.		9. State or Country of Mother's Birth: Town' Stettin, Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Selma Marie Minnie Krahn Roff	11. Present Address of Registrant: Glenns Ferry, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 27th 1957	12. Signature of Notary: George F. Robertson	13. Notary Commission expires: Feb 20th 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Dec. 27, 1944
	Date of Birth: July 27, 1910	Birth Place: Fairfield, Idaho	Full Name of Mother: Mary Bolt	Name of Father: Otto Krahn	
SUPPORTING RECORD 2.	Type of Document: present at birth Affidavit by sister, age 62		By whom issued and signed: Ida A. Johnson	Date issued: 6-27-57	Date Orig. Entry:
	Date of Birth: July 27, 1910	Birth Place: Fairfield, Idaho	Full Name of Mother: Maria Boldt	Name of Father: Otto Krahn	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Utah #1265 certified copy	Date issued: 11-5-54	Date Orig. Entry: child born April 23, 1934
	Date of Birth: age 23	Birth Place: Fairfield, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. A. Benson	Nancy Richards	July 10, 1957

FORM BH 56067

1 Copy Rd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De57-706

REGISTRAR'S RECORD

1. Registrant's full name at birth: Selma Marie Annie Krahn
2. Color or Race: White
3. Sex: Female
4. Place of Birth: Idaho
5. Date of Birth: July 27 1910
6. County of Birth: Cassia
7. Town of birth: Fairfield, Idaho.
8. State or Country of Father's Birth: Town' Stettin, Germany
9. State or Country of Mother's Birth: Town' Stettin, Germany
10. Present Address of Registrant: Glenns Ferry, Idaho
11. Notary Commission expires: Oct 20th 19 60

Subscribed and sworn to before me this June 27th 1957

Signature of Notary: [illegible]

GEORGE F. ROBERTSON NOTARY PUBLIC STATE OF IDAHO

SUPPORTING RECORDS

Type of Document	When Issued and Signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Dec. 27, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1910	Fairfield, Idaho	Mary Holt	Otto Krahn

Type of Document	When Issued and Signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 62	Ida A. Johnson	5-27-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 27, 1910	Fairfield, Idaho	Marie Holst	Otto Krahn

Type of Document	When Issued and Signed	Date Issued	Date Orig. Entry
Com. child's birth certificate	State #1065 certified copy	11-5-[illegible]	Child born April 27, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Fairfield, Idaho	---	---

SEARCH INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that the accompanying evidence has been reviewed, which substantiates the facts set forth in the delayed record.

Evidence reviewed by: Nancy Richards

Date filed: July 19, 1957

DELAYED

STATE OF IDAHO

381-220-003-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-707

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Hazel Chase
2. Date Of Birth (month) (day) (year): November 20, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Downey

FATHER

6. Full Name of Father: James Earl Chase
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nora Rumsey
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Probert
11. Present Address of Registrant: Box 595 Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 11 1957

12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Insurance Policy
By whom issued and signed: Loyal Protective Life Insurance Company
Date Issued: November 15, 1940
Date Orig. Entry:
Date of Birth: Nov. 20, 1910
Birth Place: Downey, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Certificate of Blessing & Baptism
By whom issued and signed: L. D. S. Church
Date Issued: 9-12-1920
Date Orig. Entry: 9-12-1912
Date of Birth: Nov. 20, 1910
Birth Place: Downey, Idaho
Full Name of Mother: Nora Rumsey
Name of Father: James E. Chase

SUPPORTING RECORD 3.

Type of Document: Own Child's Birth Certificate
By whom issued and signed: State of Idaho #230126
Date Issued: Child's Birthdate January 28, 1935
Date Orig. Entry:
Date of Birth: Age 24
Birth Place: Idaho
Full Name of Mother:
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Shirley Cooper
Date Filed: July 11, 1957

FORM BH 56067

Note.

JUL 12 1951

The Cert. of Blessing showed the birthdate as Nov. 20, 1910 & Birthplace as Woodland, Idaho
The Cert of Baptism gave the birthdate as Nov. 10, 1910 & birthplace as Downey, Idaho.
At the Suggestion of Mr Benson the 2 documents were combined & used as 1 document

S.C.

113-107-00-913

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-742

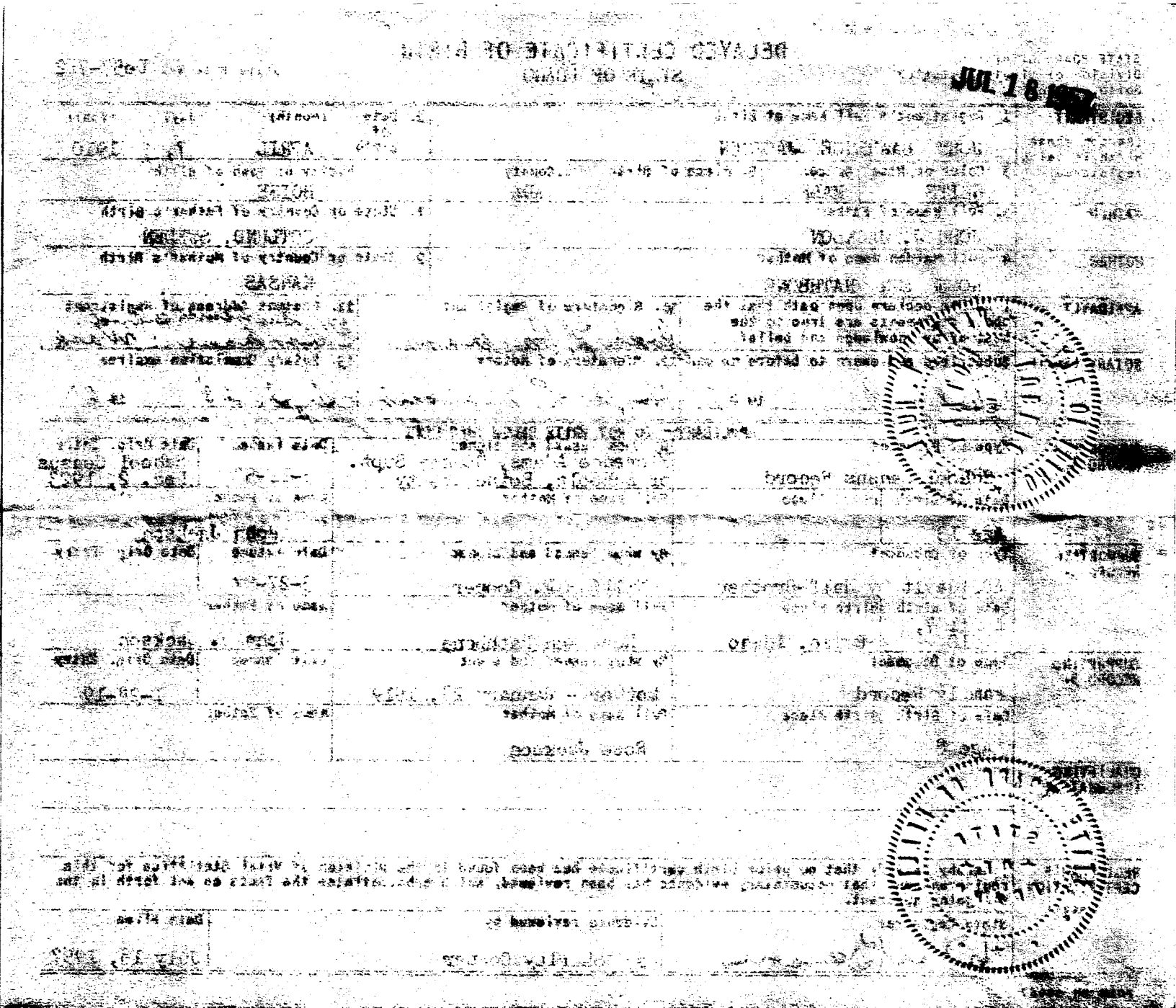
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN LAWRENCE JACKSON			2. Date Of Birth (month) (day) (year): APRIL 7, 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ADA	b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: JOHN J. JACKSON			7. State or Country of Father's Birth: GOTLUND, SWEDEN
MOTHER	8. Full Maiden Name of Mother: ROSE ANN RATHBONE			9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John L. Jackson		11. Present Address of Registrant: 2719 Summit Blvd. Spokane 11 Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 18 1957	12. Signature of Notary: Hazel L. Hulbert.		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Florence Adams, County Supt. of Schools, Boise County	Date Issued: 3-11-57	Date Orig. Entry: School Census Dec. 2, 1923
	Date of Birth: Age 13	Birth Place:	Full Name of Mother:	Name of Father: John Jackson
SUPPORTING RECORD 2.	Type of Document: Affidavit by Half-Brother	By whom issued and signed: William E. Cooper	Date Issued: 3-27-57	Date Orig. Entry:
	Date of Birth: April 7, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Rose Ann Rathbone	Name of Father: John J. Jackson
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Mother - January 28, 1919	Date Issued:	Date Orig. Entry: 1-28-19
	Date of Birth: Age 8	Birth Place:	Full Name of Mother: Rose Jackson	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: sc Shirley Cooper	Date Filed: July 18, 1957

FORM BH 56067



693108.044-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Donald Orcutt			2. Date Of Birth (month) Oct. (day) 8th (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Weiser, Ida a. County: Washington	b. City or Town of Birth
FATHER	6. Full Name of Father: Chester Orcutt			7. State or Country of Father's Birth: Nebr
MOTHER	8. Full Maiden Name of Mother: Vera Dell Long			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Donald Orcutt		11. Present Address of Registrant: 5401 S W 25th Ave., Seattle 6, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 6 1957	12. Signature of Notary: Elliott N Conder		13. Notary Commission expires: August 10, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: present at birth Affidavit by aunt, 26 yrs. older		By whom issued and signed: Mae Leichner	Date issued: 7-20-57	Date Orig. Entry:
	Date of Birth: Oct. 8, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Vera Dell Long	Name of Father: Chester Orcutt	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Rainier Elementary School Rainier, Oregon	Date issued: 6-7-57	Date Orig. Entry: Sept. 5, 1921
	Date of Birth: age 10	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Bible Record		By whom issued and signed: original--viewed by Notary Public, Alfred S. May, Rainier, Ore.	Date issued: on 6-1-57	Date Orig. Entry:
	Date of Birth: Oct. 8, 1910	Birth Place: ---	Full Name of Mother: Vera Long Orcutt	Name of Father: Chester Orcutt	
QUALIFYING INFORMATION	Child's birth certificate, Idaho #435986, child born 2-1-47; birthplace Weiser, Idaho				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Nancy Richards	Date Filed: July 29, 1957	

FORM BH 56067

1 Copy Rd

JUL 29

289-226-028-175

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-803

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Adeline Purington			2. Date Of Birth (month) 10 (day) 26 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Rathdrum	
FATHER	6. Full Name of Father: Jay Ezra Purington			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Augusta Marian Agergaard			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Myrtle P. Percy	11. Present Address of Registrant: 209 McKenzie, Pullman, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19__		12. Signature of Notary: Grant Johnson	13. Notary Commission expires: 12-15 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employee Record		By whom issued and signed: U. S. Railroad Retirement Board	Date Issued:	Date Orig. Entry: July 8, 1948
	Date of Birth: Oct. 26, 1910	Birth Place: Rathdrum, Idaho	Full Name of Mother: Augusta M. Argaard	Name of Father: Jay Ezra Purington	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: New York Life Ins. Co.	Date Issued:	Date Orig. Entry: Jan. 6, 1930
	Date of Birth: Oct. 26, 1910	Birth Place: Rathdrum, Idaho	Full Name of Mother: Augusta M. Purington	Name of Father: Jay E. Purington	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Augusta M. Agergaard Purington	Date Issued: 8-1-57	Date Orig. Entry:
	Date of Birth: Oct. 26, 1910	Birth Place: Kootenai Co. Rathdrum, Idaho	Full Name of Mother: Augusta M. Agergaard Purington	Name of Father: Jay Ezra Purington	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: August 8, 1957

FORM BH 56067 1 copy paid

AUG 8

MAY 20 1975

613-223-003-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-817

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Leona Wall
2. Date Of Birth: (month) August (day) 23, (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: William Wall
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Pearl Evans
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Leona Wall Walker
11. Present Address of Registrant: Hamilton, N. Dak.

NOTARY (Seal)

Subscribed and sworn to before me on July 27, 19 57

12. Signature of Notary: Elmer Ofstedahl
Elmer Ofstedahl WalshCo., N.D.

13. Notary Commission expires: March 12 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Lewis and Clark County Helena, Montana	1-21-57	1924 census
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 23, 1910 / ---	Pearl Wall	William Wall	
SUPPORTING RECORD 2.	Census Record	U. S. Dept. of Commerce Bureau of the Census	6-7-57	April 1, 1930
	age 19 / Idaho	---	---	
SUPPORTING RECORD 3.	Marriage license	Silver Bow County, Montana	7-16-57	Aug. 7, 1946
	age 35 / Pocatello, Idaho	Pearl Evans Wall	William Wall	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D W Bannon
Evidence reviewed by: nr Nancy Richards
Date Filed: August 13, 1957

FORM BH 56067 Copy fd

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 4 1964

764208-004-884

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-820

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ETHEL POULSEN
2. Date Of Birth (month) (day) (year): OCT 8 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: BEAR LAKE
b. City or Town of Birth: LIBERTY IDAHO

FATHER

6. Full Name of Father: HYRUM SMITH POULSEN
7. State or Country of Father's Birth: OVID IDAHO

MOTHER

8. Full Maiden Name of Mother: SARAH ANN HYMAS
9. State or Country of Mother's Birth: HYDE PARK UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lethel P. Hymas
11. Present Address of Registrant: MONTPELIER IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 5 1957

12. Signature of Notary: W. R. Kunz

13. Notary Commission expires: May 17 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	Montpelier 2nd Ward, Montpelier Stake, LDS Church	6-11-57	May 31, 1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 8, 1910 / Bear Lake Co. Liberty, Idaho	Sarah A. Hymas	Hyrum S. Poulsen	
SUPPORTING RECORD 2.	Insurance Policy	American National Ins. Co.	4-1-1939	Jan. 21, 1939
	Oct. 8, 1910 / Liberty, Idaho	---	---	
SUPPORTING RECORD 3.	Affidavit by father	Hyrum Smith Poulsen	6-3-57	
	Oct. 8, 1910 / Bear Lake Co. Liberty, Idaho	Sarah Ann Hymas	Hyrum Smith Poulsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	August 14, 1957

FORM BH 56067

MAY 25 1972

AUG 15

313-229-014-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-823

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Lucille Callsen			2. Date of Birth (month) (day) (year): August 29 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: August G. Callsen			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Florence Edith Mutch			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Callsen		11. Present Address of Registrant: Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 12 1957	12. Signature of Notary: Rhoda D. McGrath		13. Notary Commission expires: Notary Public Residing at Boise, Idaho. My Commission expires August 6, 1960.

APPLICANT — DO NOT WRITE BELOW THIS LINE

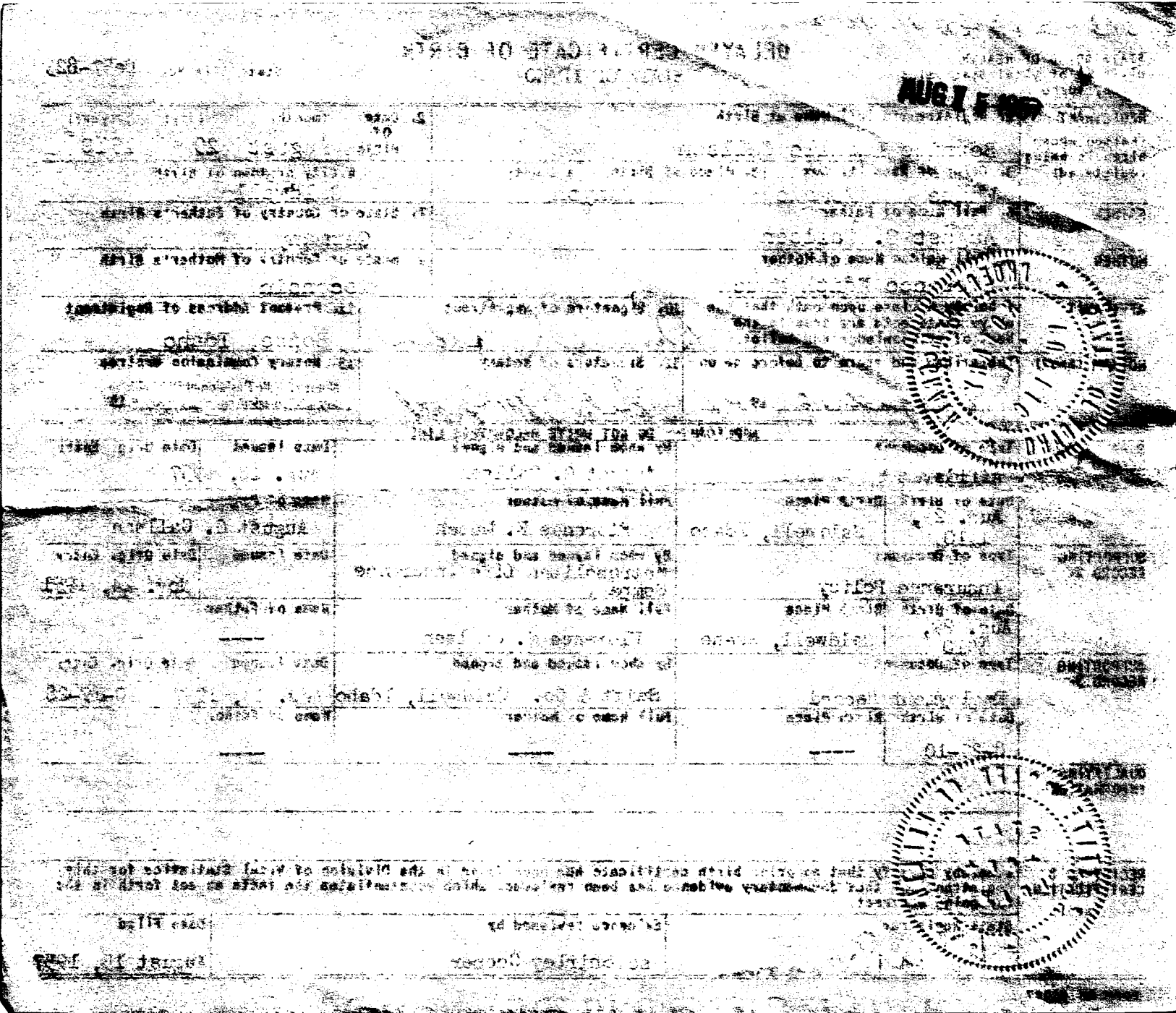
SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: August G. Callsen	Date Issued: Aug. 10, 1957	Date Orig. Entry:
	Date of Birth: Aug. 29, 1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Florence E. Mutch	Name of Father: August G. Callsen	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued:	Date Orig. Entry: Nov. 24, 1951
	Date of Birth: Aug. 29, 1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Florence M. Callsen	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Swift & Co. Caldwell, Idaho	Date Issued: Aug. 13, 1957	Date Orig. Entry: 10-19-28
	Date of Birth: 8-29-10 / Birth Place: ———	Full Name of Mother: ———	Name of Father: ———	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sc Shirley Cooper	August 15, 1957

FORM BH 56067



28-204-001-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-838
83

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Faye Shaul			2. Date of Birth (month) (day) (year): September 14, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Gurley Doane Shaul			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Frances Zelpha King			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Faye Coley		11. Present Address of Registrant: Melba, Ida. Box 155
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle who was present at time of this birth	By whom issued and signed: L. L. King - age 76	Date Issued: August 22, 1957	Date Orig. Entry
	Date of Birth: Sept. 14, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Frances Zelpha King	Name of Father: Gurley Doane Shaul
SUPPORTING RECORD 2.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #190389	Date Issued: Child's Birthdate	Date Orig. Entry: April 10, 1931
	Date of Birth: Age 20	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Family Bible Record	By whom issued and signed: Mother - Frances Zelpha King	Date Issued: Viewed by Vital Stat. Shaul obviously very old	Date Orig. Entry
	Date of Birth: Sept. 14, 1910	Birth Place: —	Full Name of Mother: Zelpha Frances King	Name of Father: no alterations Gurley Shaul
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Cooper	August 22, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 22 1957

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] Shaul	2. Date of Birth: Month [illegible] Day [illegible] Year [illegible]	Septemb[illegible] 14, [illegible]
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Ada	Birth or Loan of Birth: Boise
FATHER	6. Full Name of Father: [illegible]		State or Country of Father's Birth: Indiana
MOTHER	7. Maiden Name of Mother: [illegible] King		State or Country of Mother's Birth: Missouri
AFFIDAVIT	8. Person Certifying Agreement that the above [illegible] to the best of [illegible]	9. Signature of Registrant: [illegible]	10. Present Address of Registrant: [illegible]
NOTARY	11. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICATION OF MOTHER BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By Whom Issued and Signed: [illegible] King - [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Place: [illegible] Boise, Idaho	Full Name of Mother: [illegible] King	Name of Father: [illegible] Shaul
SUPPORTING RECORD 2.	Type of Document: [illegible]	By Whom Issued and Signed: [illegible] Idaho #[illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible] April 14, [illegible]
	Date of Birth: [illegible] Place: [illegible] Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: [illegible] Record	By Whom Issued and Signed: [illegible]	Date Issued: [illegible] Date Orig. Entry: [illegible] Shaul [illegible] very old
	Date of Birth: [illegible] Place: [illegible]	Full Name of Mother: [illegible] King	Name of Father: no alterations [illegible] Shaul
QUALIFYING TRANSCRIPT			

[illegible] certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, and a substantial [illegible] facts as set forth in the [illegible] Registrant.

State Registrar	Evidence reviewed by	Date Filed
	[illegible]	August 22, 1957

V37-219035-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-843

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Frances Elizabeth McPherson
2. Date of Birth: (month) April (day) 19 (year) 1910
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Clearwater

FATHER

6. Full Name of Father: William A. McPherson
7. State or Country of Father's Birth: Texas

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Pitts
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances Elizabeth Lucks
11. Present Address of Registrant: Grand Island, Nebr.

NOTARY (Seal)

Subscribed and sworn to before me on August 9, 1957

12. Signature of Notary: Kenneth L. Olson
13. Notary Commission expires: September 15, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by brother (born 9-4-1897)
By whom issued and signed: M. L. McPherson
Date Issued: 8-8-57
Date Orig. Entry:
Date of Birth: April 19, 1910
Birth Place: Clearwater, Idaho
Full Name of Mother: Mary E. McPherson
Name of Father: W. A. McPherson

SUPPORTING RECORD 2.

Type of Document: Photostat of bible record
By whom issued and signed: viewed by Rev. Dwight Hall, Christian & Missionary Alliance Church, Lewiston, Idaho
Date Issued: 8-8-57
Date Orig. Entry: --
Date of Birth: April 19, 1910
Birth Place: ---
Full Name of Mother: Mary E. McPherson
Name of Father: W. A. McPherson

SUPPORTING RECORD 3.

Type of Document: own child's birth certificate
By whom issued and signed: Nebraska #K 7813 certified copy
Date Issued: 7-15-57
Date Orig. Entry: child born May 1, 1939
Date of Birth: age 29
Birth Place: Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Denson
Evidence reviewed by: nr Nancy Richards
Date Filed: August 23, 1957

K FORM BH 56067 2 copies mailed

Mr. B. accepted bible record
& child's certif. which listed Grangeville.

318-104-044-555

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-865
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delbert Eugene Taylor		2. Date of Birth (month) (day) (year): August 4 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Achillis Ballenger Taylor		7. State or Country of Father's Birth: Illinois, USA
MOTHER	8. Full Maiden Name of Mother: Alma Everett		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delbert E. Taylor	11. Present Address of Registrant: Yakima, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: September 27 1956	12. Signature of Notary: Robert E. Schwalbe	13. Notary Commission expires: Feb 7 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle	By whom issued and signed: Eugene V. Everett	Date Issued: August 22, 1956	Date Orig. Entry
Class* B	Date of Birth: August 4, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Alma Everett	Name of Father: Achillis B. Taylor
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Record	Date Issued: Obviously photostat	Date Orig. Entry: old. Viewed copy in this office.
Class B	Date of Birth: August 4, 1910	Birth Place:	Full Name of Mother:	Name of Father: Achillis Ballenger Taylor
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Holy Rosary Hospital Ontario, Oregon	Date Issued:	Date Orig. Entry: child born July 1, 1938
Class B	Date of Birth: Aug. 4, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	VW Nancy Richards	Aug. 29, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 24 1975

966-217-014-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 57-870

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Kate Rowe
2. Date Of Birth: (month) Dec. (day) 17 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Austin Rowe
7. State or Country of Father's Birth: Saybrook, Illinois

MOTHER

8. Full Maiden Name of Mother: Theresa B. Simpson
9. State or Country of Mother's Birth: Saybrook, Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Kate Rowe
11. Present Address of Registrant: New Meadows, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 29 1957

12. Signature of Notary: Hazel L. Hurlbert.
13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Bible			Obviously old
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 17, 1910 Nampa, Idaho	Theresa B. Rowe	Austin Rowe	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Vital Statistics Idaho #241256	Apr. 11, 1936	#241256 Child born Mar. 17, 1936
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age 25 Idaho			
SUPPORTING RECORD 3.	Affadavit by Mother	Mother Theresa Rowe	8,29,57	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec 17, 1910 Nampa, Idaho	Theresa B. Rowe	Austin Rowe	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Hazel Hurlbert	Aug 29, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date of Birth: Dec. 17, 1910

AUG 30 [redacted]

REGISTRANT	1. Registrant's Full Name at Birth: Mate Rowe	2. Date of Birth (month) Dec. (day) 17 (year) 1910	
	3. Sex: Male	4. Place of Birth: Canyon	5. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Austin Rowe	7. State or Country of Father's Birth: Saybrook, Illinois	
MOTHER	8. Maiden Name of Mother: Theresa B. Simpson	9. State or Country of Mother's Birth: Saybrook, Illinois	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
	12. Signature of Notary	13. Notary Commission expires	

ADDITIONAL INFORMATION

Date of Birth	Type of Document: Family Bible	2. Whom Issued and Signed	Date Issued	Date Orig. Entry: Obviously old
	Date of Birth: Dec. 17, 1910 Nampa, Idaho	Full Name of Mother: Theresa B. Rowe	Name of Father: Austin Rowe	
IMPROVING RECORD 1	Type of Document: Own child's birth certificate	2. Whom Issued and Signed: Bureau of Vital Statistics Idaho	Date Issued: Apr. 11, 1936	Date Orig. Entry: Mar. 17, 1936
	Date of Birth: Age 25	Birth Place: Idaho	Name of Father	
IMPROVING RECORD 2	Type of Document: Affidavit by Mother	3. Whom Issued and Signed: Mother Theresa Rowe	Date Issued: 6,29,57	Date Orig. Entry
	Date of Birth: Dec. 17, 1910	Birth Place: Nampa, Idaho	Full Name of Mother: Theresa B. Rowe	Name of Father: Austin Rowe

QUALIFYING INFORMATION

STATEMENT OF CERTIFICATE

I certify that no prior birth certificate has been found in the Division of Vital Statistics for this person. Certificate that documents, evidence has been reviewed, which are recorded the facts as set forth in the [illegible] abstract.

Date Issued	Evidence reviewed by: Russell Brelbert	Date Filed: Aug 29, 1957

295-209-004-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-892
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zella H. Kinney
2. Date Of Birth (month) 7 (day) 9 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Pegram; Idaho

FATHER

6. Full Name of Father: Charles E. Kinney
7. State or Country of Father's Birth: Mich.

MOTHER

8. Full Maiden Name of Mother: Annie Long
9. State or Country of Mother's Birth: Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zella H. Becker
11. Present Address of Registrant: 4338 Clayton St. Denver 16 Colo.

NOTARY (Seal)

Subscribed and sworn to before me on July 17 1957
12. Signature of Notary: Lois M. Carlson
13. Notary Commission expires: My Commission expires May 9, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Insurance Record	Prudential Ins. Co. of Amer.	6-19-57	Jan. 27, 1937
	Date of Birth: July 9, 1910 — Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2. Class B (age 17)	School Record	Nance County, Nebraska	6-12-57	June 12, 1928
	Date of Birth: July 9, 1910 — Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: (raised in family) Affidavit by cousin, age 62	By whom issued and signed: Aaron Halpin	Date Issued: 8-22-57	Date Orig. Entry:
	Date of Birth: July 9, 1910 — Birth Place: Pegram, Idaho	Full Name of Mother: Annie Long Kinney	Name of Father: Charles E. Kinney	

QUALIFYING INFORMATION

Federal Census Record, Bureau of the Census, May 10, 1957: age 9 as of Jan. 1, 1920 Census; birthplace Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	mr Nancy Richards	Sept. 6, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 4906 2 Issued

DELAYED [illegible]

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

SEP 6 1957

REGISTRATION — 1. Registrant's Full Name at Birth — 2. Date of Birth (month) (day) (year)

Registrant's Birth Place — 3. Color or Race — 4. Sex — 5. Place of Birth — 6. County — 7. City or Town of Birth

FATHER — 8. Full Name of Father — 9. State or Country of Father's Birth

MOTHER — 10. Full Maiden Name of Mother — 11. State or Country of Mother's Birth

APPLICANT — 12. Present Address of Registrant — 13. Signature of Registrant — 14. Signature of Notary — 15. Notary Commission Expires May 9, 1958

APPLICANT — 16. Present Address of Registrant — 17. Signature of Notary — 18. Notary Commission Expires May 9, 1958

SUPPORTING RECORD — Type of Document: Service Record — By whom Issued and Signed: Residential Ins. Co. of Amer. — Date Issued: 6-12-57 — Date Orig. Entry: Jan. 21, 1937

Date of Birth, Birth Place — Full Name of Mother — Name of Father

SUPPORTING RECORD — Type of Document: Service Record — By whom Issued and Signed: Nance County, Nebraska — Date Issued: 6-12-57 — Date Orig. Entry: June 12, 1923

Date of Birth, Birth Place — Full Name of Mother — Name of Father

SUPPORTING RECORD 2. — Type of Document: [illegible] — By whom Issued and Signed: [illegible] — Date Issued: [illegible] — Date Orig. Entry: [illegible]

Date of Birth, Birth Place — Full Name of Mother — Name of Father

Class: [illegible] — Charles H. Finney

QUALIFYING INFORMATION — Federal Census Report, Bureau of the Census, May 10, 1957: and Class of Jan. 1, 1920

Class: Birthplace Italy.

Certificate has been found in the Division of Vital Statistics for this Registrant and that the Registrant has been reviewed, which substantiates the facts as set forth in the Registrant's Act.

Date Registrant — Evidence reviewed by — Date Filed

Class: [illegible]

259-214-029-45-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-929

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zelva May Berry
2. Date Of Birth: (month) July (day) 14, (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Latah; b. City or Town of Birth:

FATHER

6. Full Name of Father: Jesse Walter Berry
7. State or Country of Father's Birth: Bismarck, North Dakota

MOTHER

8. Full Maiden Name of Mother: Vesta Prudence Merryman
9. State or Country of Mother's Birth: Fort Jones, California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zelva M. Berry Brockham
11. Present Address of Registrant: Issaquah, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 7 1957
12. Signature of Notary: C. J. Peters Jr.
13. Notary Commission expires: Sept. 2 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, age 63	Mae Howell	4-6-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 14, 1910	Latah Co., Idaho	Vesta Prudence Merryman	Jesse Walter Berry

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Palouse School Dist. #301 Palouse, Washington	6-7-57	Sept. 8, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 14, 1910 (age 14)		---	J. W. Berry

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Dept. of Commerce Bureau of the Census	7-24-57	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 9	Idaho	Vesta P. Berry	Jess W. Berry

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Sept. 17, 1957

FORM BH 56067

1 copy paid

SEP 28 1957

236-209. 022-234

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-934
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Althea Stoddard
2. Date of Birth (month) (day) (year): Jan. 9 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Burton

FATHER

6. Full Name of Father: Thomas John W. Stoddard
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Ann Stuart
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Althea Stoddard
11. Present Address of Registrant: Box 427 Burley, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: March 4 1957
12. Signature of Notary: Vern Kater
13. Notary Commission expires: April 26 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: Burton Ward L.D.S.	Date Issued:	Date Orig. Entry: 3-28-1910
	Date of Birth: Jan. 9, 1910	Birth Place: Fremont County, Burton, Idaho	Full Name of Mother: Mary Stwart	Name of Father: Thomas Stoddard
SUPPORTING RECORD 2. Class B	Type of Document: Daughter's Birth Cert.	By whom issued and signed: Idaho #295714	Date Issued:	Date Orig. Entry: Child born 6-12-40
	Date of Birth: age 30	Birth Place: Burton, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: School Record	By whom issued and signed: Ricks College, Rexburg, Ida.	Date Issued: 9-10-57	Date Orig. Entry: 1924
	Date of Birth: Jan. 9, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: T. W. Stoddard

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards SS	Sept. 19, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

SEP 20 1952

799-205-042-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-936

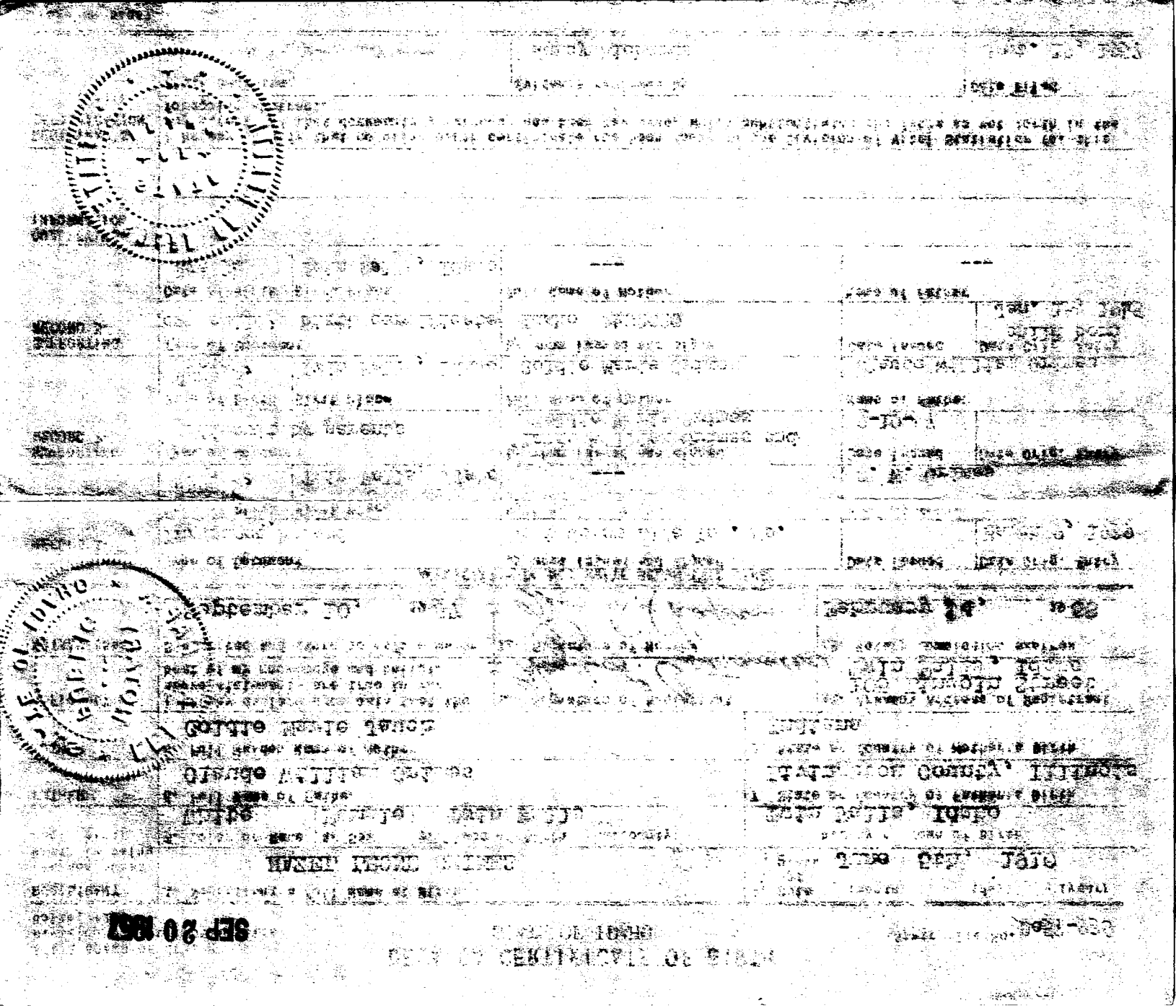
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL LEONE GRIMES			2. Date Of Birth (month) (day) (year): June 5th, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Claude William Grimes			7. State or Country of Father's Birth: Livingston County, Illinois
MOTHER	8. Full Maiden Name of Mother: Goldie Marie Jauch			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Hazel L. Ostrander		11. Present Address of Registrant: 105 Lincoln Street, Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 10, 1957	12. Signature of Notary: x Leon A. Chapin		13. Notary Commission expires: February 24, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Record	By whom issued and signed: West Coast Life Ins. Co.		Date Issued:	Date Orig. Entry: March 9, 1939
	Date of Birth: June 5, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: C. W. Grimes	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Claude William Grimes and Goldie Marie Grimes		Date Issued: 9-10-57	Date Orig. Entry:
	Date of Birth: June 5, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Goldie Marie Grimes	Name of Father: Claude William Grimes	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #402020		Date Issued:	Date Orig. Entry: child born Jan. 15, 1945
	Date of Birth: age 34	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 19, 1957

FORM BH 56067 1 copy filed



413-227022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-992

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Mace		2. Date of Birth (month) (day) (year): Sept 27 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton City Idaho
FATHER	6. Full Name of Father: Fredrick Chapman Mace		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Laura Eliza Gardner		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Mace Hunt	11. Present Address of Registrant: St Anthony Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 26 1957	12. Signature of Notary: Jack A. Stone, Clerk of District Court	13. Notary Commission expires: Eternity 19	

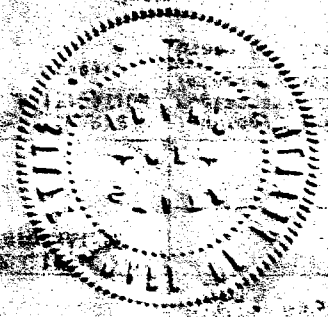
APPLICANT — DO NOT WRITE BELOW THIS LINE

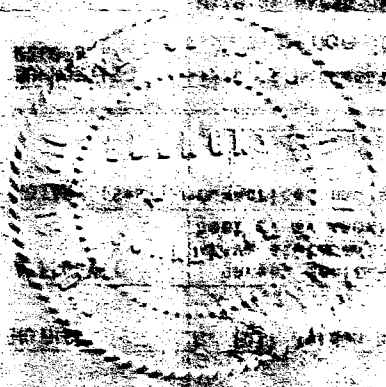
SUPPORTING RECORD 1.	Type of Document: Insurance Record	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued:	Date Orig. Entry: Feb. 27, 1947
	Date of Birth: Sept. 27, 1910 / Birth Place: Teton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: LDS Church, Teton, Idaho	Date Issued:	Date Orig. Entry: July 5, 1919
	Date of Birth: Sept. 27, 1910 / Birth Place: Fremont Co. Teton, Idaho	Full Name of Mother: Laura Gardner	Name of Father: Fred Mace	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Original viewed by Jack A. Stone, Fremont Co. Clerk on	Date Issued: 10-7-57	Date Orig. Entry: obviously old record
	Date of Birth: Sept. 27, 1910 / Birth Place: ---	Full Name of Mother: Laura Gardner	Name of Father: Fred Mace	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 11, 1957

1 Copy Issued

FORM BH 56067





155-229-022-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1007
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethelyn Emma Jenkins		2. Date Of Birth: (month) January (day) 29 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Parker, Idaho Fremont	b. City or Town of Birth: Parker, Idaho
FATHER	6. Full Name of Father: Henry Evan Jenkins		7. State or Country of Father's Birth: Iowa (Council Bluffs)	
MOTHER	8. Full Maiden Name of Mother: Emma Bird Williams		9. State or Country of Mother's Birth: Idaho (Paris)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethelyn Jenkins Rasmussey	11. Present Address of Registrant: Kilgore, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 16 1956	12. Signature of Notary: Jack A. Stone, Clerk of District Court, by Thelma M. Brown Dep	13. Notary Commission expires: Elective 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Parker Ward, Yellowstone Stake, IDS Church	Date Issued:	Date Orig. Entry: July 5, 1919	
Class* B	Date of Birth: Jan. 29, 1910	Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Emma Williams	Name of Father: Henry E. Jenkins	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Fremont County, Idaho	Date Issued: 11-16-56	Date Orig. Entry: school year 1921	
Class B	Date of Birth: age 11	Birth Place: ---	Full Name of Mother: ---	Name of Father: Henry E. Jenkins	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother, age 66	By whom issued and signed: Leonard E. Jenkins	Date Issued: 9-13-57	Date Orig. Entry:	
Class B	Date of Birth: Jan. 29, 1910	Birth Place: Parker, Idaho	Full Name of Mother: Emma Bird Williams	Name of Father: Henry Evan Jenkins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 16, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

Department of Health
Division of Vital Statistics
Boise, Idaho

OCT 16 1957

REGISTRANT

1. Name of Child (First, Middle, Last)

2. Date of Birth (Month) (Day) (Year)

3. Sex

4. Place of Birth (City or Town)

5. County of Birth

6. Color or Race

7. Mother's Maiden Name

8. Father's Name

9. Date of Birth (Month) (Day) (Year)

10. Place of Birth (City or Town)

11. County of Birth

12. Color or Race

13. Mother's Maiden Name

14. Father's Name

15. State or Country of Father's Birth

16. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

17. Signature of Registrant

18. Present Address of Registrant

Kilgore, Idaho

NOTARY (Seal)

Subscribed and sworn before me on

19. Signature of Notary

20. Notary Commission expires

Effective

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth | Birth Place | Full Name of Mother | Name of Father

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]

Date of Birth | Birth Place | Full Name of Mother | Name of Father

QUALIFYING INFORMATION

CERTIFICATION

I hereby certify that this certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] above.

State Registrar

Examiner reviewed by

Date Filed

[illegible]

Check a Record are those made and [illegible] Registrar [illegible]

Check a Record are those made [illegible]

619-205-036-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1008

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Lavone Warren		2. Date Of Birth (month) Oct (day) 5 (year) 1910	
	3. Color or Race: W	4. Sex: Female	5. Place of Birth a. County: Malad City Oneida	b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Perry Edward Warren		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Myrtle E. Marston		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude Lavone Dean	11. Present Address of Registrant: RT 1 Box 340, Washougal Wn.	
NOTARY (Seal) State of Wash. County of Clark	Subscribed and sworn to before me on: Sept. 11 1957	12. Signature of Notary: Ruby B. Redman	13. Notary Commission expires: Nov. 30 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Washugal, Camas, Wn. Branch LDS Church	Date Issued: 8-4-36	Date Orig. Entry: Aug. 2, 1936	
	Date of Birth: Oct. 5, 1910	Birth Place: Oneida Co. Malad City, Idaho	Full Name of Mother: Myrtle E. Marston	Name of Father: Perry E. Warren	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Myrtle Marsten Cumming	Date Issued: 9-11-57	Date Orig. Entry:	
	Date of Birth: Oct. 5, 1910	Birth Place: Malad City, Idaho	Full Name of Mother: Myrtle Marsten	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Washington #475 certified copy	Date Issued: 10-4-57	Date Orig. Entry: child born May 3, 1944	
	Date of Birth: age 33	Birth Place: Malad City, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Oct. 16, 1957

FORM BH 56067

1 Cert 4 Seal

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 16 1957

REGISTRANT	1. Name of Birth	2. Date of Birth
FATHER	6. Full Name of Father	7. State of Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State of Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant	11. Present Legal Name of Registrant
	12. Signature of Notary	13. Notary Commission Expires
	14.	15.

SUPPORTING RECORD 1.	Type of Document	By Whom Issued and Signed	Date Issued / Date Orig. Entry
	Malad City, Idaho	Myrtle S. Marston	Feb. 2, 1956
	Date of Document	By Whom Issued and Signed	Date Issued / Date Orig. Entry
	Mrs. Myrtle Marston	Myrtle Marston Cowley	9-11-57
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Malad City, Idaho	Myrtle Marston	---
SUPPORTING RECORD 2.	Type of Document	By Whom Issued and Signed	Date Issued / Date Orig. Entry
	Mrs. Myrtle Marston	Myrtle Marston	30-[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Malad City, Idaho	---	---

SUBJECTIVE INFORMATION

REGISTRATION CERTIFICATION

I hereby certify that no other [illegible] certificate has been issued in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which [illegible] the facts as set forth in the [illegible] contract.

Signature of Registrar	Evidence reviewed by	Date filed
[illegible]	[illegible]	Oct. 16, 1957

659+29.035-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1010

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Benjamin James Ferguson		2. Date Of Birth (month) March (day) 29, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: James Lair Ferguson		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Missie Gene Alspach		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ben. J. Ferguson	11. Present Address of Registrant: 11563 University Ave. Edmonton
NOTARY (Seal)	Subscribed and sworn to before me on: SEPTEMBER 28 1955	12. Signature of Notary: R J Hayette	13. Notary Commission ~~expires~~ IS HELD FOR LIFE 19 R/H R/P

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record		By whom issued and signed: Nez Perce County Recorder Lewiston, Ida.	Date issued: 7-11-57	Date Orig. Entry: time of birth
	Date of Birth: March 29, 1910	Birth Place: Nez Perce Co. Lewiston, Idaho	Full Name of Mother: Missie Alspach	Name of Father: James L. Fergerson	
SUPPORTING RECORD 2.	Type of Document: Insurance Record		By whom issued and signed: Manufacturers Life Ins. Co.	Date issued:	Date Orig. Entry: Aug. 30, 1927
	Date of Birth: March 29, 1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Missie Gene Ferguson	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Edmonton, Alberta, Canada	Date issued:	Date Orig. Entry: July 21, 1933
	Date of Birth: age 23	Birth Place: Lewiston, Idaho	Full Name of Mother: Missie Alspach	Name of Father: James L. Ferguson	

QUALIFYING INFORMATION: Census Record, Dominion Bureau of Statistics, Ottawa, Canada, 10-7-57: 1911, June 1 Census lists--born March, 1910 in U.S.; parents James Lair Ferguson & Missie Jean Ferguson.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	Oct. 16, 1957

FORM BH 56067

2 copies paid

264-1011009-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1014

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN BOMBINO			2. Date Of Birth (month) (day) (year): OCTOBER 1st, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Priest River Bonner	b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: Frank Bombino			7. State or Country of Father's Birth: Grimaldi, Italy
MOTHER	8. Full Maiden Name of Mother: Josephine Ciddio			9. State or Country of Mother's Birth: Grimaldi, Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Bombino		11. Present Address of Registrant: Priest River, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 12th, 1957	12. Signature of Notary: Vera C. Bombino		13. Notary Commission expires: June 19th, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. Aloysius Church Spokane 2, Washington	Date Issued: 9-23-57	Date Orig. Entry: Oct. 30, 1910
	Date of Birth: Oct. 1, 1910	Birth Place: Priest River, Idaho	Full Name of Mother: Josephine Bombino	Name of Father: Frank Bombino	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: May 3, 1937
	Date of Birth: Oct. 1, 1910	Birth Place: Bonner Co. Priest River, Idaho	Full Name of Mother: Josphene Chedeo	Name of Father: Frank Bombino	
SUPPORTING RECORD 3.	Type of Document: (present at birth) Affidavit by uncle, age 74		By whom issued and signed: Bruno Bombino	Date Issued: 9-19-57	Date Orig. Entry:
	Date of Birth: Oct. 1, 1910	Birth Place: Bonner Co. Priest River, Idaho	Full Name of Mother: Josephine Ciddio Bombino	Name of Father: Frank Bombino	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Bergon	Evidence reviewed by: Nancy Richards	Date Filed: Oct. 21, 1957

FORM BH 56067

1 copy paid

OCT 21

693-208-008-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1042

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CHRISTINE AMELIA ORCHARD
2. Date of Birth: (month) JUNE (day) 8 (year) 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County: BOISE; b. City or Town of Birth: IDAHO CITY

FATHER

6. Full Name of Father: HERBERT ALEXANDER ORCHARD
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: MATILDA MARY MAUTZ
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Christine D. McLean
11. Present Address of Registrant: 2505 W. Bannock St.

NOTARY (Seal)

Subscribed and sworn to before me on: October 18 1957
12. Signature of Notary: Dudley Smith
13. Notary Commission expires: April 5 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral (R.C.) Boise, Idaho	Date Issued: 10-2-57	Date Orig. Entry: July 1, 1910
	Date of Birth: June 8, 1910	Birth Place: ---	Full Name of Mother: Mathilda Mautz	Name of Father: Herbert Alexander Orehard
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: St. Alphonsus Hospital Boise, Idaho	Date Issued:	Date Orig. Entry: child born Sept. 22, 1938
	Date of Birth: June 8, 1910	Birth Place: Idaho City, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life Ins. Co. of California	Date Issued: 9-25-52	Date Orig. Entry: Sept. 23, 1952
	Date of Birth: June 8, 1910	Birth Place: Idaho City, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	Oct. 28, 1957

K

FORM BH 56067

DECEASED

693229.044-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1080

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Bounita Williamson			2. Date of Birth (month) (day) (year): September 29 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: John Thomas Williamson			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ida Belle Smith			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bounita Keithley		11. Present Address of Registrant: Midvale, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 1957	12. Signature of Notary: May Collins		13. Notary Commission expires: June 3 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: John Thomas Williamson		Date Issued: 11-4-57	Date Orig. Entry:
	Date of Birth: Sept. 29, 1910	Birth Place: Midvale, Idaho	Full Name of Mother: Ida Belle Smith	Name of Father: John Thomas Williamson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.		Date Issued: 11-8-33	Date Orig. Entry: Nov. 7, 1933
	Date of Birth: Sept. 29, 1910	Birth Place: Midvale, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #262553		Date Issued:	Date Orig. Entry: child born Dec. 22, 1937
	Date of Birth: age 27	Birth Place: Midvale, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D. W. Benson	Evidence reviewed by: Nancy Richards		Date Filed: Nov. 14, 1957	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Full Name at Birth: Anna Bonnita Williamson		2. Date of Birth (month) (day) (year): September [illegible] 1916	
3. Color or Race: [illegible]	4. Sex: Female	5. Place of Birth: Washington	6. City or Town of Birth: Midvale
7. Birth of County of Parent's Birth: [illegible]			
8. Full Name of Father: John Thomas Williamson			
9. State or Country of Mother's Birth: Illinois			
10. Mother's Name at Birth: [illegible] Smith			
11. Name of Mother: [illegible]			
12. Signature of Registrant:			
13. Signature of Witness:			
14. Family Commission Expires:			

Type of Document: Affidavit [illegible]	By Whom Issued and Signed: John Thomas Williamson	Date Issued: 11-[illegible]-37	Date Orig. Entry:	
Date of Birth: [illegible]	All Name of Mother: Ida Belle Smith	Name of Father: John Thomas Williamson		
Type of Document: [illegible]	By Whom Issued and Signed: Idaho Natural Benefit Assoc.	Date Issued: 11-8-33	Date Orig. Entry: Nov. 7, 1933	
Date of Birth: Sept. 29, 1916	All Name of Mother: ---	Name of Father: ---		
Type of Document: [illegible]	By Whom Issued and Signed: Idaho [illegible]	Date Issued:	Date Orig. Entry: Dec. 22, 1937	
Date of Birth: [illegible]	All Name of Mother: ---	Name of Father: ---		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE: I hereby certify that the prior birth certificate has been found in the division of Vital Statistics for this [illegible] documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

State Registrar:	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 14, 1937

28/05 1042-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward William Sharp			2. Date of Birth (month) (day) (year): September 5 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Novy Vanuable Sharp			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Carrie Lue Weaver			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward William Sharp		11. Present Address of Registrant: Filer Idaho
NOTARY (Seal)	Subscribed and sworn to before me on NOV - 8 1957 19___	12. Signature of Notary: G W Black		13. Notary Commission expires: Jan. 16 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Record		By whom issued and signed: Equitable Life Assurance Soc.	Date Issued: 9-25-57	Date Orig. Entry: Apr. 13, 1944
	Date of Birth: Sept. 5, 1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Novy V. Sharp	Date Issued: 12-4-57	Date Orig. Entry:
	Date of Birth: Sept. 5, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Carrie L. (Weaver) Sharp	Name of Father: Novy V. Sharp	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Senior High School Filer, Idaho	Date Issued: 12-4-57	Date Orig. Entry: Sept. 29, 1925
	Date of Birth: Sept. 5, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: N. V. Sharp	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bacon	nr Nancy Richards	Dec. 17, 1957

FORM BH 56067

2 copies sd

294-218-026-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1201
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Maria Bruce
2. Date Of Birth (month) (day) (year): March 18 1910
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Fremont now Jefferson
   Home
   b. City or Town of Birth: Annis Ward, Lorenzo Rt. #1

FATHER

6. Full Name of Father: James Bruce
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Charlotte Ellen Hill
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella Maria Bruce Bellman
11. Present Address of Registrant: Rt #1, Rigby, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 15 1957

12. Signature of Notary: D. Smith

13. Notary Commission expires: NOTARY PUBLIC - RIGBY, IDAHO My Commission Expires Feb. 2, 1959.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother, age 61	James William Bruce	11-20-57	
Class* B	Date of Birth: March 18, 1910 / Birth Place: Jefferson Co. Annis, Idaho	Full Name of Mother: Charlotte Ellen Hill	Name of Father: James Bruce	
SUPPORTING RECORD 2.	Church Record	By whom issued and signed: Rigby Stake, Annis Ward LDS Church	12-9-57	June 5, 1910
Class A	Date of Birth: March 18, 1910 / Birth Place: Fremont Co. Annis, Idaho	Full Name of Mother: Charlotte E. Hill	Name of Father: James Bruce	
SUPPORTING RECORD 3.	Insurance Policy	By whom issued and signed: Gem State Mutual Life Assoc.	3-14-36	March 11, 1936
Class B	Date of Birth: March 18, 1910 / Birth Place: Annis, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

own child's birth certificate, Idaho #194051: child born Aug. 28, 1931; age 21; birthplace Lorenzo, Idaho.

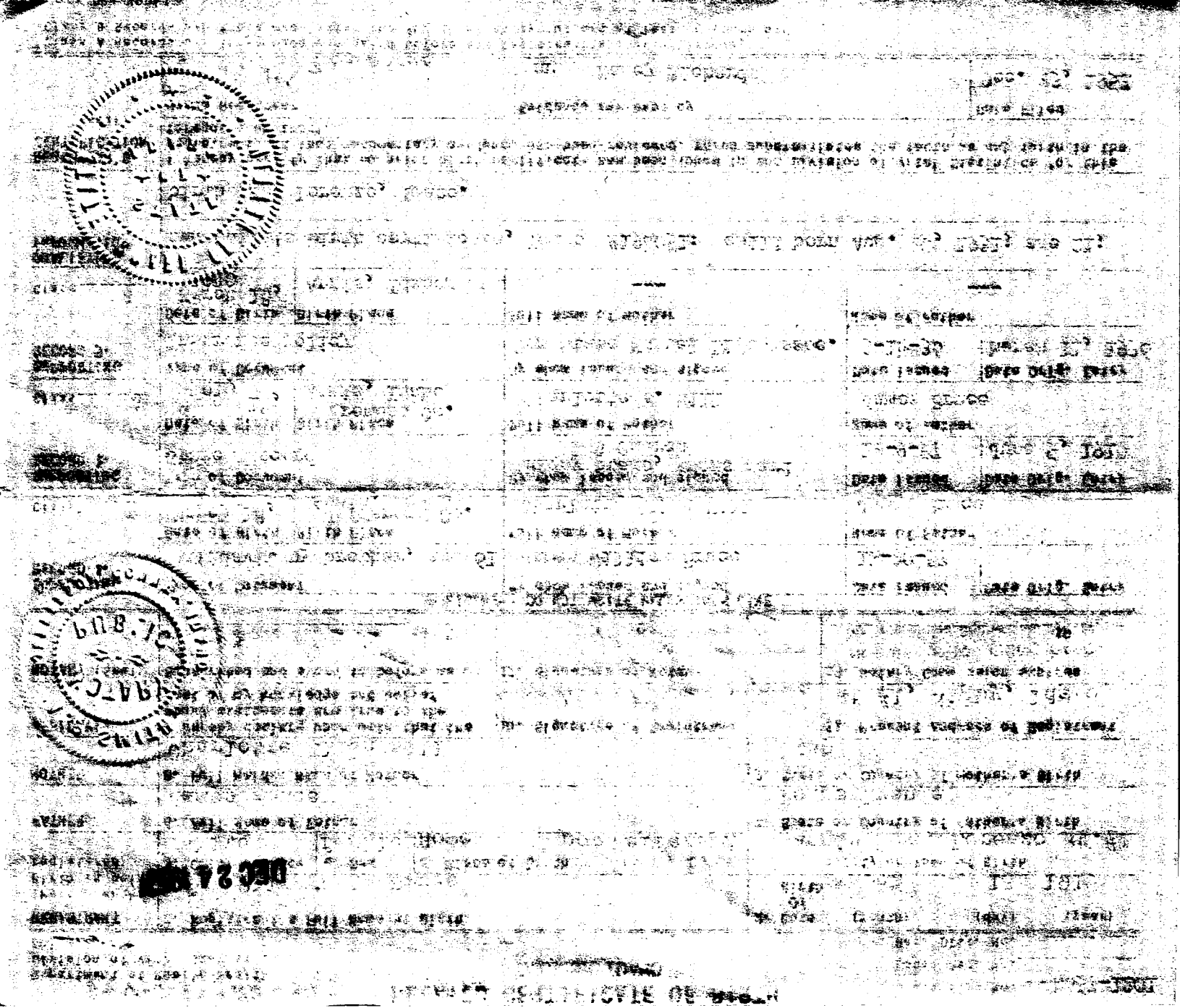
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	mr Nancy Richards	Dec. 23, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PPH 49067



234-224-018-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1213

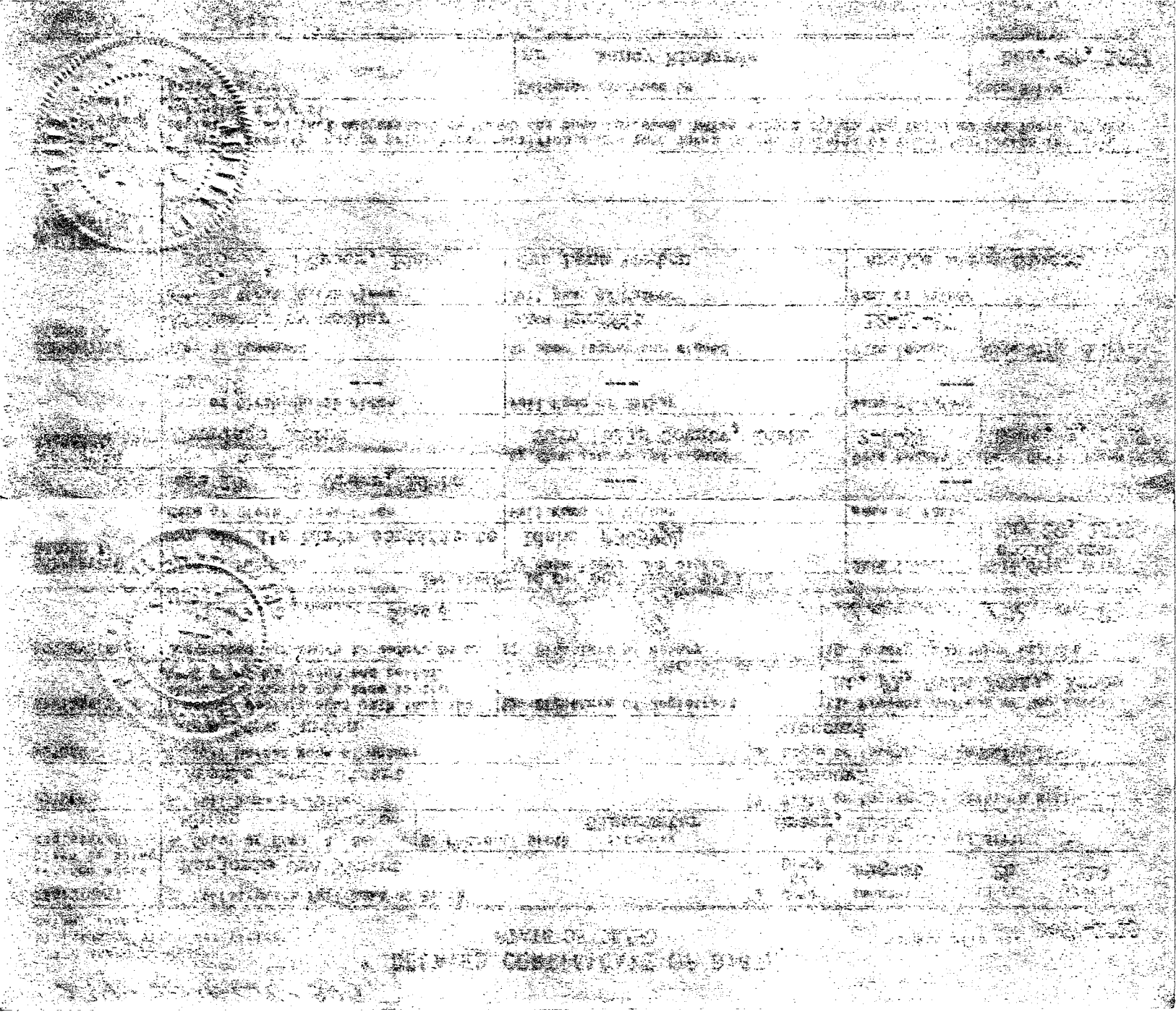
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Ora Stuart			2. Date Of Birth (month) August (day) 24 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Greer, Idaho	
FATHER	6. Full Name of Father: Archie Leroy Stuart			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Eva Lena Turton			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Ora Skinner		11. Present Address of Registrant: Rt. #1, Twin Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 20 1957	12. Signature of Notary: Ann Murree		13. Notary Commission expires: April 12 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #385994		Date Issued:	Date Orig. Entry: child born May 22, 1929
	Date of Birth: age 18	Birth Place: Greer, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Twin Falls County, Idaho		Date Issued: 2-8-57	Date Orig. Entry: Sept. 1, 1928
	Date of Birth: age 18	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Eva Proffit		Date Issued: 12-13-57	Date Orig. Entry:
	Date of Birth: Aug. 24, 1910	Birth Place: Greer, Idaho	Full Name of Mother: Eva Lena Turton	Name of Father: Archie Leroy Stuart	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: [signature]	Evidence reviewed by: nr Nancy Richards		Date Filed: Dec. 27, 1957	

FORM BH 56067

1 copy paid



691-217-022-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-004

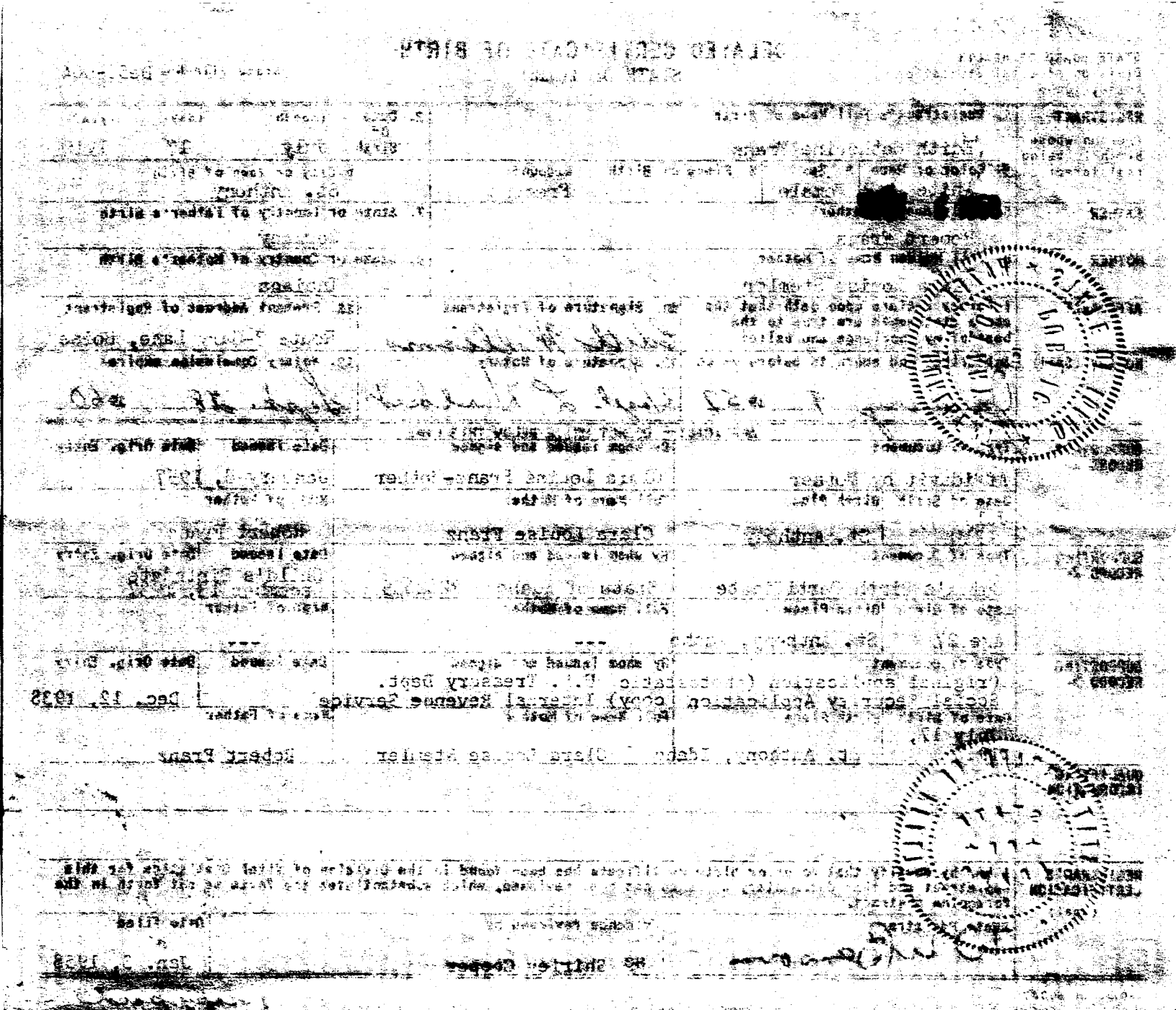
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Catherine Franz		2. Date Of Birth: (month) July (day) 17 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Robert Franz		7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Clara Louise Stemler		9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Williams	11. Present Address of Registrant: Route 3-Gary Lane, Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: January 9 1957	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Clara Louise Franz-Mother	Date Issued: January 8, 1957	Date Orig. Entry
	Date of Birth: July 17, 1910 / Birth Place: St. Anthony	Full Name of Mother: Clara Louise Franz	Name of Father: Robert Franz	
SUPPORTING RECORD 2.	Type of Document: Child's Birth Certificate	By whom issued and signed: State of Idaho #262635	Date Issued: Child's Birthdate December 13, 1937	Date Orig. Entry
	Date of Birth: Age 27 / Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Original application (photostatic copy) Social Security Application	By whom issued and signed: U.S. Treasury Dept. Internal Revenue Service	Date Issued:	Date Orig. Entry: Dec. 12, 1938
	Date of Birth: July 17, 1910 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Clara Louise Stemler	Name of Father: Robert Franz	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: SC Shirley Cooper	Date Filed: Jan. 3, 1958	

FORM BH 56067

1 copy paid



212-225-019-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-39

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jean Louise Bascom			2. Date of Birth (month) July (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer	b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: Willis Park Bascom			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Alice Elizabeth Mullett			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean Louise Bascom		11. Present Address of Registrant: 172 Woodrow Ave. Vallejo, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: February 23, 1957	12. Signature of Notary: Dorothy E. Nichols		13. Notary Commission expires: November 20, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Blanche E. Mullett	Date Issued: 2-20-57	Date Orig. Entry:
	Date of Birth: July 25, 1910 / Birth Place: Mackay, Idaho	Full Name of Mother: Alice Elizabeth Mullett	Name of Father: Willis Park Bascom	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: 7-31-57	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 9 / Birth Place: Idaho	Full Name of Mother: Alice Bascom	Name of Father: Wm. Bascom	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 26, 1943
	Date of Birth: July 25, 1910 / Birth Place: Custer Co, Mackay, Idaho	Full Name of Mother: Alice Elizabeth Mullett	Name of Father: Willis Park Bascome	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: ss nr Nancy Richards	Date Filed: Jan. 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)	
[illegible] Bascom		July 25 1910	
3. Sex	4. Place of Birth	5. County	6. Date of Birth
Female		Custer	Mackay
7. Father's Full Name		8. Place of Birth	9. State or Country of Birth
[illegible] Bascom			Pennsylvania
10. Mother's Full Name		11. Place of Birth	12. State or Country of Mother's Birth
[illegible] Mullett			Ohio
13. Affidavit		14. Signature of Registrant	15. Present Address of Registrant
[illegible]			2 Woodrow Ave. Vallejo, Calif.
16. Signature of Affiant		17. Signature of Notary	18. Notary Commission Expires
[illegible]			[illegible]

Supporting Record 1.	Date of Document	By Whom Issued and Signature	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]	[illegible]	[illegible]

Supporting Record 2.	Date of Document	By Whom Issued and Signature	Date Issued	Date Orig. Entry
	Legal Census Record	U. S. Dept. of Commerce Bureau of the Census	[illegible]	Jan. 2, 1920
	Date of Birth / Birth Place	Full Name of Mother	Maiden Name of Mother	
	[illegible]	Alice Bascom	Wm. Bascom	

Supporting Record 3.	Date of Document	By Whom Issued and Signature	Date Issued	Date Orig. Entry
	Social Security Record	Treasury Dept.		Jan. 26, 1943
	Date of Birth / Birth Place	Full Name of Mother	Maiden Name of Mother	
	[illegible] Custer, Mackay, Idaho	Alice Elizabeth Mullett	Wallie Park Bascom	

Supporting Information

Certification: I hereby certify that the above certificate has been issued in the Division of Vital Statistics for this [illegible] and that the information contained herein has been verified with the statistics the facts as set forth in the foregoing statement.

Date Filed	Evidence Examined by	Date Filed
	Nancy Richards	Jan. 24, 1950

JAN 24 [illegible]

893-226 · 014-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-49

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma Hillyard			2. Date of Birth (month) September (day) 26 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Robert Lee Hillyard			7. State or Country of Father's Birth: Caldwell County, Kentucky
MOTHER	8. Full Maiden Name of Mother: Mina Ethel Allen			9. State or Country of Mother's Birth: Crittenden County, Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velma Hillyard Kendal		11. Present Address of Registrant: Route One, Salmon, Lemhi Co., Idaho
NOTARY (Seal)	Subscribed and sworn to before me on January 6 1958	12. Signature of Notary: Frederick Hughes Snook		13. Notary Commission expires: Sept. 21, 1959

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: R. L. Hillyard	Date Issued: 12-10-57	Date Orig. Entry:
	Date of Birth: Sept. 26, 1910 / Birth Place: Canyon Co. Nampa, Idaho	Full Name of Mother: Mina Ethel Allen	Name of Father: Robert Lee Hillyard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by attending physician	By whom issued and signed: Geo. O. A. Kellogg, M.D.	Date Issued: 12-6-57	Date Orig. Entry:
	Date of Birth: Sept. 26, 1910 / Birth Place: Canyon Co. Nampa, Idaho	Full Name of Mother: Mina Ethel Hillyard (nee Allen)	Name of Father: Robert Lee Hillyard	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 12-14-49	Date Orig. Entry: Dec. 14, 1949
	Date of Birth: Sept. 26, 1910 / Birth Place: Nampa, Idaho	Full Name of Mother: Mina E. Hillyard	Name of Father: ----	
QUALIFYING INFORMATION				

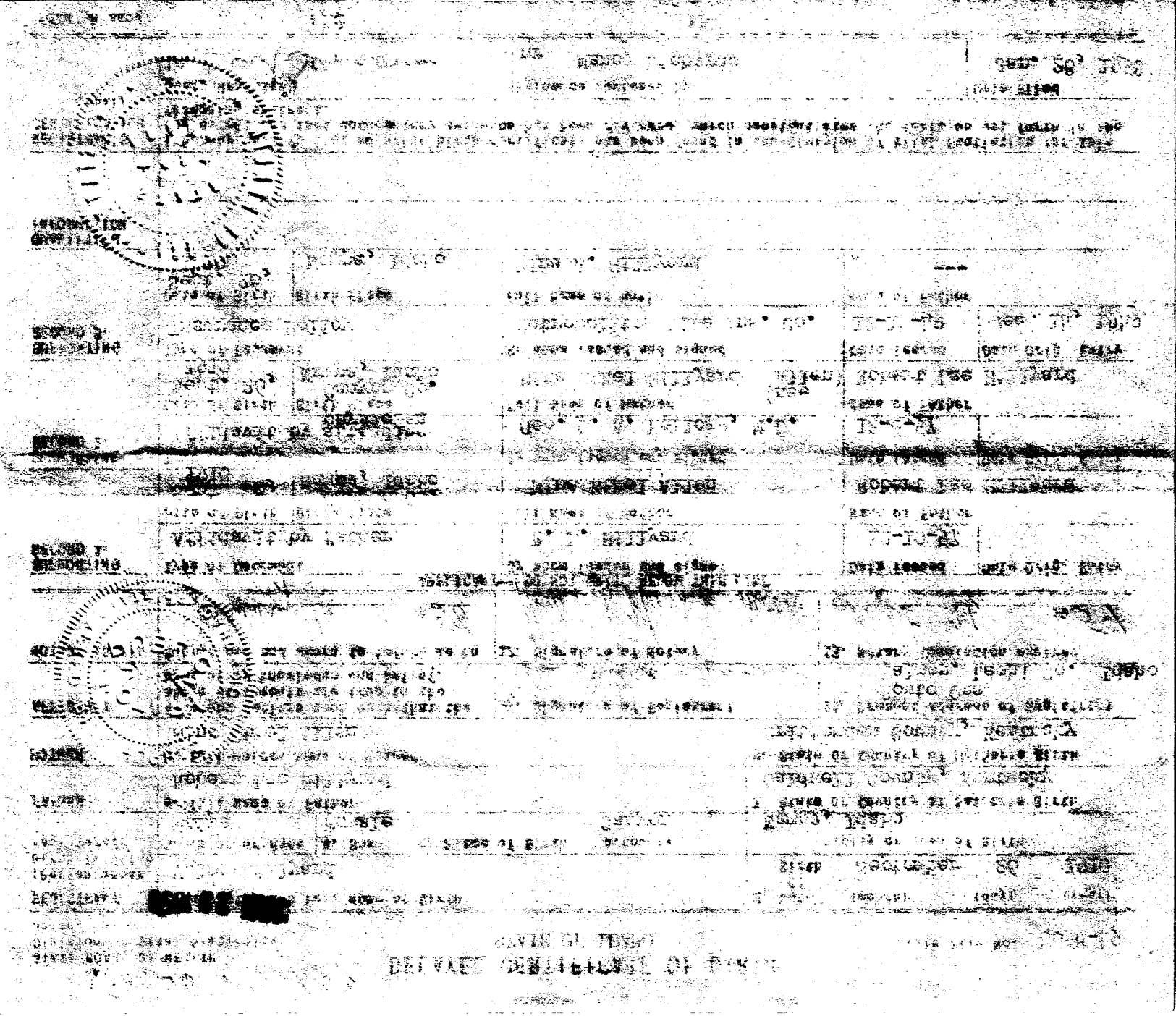
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Jan. 28, 1958

FORM BH 56067

1 cop. paid



793-22-0844-423

PLACE OF BIRTH

RECEIVED
JAN 24 1958
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

De58 - 69

County of WASHINGTON

City of MIDVALE

No. ..... St.

Registration District No. .....

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD JUNIA ANNA PICKETT
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE			YES	JANUARY 24 1910

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Elbridge Pickett	FULL MAIDEN NAME: Anna Mackey
RESIDENCE: Midvale, Idaho	RESIDENCE: Midvale, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Midvale, Idaho	BIRTHPLACE: Midvale, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Solmsen M.D.
(Physician or midwife)

(Date signed) 9-2-57

Address Nampa Idaho

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed Jan 24, 1958 192.. W. W. Benson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

113-208-025-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-86

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Magdalena Catherine Jacobs			2. Date Of Birth: (month) June (day) 8 (year) 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Genesee, Idaho	b. City or Town of Birth: Genesee	
FATHER	6. Full Name of Father: Peter George Jacobs			7. State or Country of Father's Birth: St Peters Ohio	
MOTHER	8. Full Maiden Name of Mother: Mary Katherine Evits			9. State or Country of Mother's Birth: Uniontown Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Foster Mary Magdalena Catherine Jacobs	11. Present Address of Registrant: 434 East Walnut Ave Visalia	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 14 1958		12. Signature of Notary: Louise Barry	13. Notary Commission expires: 2-14 1958	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: St. Mary's R. C. Church Genesee, Idaho	Date Issued: 5-10-55	Date Orig. Entry: July 12, 1910
	Date of Birth: June 8, 1910	Birth Place: Genesee, Idaho	Full Name of Mother: Mary Evits	Name of Father: Peter Jacobs	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother & father		By whom issued and signed: Mary Katherine Jacobs and Peter George Jacobs	Date Issued: 1-14-58	Date Orig. Entry:
	Date of Birth: June 8, 1910	Birth Place: Genesee, Idaho	Full Name of Mother: Mary Katherine Evits	Name of Father: Peter George Jacobs	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: California #36 Dist. No. 5453	Date Issued: 8-18-54	Date Orig. Entry: child born May 5, 1936
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Denson	Nancy Richards	Feb. 5, 1958

FORM BH 56067

Mary C. Foster

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB

618-225.058-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-100

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Lucille Wayne			2. Date of Birth (month) November (day) 25 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Clarence Franklin Wayne			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Cora Irene Lamb			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille H Barge		11. Present Address of Registrant: Mahnomen, Minnesota
NOTARY (Seal)	Subscribed and sworn to before me on: February 7, 1958	12. Signature of Notary: Camilla Wardy, Clerk of District Court, Mahnomen County, Minn.		13. Notary Commission expires: Term Jan. 1, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister - Age 62	By whom issued and signed: Elsie Adams		Date Issued: Feb 3,1958	Date Orig. Entry:
	Date of Birth: Nov 25,1910	Birth Place: Payette, Idaho	Full Name of Mother: Cora Irene Lamb	Name of Father: Clarence Franklin Wayne	
SUPPORTING RECORD 2.	Type of Document: U. S. CENSUS RECORD	By whom issued and signed: U.S.Department of Commerce Bureau of the Census		Date Issued: 1-9-1958	Date Orig. Entry: Census taken as of Jan 1,1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Cora I. Wayne	Name of Father: Clarence F. Wayne	
SUPPORTING RECORD 3.	Type of Document: Certified Copy of Birth Register of Own Child	By whom issued and signed: Mahnomen County Dist. Court Minnesota		Date Issued: Feb 7,1958	Date Orig. Entry: child born Oct 11,1938
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Statement regarding Confirmation in First LuthernChurch, issued by S. A. Urberg, Pastor, Mahnomen, Minnesota Jan 28, 1958
Birthdate is given as Nov. 25, 1910. Confirmed in the year 1936

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Feb. 11, 1958

FORM BH 56067

FEB 11

		2. Date of Birth (month, day, year)	
		September 28 1910	
	3. Sex	4. Color or Race	5. Place of Birth (State or Country)
	Female	White	Illinois
PERSON	6. Full Name of Father		7. Birthplace of Father
	Terrence Francis Flynn		Illinois
MOTHER	8. Full Maiden Name of Mother		9. Birthplace of Mother
	Cora Lynch Linn		Wisconsin
AFFIANT	Personally known and who did take an oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Affiant	11. Residence (Street and Number, City, State)
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Official Capacity
	February 2, 1928	Jessie [illegible]	[illegible]

ORIGINAL RECORD 1.	Type of Document	2. When Issued and Signed	Date Issued
	Affidavit for Delayed Birth	Boise, Idaho	Feb 2,1928
	Name of Person Whose Birth is Recorded	Name of Mother	Date of Birth
	Mrs. 22,1928 Terrence Idaho	Cora Lynch Linn	September Twenty-Eight
SUPPORTING RECORD 1.	Type of Document	3. When Issued and Signed	Date Issued
	U. S. Certificate	U.S.Department of Commerce	1-9-1928
	Date of Birth Birth Place	Bureau of the Census	Name of Mother
	Age 9 Idaho	Dora I. Byrne	Clarence P. Wayne
SUPPORTING RECORD 2.	Type of Document	3. When Issued and Signed	Date Issued
	Certified Copy of Birth Registration of Born Child	Adjutants County Dist. Court Minnesota	Jan 7,1928
	Date of Birth Birth Place	Name of Mother	Date Reg. Birth
	Age 27 Idaho		Oct 11,1927

Statement regarding Correction to Birth Record Thereof, Issued by S. A. Uphoff, Director, Minnesota, Minneapolis, Dec. 28, 1928

Issued in Boise on Nov. 29, 1928. Confirmed in the year 1936

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been received, which substantiates the facts as set forth in the above described affidavit.

Signature	Examined and Recorded by	Date Filed
W. E. Vaughn	Joyce E. Foltz	Feb. 11, 1928

293-210-039-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-110

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LINA MARGARET KITE
2. Date Of Birth (month) (day) (year): MAY 10 1910
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Power Co. b. City or Town of Birth: American Falls, Idaho

FATHER

6. Full Name of Father: Arthur T. Kite
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Mary E. Setzer
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lina M. Hasel
11. Present Address of Registrant: 22 Pond St. San Francisco, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: January 27 1958
12. Signature of Notary: Mabelle A Haen
13. Notary Commission expires: My Commission Expires Oct. 17, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		July 19, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 10, 1910	American Falls, Idaho	Mary E. Setzer	Arthur T. Kite

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of Census	9-4-57	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 9	Idaho	Mary E. Kite	A. T. Kite

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Mary E. Kite	11-13-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 10, 1910	American Falls, Idaho	Mary E. Setzer	Arthur T. Kite

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	Feb. 12, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]-110

FEB 18 1958

REGISTRAR	1. Name of Birth	2. Sex (month) (day) (year)
	[illegible]	
	3. Corporate name of Birth	4. Place of Birth
FATHER	5. Full Name of Father	6. Place or Country of Father's Birth
MOTHER	7. Full Name of Mother	8. State or Country of Mother's Birth
	9. Signature of Registrant	10. Present Address of Registrant
	11. Signature of Notary	12. Notary Commission Expires

APPLICANT DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Dwg. Entry
Social Security Record	Treasury Dept.		July 19, 1958

	Mary E. Setzer	Arthur T. Kite	
SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued / Date Dwg. Entry
	Federal Census Record	U. S. Bureau of Census	9-4-57 / Jan. 1, 1960
	Date of Birth / Place	Full Name of Mother	Name of Father
	Age 9 / Idaho	Mary E. Kite	A. T. Kite
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued / Date Dwg. Entry
	Affidavit by mother	Mary E. Kite	11-13-57
	Date of Birth / Place	Full Name of Mother	Name of Father
	May 10,	Mary E. Setzer	Arthur T. Kite

SUBSEQUENT INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that the documentary evidence has been [illegible] which substantiates the facts as set forth in the foregoing abstract.

Abstract Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Feb. 12, 1958

755426-028-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-152

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GUY LORNE GENTRY
2. Date of Birth (month) (day) (year): 26 JULY 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Coeur d'Alene Kootai
b. City or Town of Birth:

FATHER

6. Full Name of Father: GROVER RAYMOND GENTRY
7. State or Country of Father's Birth: OREGON

MOTHER

8. Full Maiden Name of Mother: MINNIEBELLE THOMAS
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Guy Lorne Gentry
11. Present Address of Registrant: 8 Hooker St Coldwater Mich

NOTARY (Seal)

Subscribed and sworn to before me on: December 2nd 1957
12. Signature of Notary: [illegible]
13. Notary Commission expires: June 19 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother's brother (born 10-15-1886)	Ray E. Thomas	3-14-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1910	near Coeur d'Alene, Idaho	Minnie Belle Gentry	Grover Raymond Gentry

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record	Dolena Campbell, teacher, taken from Jumbo Hill School Dist. #2600 record, Alberta, Canada	7-8-57	Jan. 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1910 (age 9)	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.	1-30-58	Dec. 19, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26, 1910	Couer'dalene, Idaho	Minnie Belle Thomas	Grover Raymond Gentry

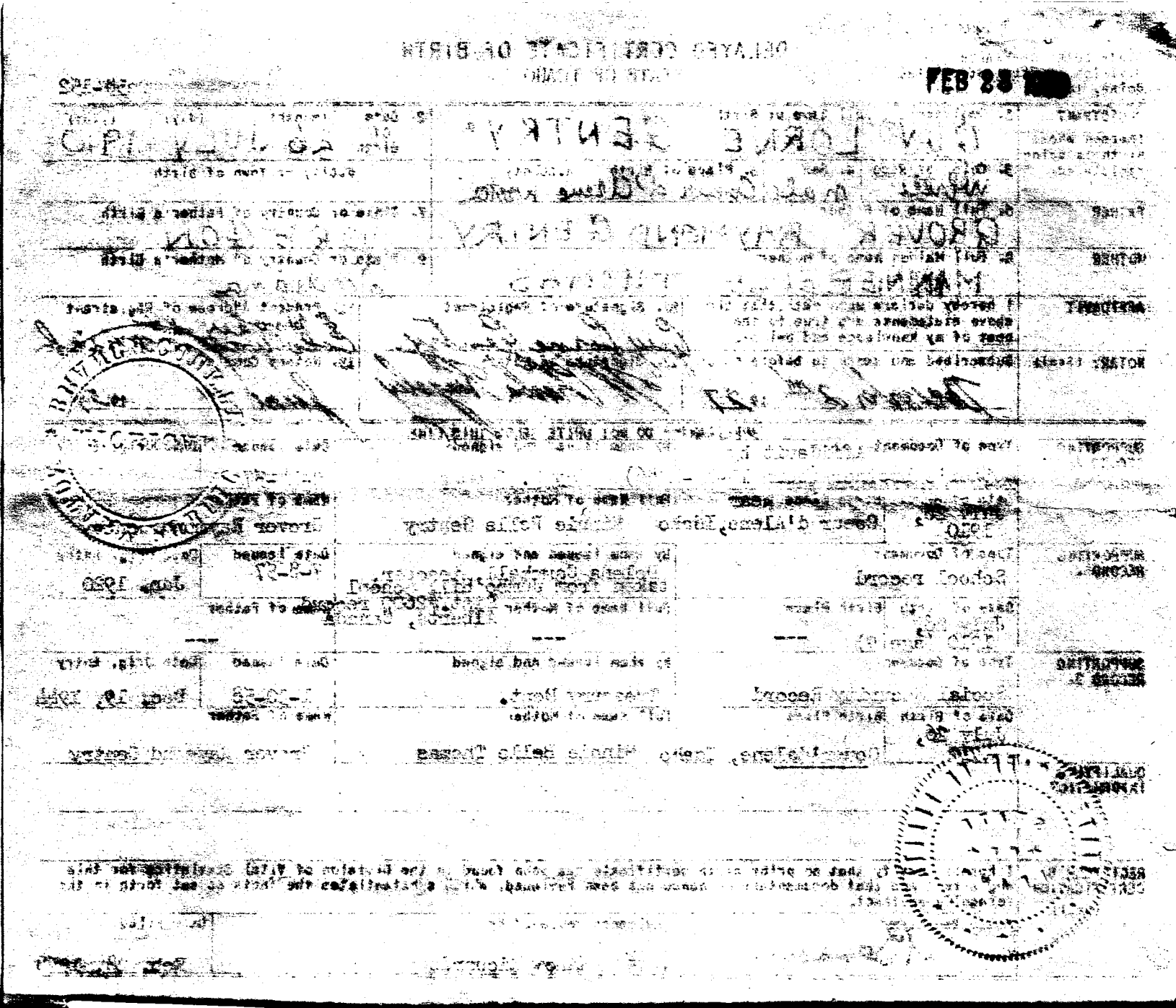
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Feb. 28, 1958

FORM BH 56067



493-22-041-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-177

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ivy Helena Mickelsen at home
2. Date Of Birth: (month) March (day) 22 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Hayden, Idaho Teton; b. City or Town of Birth: Hayden, Idaho

FATHER

6. Full Name of Father: Christain Nelse Mickelsen
7. State or Country of Father's Birth: Lago, Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Ann Hill
9. State or Country of Mother's Birth: Salem, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ivy M. Rammell
11. Present Address of Registrant: Great Shaw Mont.

NOTARY (Seal)

Subscribed and sworn to before me on November 18 1957

12. Signature of Notary: A R Hanson
13. Notary Commission expires: March 9 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	Idaho #424222		child born July 13, 1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 36 / Hayden, Idaho	---	---	
SUPPORTING RECORD 2.	Insurance Application	Idaho Mutual Benefit Assoc.		July 18, 1944
	March 22, 1910 / Hayden, Idaho	---	---	
SUPPORTING RECORD 3.	Affidavit by parents	Chris Mickelsen and Mary Ann Hill Mickelsen	2-10-58	
	March 22, 1910 / Haden, Idaho	Mary Ann Hill Mickelsen	Chris Mickelsen	

QUALIFYING INFORMATION

Hospital Record, Montana Deaconess Hospital, Great Falls, Mont.: June 16, 1950;

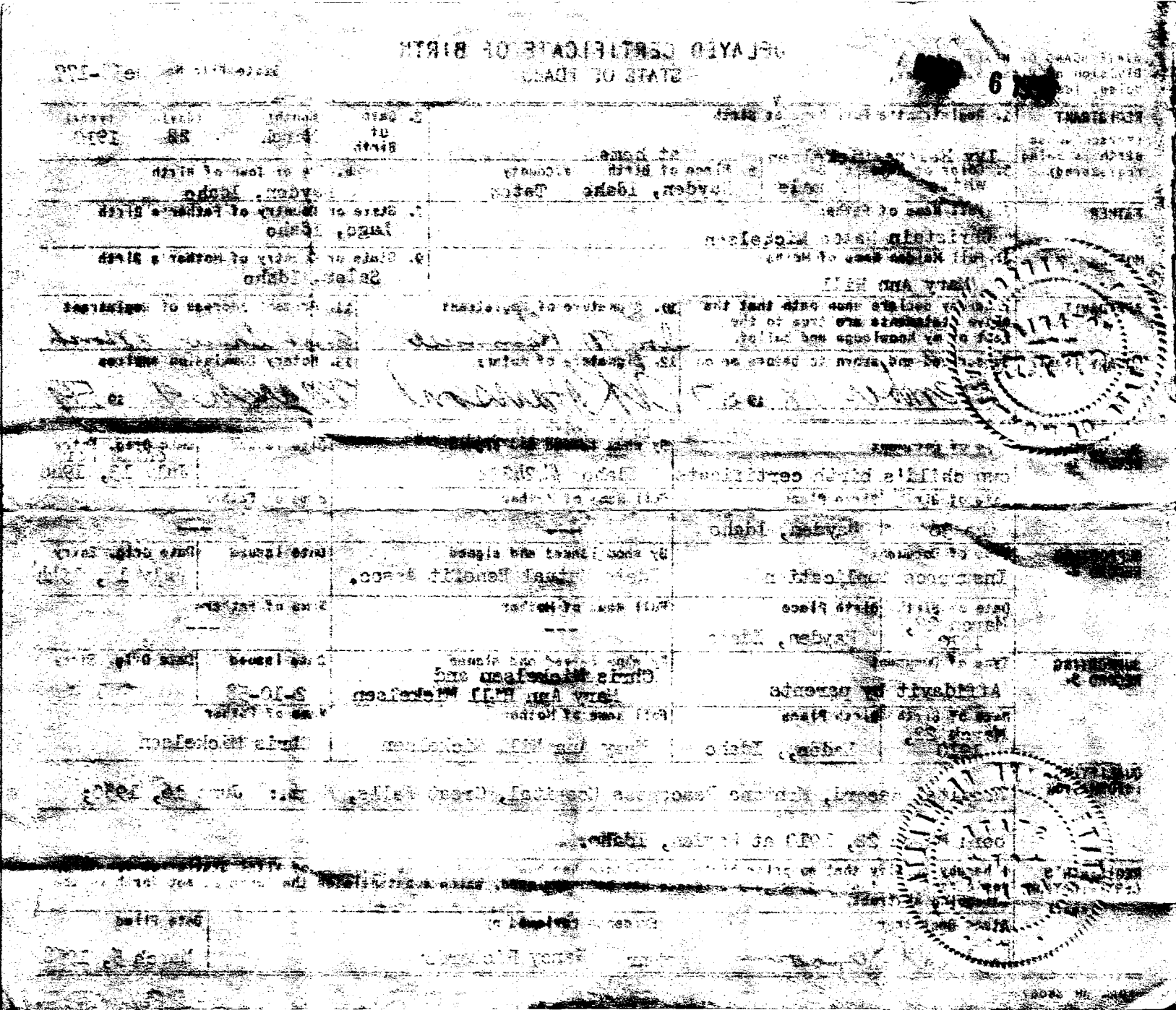
born March 22, 1910 at Hayden, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	nr Nancy Richards	March 5, 1958

FORM BH 56067



696-201-026-467

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-195

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosetta Fife		2. Date of Birth (month) (day) (year): October 1 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jefferson Co. Idaho; b. City or Town of Birth: Lewisville Idaho
FATHER	6. Full Name of Father: Wallace Fife		7. State or Country of Father's Birth: Providence Cache Co. Utah
MOTHER	8. Full Maiden Name of Mother: Rosetta Doxey		9. State or Country of Mother's Birth: Ogden, Weber Co Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosetta Fife	11. Present Address of Registrant: Rigby, Idaho Rt I
NOTARY (Seal)	Subscribed and sworn to before me on: March 12, 1957	12. Signature of Notary: [illegible]	13. Notary Commission expires: Nov. 20 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

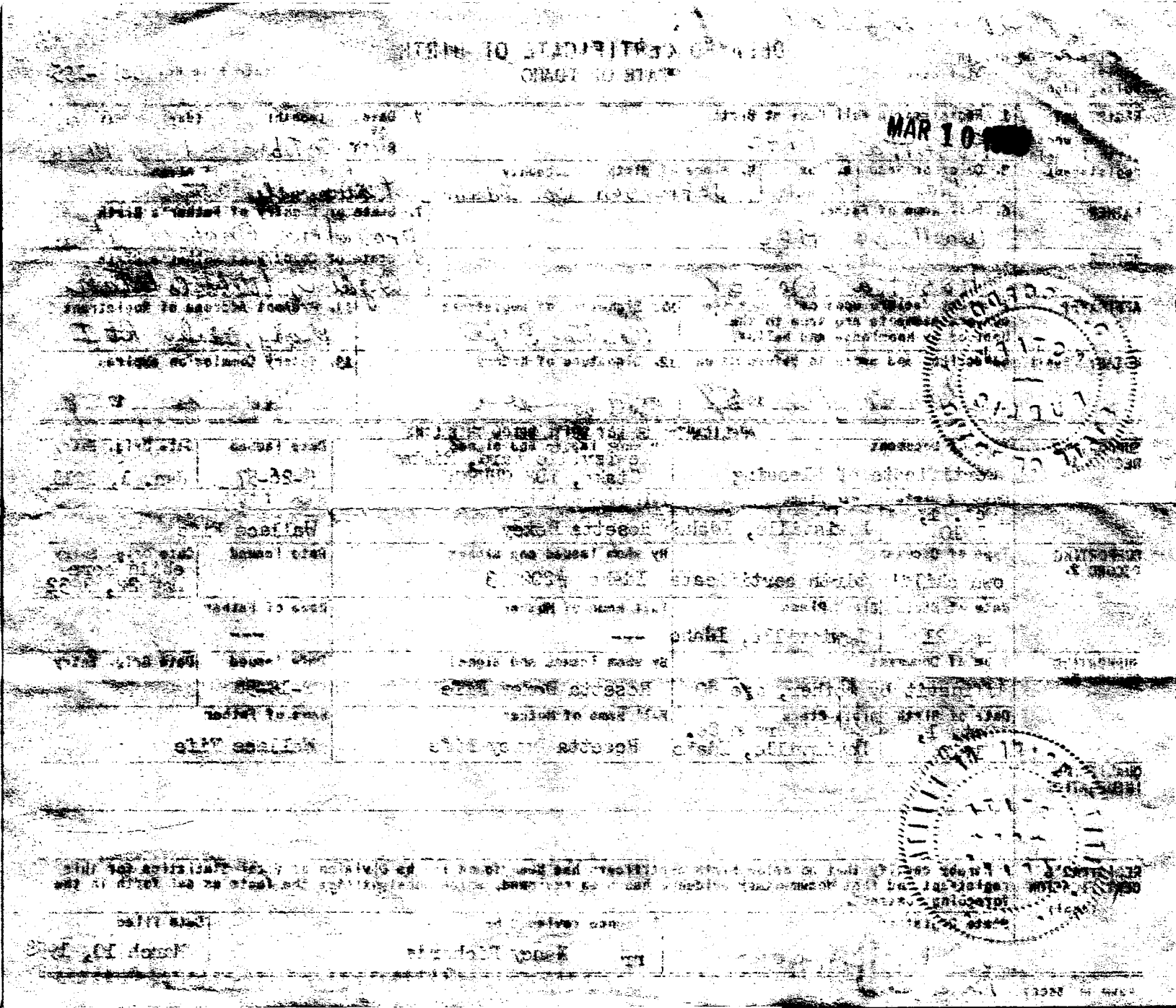
SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Lewisville Ward, Rigby Stake, LDS CHURCH	Date issued: 5-26-57	Date Orig. Entry: Jan. 1, 1911
	Date of Birth: Oct. 1, 1910	Birth Place: Lewisville, Idaho	Full Name of Mother: Rosetta Doxey	Name of Father: Wallace Fife
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #202293	Date issued:	Date Orig. Entry: child born May 22, 1932
	Date of Birth: age 21	Birth Place: Lewisville, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 80	By whom issued and signed: Rosetta Doxey Fife	Date issued: 2-15-58	Date Orig. Entry:
	Date of Birth: Oct. 1, 1910	Birth Place: Jefferson Co. Lewisville, Idaho	Full Name of Mother: Rosetta Doxey Fife	Name of Father: Wallace Fife
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	March 10, 1958

FORM BH 56067 1 copy paid


MAR 10

695-221-026-895

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carrie Claudia Freauf		2. Date Of Birth (month) March (day) 21 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Roberts Idaho, Jefferson; b. City or Town of Birth: Roberts Idaho, Jefferson Co
FATHER	6. Full Name of Father: Joseph Sylvester Freauf		7. State or Country of Father's Birth: Nebraska,
MOTHER	8. Full Maiden Name of Mother: Lizzie Hinek		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carrie Claudia Gale	11. Present Address of Registrant: 3977 26th St. San Francisc
NOTARY (Seal)	Subscribed and sworn to before me on: November 23, 1957 19 ___	12. Signature of Notary: Edward R Radonski	13. Notary Commission expires: April 11 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Dec. 3, 1936
	Date of Birth: March 21, 1910	Birth Place: Roberts, Idaho	Full Name of Mother: Elizabeth Hienck	Name of Father: Joseph Freauf	
SUPPORTING RECORD 2.	Type of Document: Employment Record		By whom issued and signed: Western Union Telegraph Co. San Francisco, Calif.	Date issued: 1-9-58	Date Orig. Entry: July 6, 1929
	Date of Birth: March 21, 1910	Birth Place: Roberts, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement re: application for insurance		By whom issued and signed: (Dallas, Texas) Republic Nat'l. Life Ins.Co.	Date issued: 11-25-57	Date Orig. Entry: Apr. 16, 1928
	Date of Birth: March 21, 1910	Birth Place: Roberts, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

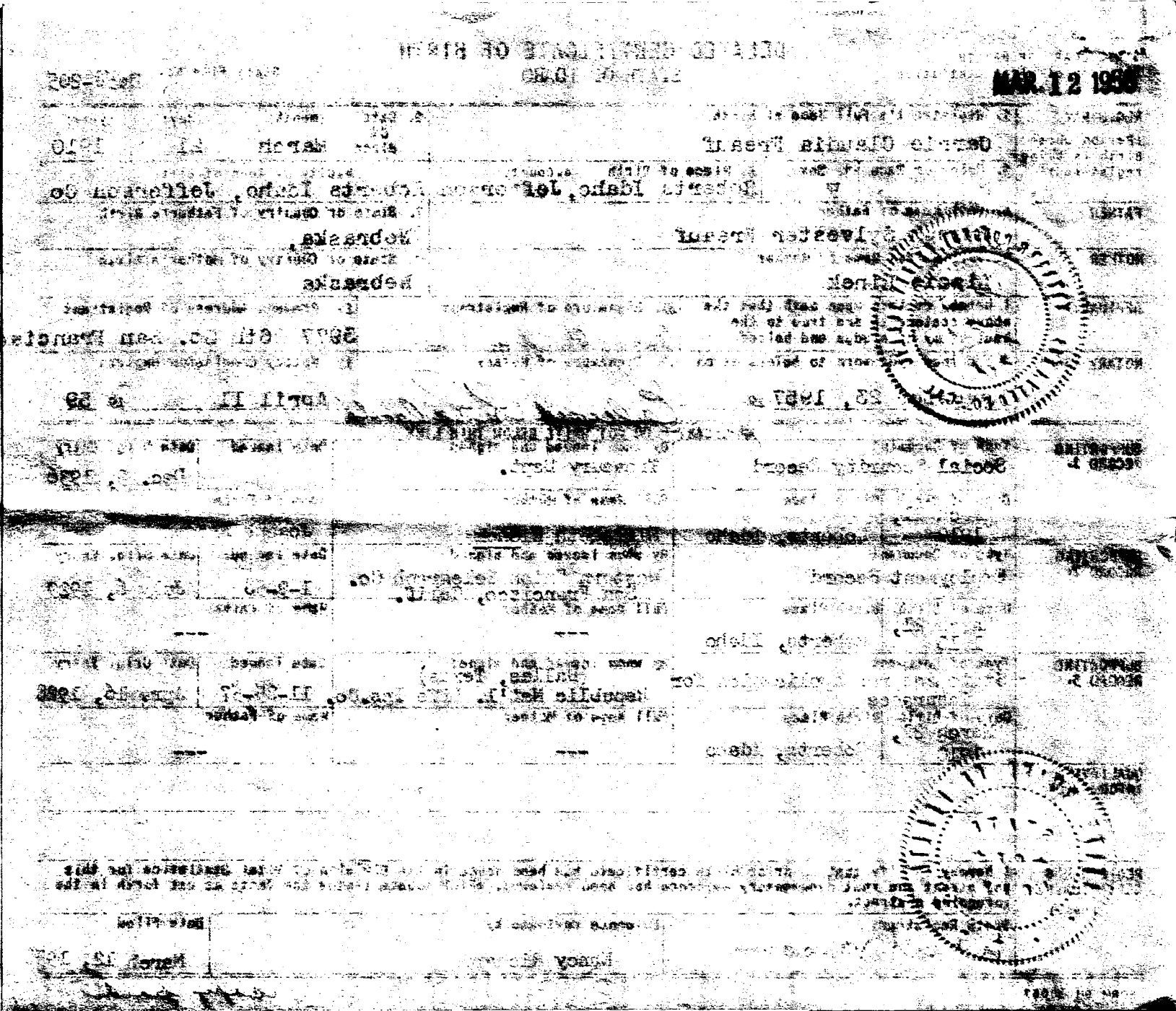
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	March 12, 1958

FORM BH 56067

1 copy paid



593-212-034-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-293

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veda Nichols			2. Date of Birth (month) Sept. (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Heyburn
FATHER	6. Full Name of Father: Holt Nichols			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Ann Hellewell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veda Nichols Bartelucci		11. Present Address of Registrant: Carson City, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1958	12. Signature of Notary: Rose I. Saunders, County Clerk By STATE OF NEVADA		13. Notary Commission expires: October 10, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept., S.S. Board	Date Issued:	Date Orig. Entry: Dec. 30, 1942
	Date of Birth: Sept. 12, 1910 / Birth Place: Heyburn, Idaho	Full Name of Mother: Mary Ann Hellewell		Name of Father: Holt Nichols
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 77	By whom issued and signed: Mary Ann Hellewell Nichols	Date Issued: 2-21-58	Date Orig. Entry:
	Date of Birth: Sept. 12, 1910 / Birth Place: Minidoka Co. Heyburn, Idaho	Full Name of Mother: Mary Ann Hellewell Nichols		Name of Father: Holt Nichols
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #161953	Date Issued:	Date Orig. Entry: child born May 21, 1928
	Date of Birth: age 17 / Birth Place: Heyburn, Idaho	Full Name of Mother: —		Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

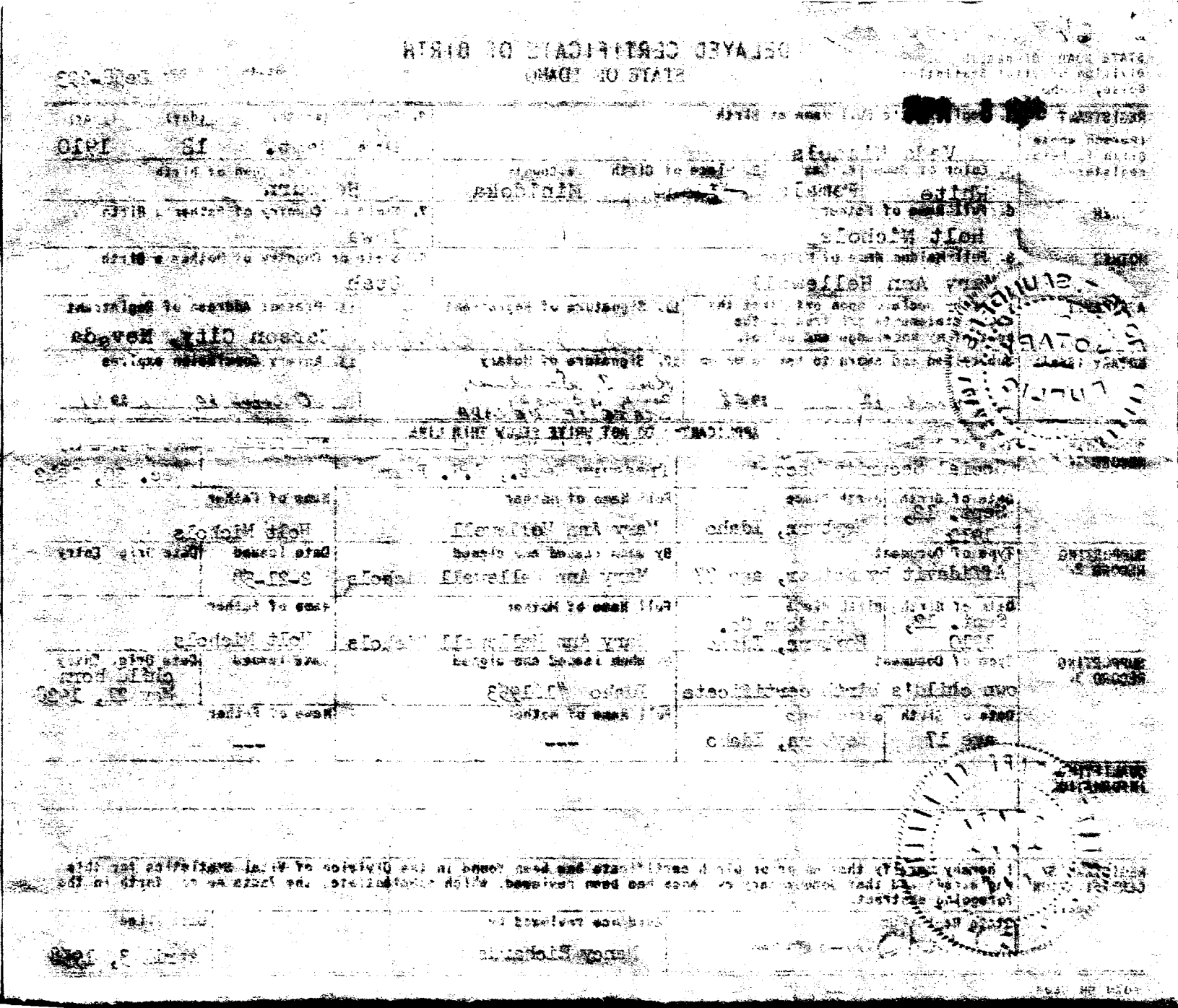
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	April 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO



214-207-014-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-330

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Samer			2. Date Of Birth (month) February (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: Michael Samer			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Mary Holmes			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Bureau): Mary Elizabeth Samer		11. Present Address of Registrant: 3040 S.W 36 Ave
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1958	12. Signature of Notary: Millicent J. Smith		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 12, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Record	By whom issued and signed: Canyon County, Idaho	Date Issued: 11-26-57	Date Orig. Entry: time of birth
	Date of Birth: Feb. 7, 1910 / Birth Place: Canyon Co. Caldwell, Idaho	Full Name of Mother: Mary Holmes Samer	Name of Father: Michael Samer	
SUPPORTING RECORD 2.	Type of Document: School of Nursing Record	By whom issued and signed: St. Vincent's Hosp. Sch. of Nursing now U. of Portland College of Nursing	Date Issued: 2-17-58	Date Orig. Entry: Dec. 16, 1929
	Date of Birth: Feb. 7, 1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Mrs. M. Samer	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #3355	Date Issued: 3-3-58	Date Orig. Entry: child born Aug. 5, 1940
	Date of Birth: age 30 / Birth Place: Caldwell, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Bergon	Evidence reviewed by: nr Nancy Richards	Date Filed: April 24, 1958

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Date Filed: 2-26-330

APR 24 1958

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] Samer	2. Date of Birth (month) (day) (year): February 7, [illegible]	
	3. Order of Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: a. County: [illegible] b. City or Town of Birth: [illegible], Idaho
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	11. Hereby certify upon oath that the [illegible] are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (SEAL)	[illegible] and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] PUBLIC FOR [illegible]

FUBLIC

SUPPORTING RECORD 1	Type of Document: [illegible] Birth Record	By whom issued and signed: [illegible], Idaho	Date Issued: [illegible]-26-57	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible], Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: School of Nursing Record	By whom issued and signed: St. Vincent's Hosp. Sch. of Nursing, now U. of Portland College of Nursing	Date Issued: 4-17-58	Date Orig. Entry: Dec. 16, 1929
	Date of Birth: [illegible] 1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Mrs. M. Samer	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: [illegible] child's birth certificate	By whom issued and signed: Oregon #3355	Date Issued: 3-3-58	Date Orig. Entry: child born Aug. 5, 1940
	Date of Birth: [illegible] 30	Birth Place: Caldwell, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, or that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	April 24, 1958

693-219-042-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-336

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ESTHER CARMEN WILBERG			2. Date Of Birth (month) August (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Bert Wilberg			7. State or Country of Father's Birth: Minnesota U.S.A.
MOTHER	8. Full Maiden Name of Mother: Randa Ovidia Anfinson			9. State or Country of Mother's Birth: Minnesota U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Carmen Wilberg		11. Present Address of Registrant: 2741 Woodhaven Drive, Los Angeles, California
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1958	12. Signature of Notary: L. Carter Owen		13. Notary Commission expires: L. CARTER OWEN MY COMMISSION EXPIRES JANUARY 10, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Bert Wilberg	Date Issued: 4-2-58	Date Orig. Entry:
	Date of Birth: Aug. 19, 1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: Randa Ovidia Anfinson born in Minn.	Name of Father: Bert Wilberg born in Minn.	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: The Claremont Graduate School Claremont, California	Date Issued: 5-11-56	Date Orig. Entry: June 29, 1932
	Date of Birth: Aug. 19, 1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Service Record	By whom issued and signed: U. S. Naval Service	Date Issued: enlisted 11-16-42	Date Orig. Entry: discharged March 4, 1947
	Date of Birth: Aug. 19, 1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	1951 California Operator's License No. Y 676458: born Aug. 19, 1910.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards		Date Filed: April 24, 1958

FORM BH 56067

UNITED STATES DEPARTMENT OF LABOR

STATE OF IDAHO

APR 24 1952

Twin Falls, Idaho Twenty-fourth

June 29, 1952

296-126-035-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-344
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RAY EVERETT BROWN
2. Date of Birth (month) (day) (year): AUGUST 26 1910
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County:
b. City or Town of Birth: LEWISTON, IDAHO

FATHER

6. Full Name of Father: LEONARD LAWSON BROWN
7. State or Country of Father's Birth: WASHINGTON

MOTHER

8. Full Maiden Name of Mother: IVY MAY LAING ~~LEONARD LAWSON BROWN~~
9. State or Country of Mother's Birth: WASHINGTON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ray Everett Brown
11. Present Address of Registrant: 1225-A SYCAMORE STOCKTON, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: March 8 1958
12. Signature of Notary: Mary Thom Pohle
13. Notary Commission expires: March 8 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Family record--Baby Book	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: on 3-27-58	Date Orig. Entry: obviously old	
	Date of Birth: Aug. 26, 1910	Birth Place: Nez Perce Co, Lewiston, Idaho	Full Name of Mother: Ivy Mae Brown (Laing)	Name of Father: Leonard L. Brown	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by mother	By whom issued and signed: Ivy M. Brown	Date Issued: 3-8-58	Date Orig. Entry:	
	Date of Birth: Aug. 26, 1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Ivy M. Brown	Name of Father: ----	
SUPPORTING RECORD 3. Class B	Type of Document: Bible Record	By whom issued and signed: Original viewed by Notary Public Mary Thom Pohle, San	Date Issued: 4-2-58	Date Orig. Entry: obviously very old record	
	Date of Birth: Aug. 26, 1910	Birth Place:	Full Name of Mother: Joaquin Co., Ca	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	nr Nancy Richards	April 25, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Copy 1

Service approved using
both baby book & bible

263-110-029-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-424

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Kenneth Boll
2. Date of Birth (month) Dec. (day) 10 (year) 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth — a. County: Latah
   b. City or Town of Birth: Bovill

FATHER

6. Full Name of Father: William Jacob Boll
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Laura Marie Starr
9. State or Country of Mother's Birth: Ont. Canada.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Kenneth Boll
11. Present Address of Registrant: Grand Coulee, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on April 16, 1958

12. Signature of Notary: Evelyn M. Bratz
13. Notary Commission expires: Sept. 15, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 70	Laura Marie Boll	4-9-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 10, 1910	Bovill, Idaho	Laura Marie Boll	William Jacob Boll

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Service Record--Discharge	U. S. Navy	discharged 11-26-45	inducted March 9, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 10, 1910	Bovill, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #278175		child born March 18, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	Bovill, Idaho	----	----

QUALIFYING INFORMATION

Issued--3-18-58
Marriage Record, Pend Oreille County, Washington: age 25 as of Sept. 11, 1936.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jameson	nr Nancy Richards	May 16, 1958

FORM BH 56067

MAY 16 1958

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race / 4. Sex / 5. Place of Birth (County)	6. City or Town of Birth
FATHER	7. Full Name of Father	8. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Fidavit by mother, age 19	By whom issued and signed: Laura Marie Bell	Date Issued: [illegible]-9-58	Date Orig. Entry
	Date of Birth: [illegible]	Birth Place: Bovill, Idaho	Full Name of Mother: Laura Marie Bell	Name of Father: William Jacob Bell
SUPPORTING RECORD 2.	Type of Document: Service Record-Discharge	By whom issued and signed: U. S. Navy	Date Issued: Discharged 11-26-[illegible]	Date Orig. Entry: Enlisted March [illegible], 1944
	Date of Birth: [illegible]	Birth Place: Bovill, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued:	Date Orig. Entry: Child born March 16, 1939
	Date of Birth: Age 23	Birth Place: Bovill, Idaho	Full Name of Mother: —	Name of Father: —

Date of Birth: [illegible]-18-[illegible]

Marriage Record, Bend Oreille County, Washington: Age 25 as of Sept. 11, 1936.

SUPPORTING CERTIFICATION (Mail)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	May 16, 1958

FORM [illegible]

259-214-003-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-430

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margie Berger
2. Date Of Birth (month) (day) (year): May - 14 - 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Lucius Robert Berger
7. State or Country of Father's Birth: Milville - Utah

MOTHER

8. Full Maiden Name of Mother: Violet Evelyn Tonks
9. State or Country of Mother's Birth: Morgan - Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margie B. Ord
11. Present Address of Registrant: 560 East 1st Bountiful - Utah

NOTARY (Seal)

Subscribed and sworn to before me on: April 18 1958
12. Signature of Notary: Horace P. Beesley
13. Notary Commission expires: Feb. 11 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Violet Tonks Berger (East)	4-14-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 14, 1910 / Bannock Co. Pocatello, Idaho	Violet Tonks Berger (East) now	Lucius Robert Berger	
SUPPORTING RECORD 2.	Church Record	Pocatello Stake, Pocatello 1st Ward, LDS Church	4-18-58	July 3, 1910
	May 14, 1910 / Bannock Co. Pocatello, Idaho	Violet Tonks	Lucius Berger	
SUPPORTING RECORD 3.	own child's birth certificate	Utah #1732	4-30-58	child born Apr. 1, 1944
	age 33 / Pocatello, Idaho	----	----	

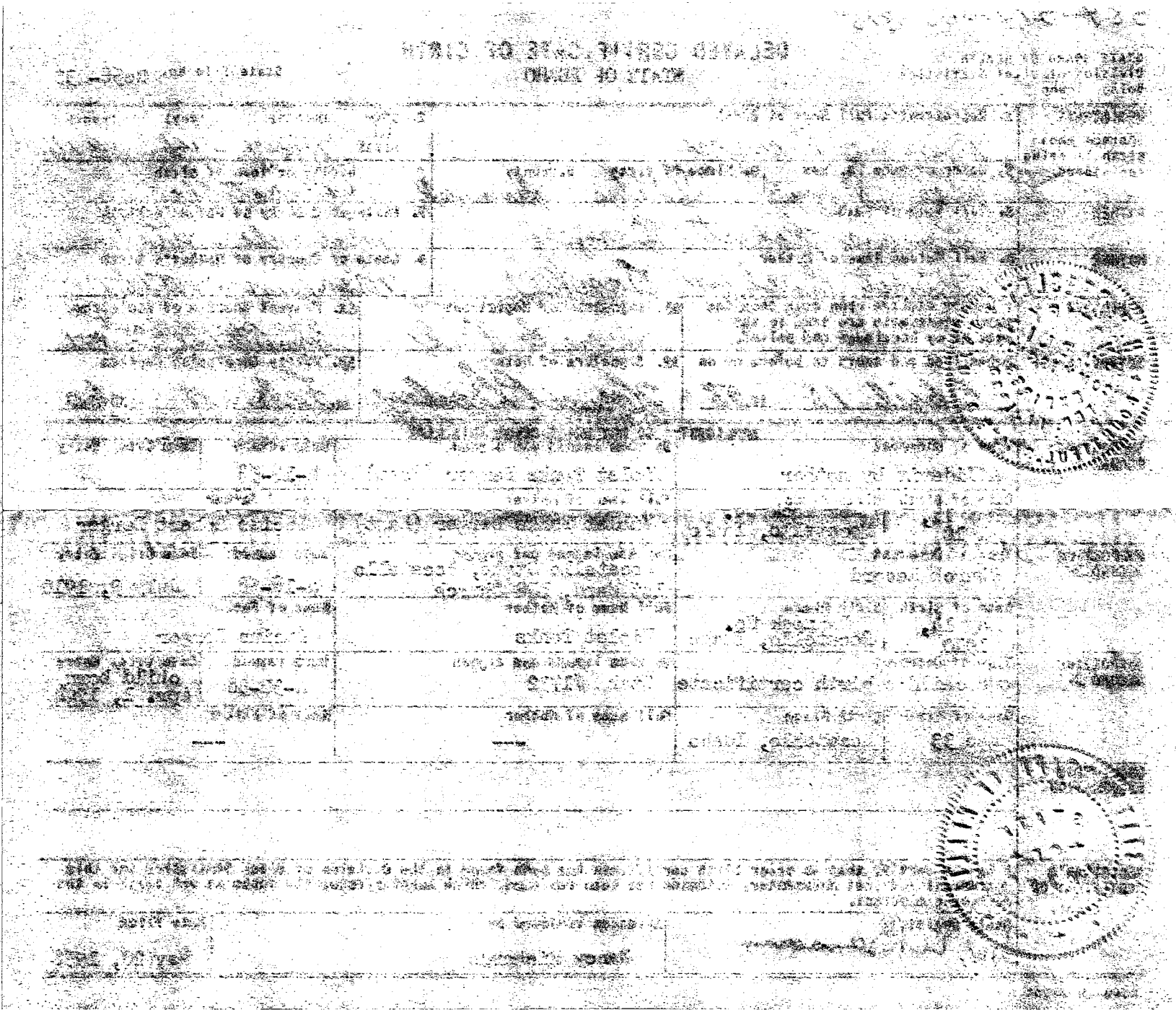
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jensen	Nancy Richards	May 20, 1958

FORM BH 56067



753-213-010-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-437

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Felts			2. Date Of Birth (month) October (day) 13 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Clarence Arthur Felts			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Emma Knight			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Samuel A. McVey		11. Present Address of Registrant: P.O. Box 1505 Merced Calif.
NOTARY (Seal)	Subscribed and sworn to before me on MAY 2 '58 19___	12. Signature of Notary: Juanita Miller		13. Notary Commission expires: My Commission Expires May 15, 1961 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Emma Felts	Date Issued: 5-2-58	Date Orig. Entry:
	Date of Birth: Oct. 13, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mary Emma Knight Felts	Name of Father: Clarence Arthur Felts	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: California (Fresno)	Date Issued:	Date Orig. Entry: child born Aug. 14, 1933
	Date of Birth: age 22	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Family Record		By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 5-22-58	Date Orig. Entry: obviously old
	Date of Birth: Oct. 13, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	May 22, 1958

FORM BH 56067

1 Cert Issued

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

State File No. [illegible]

1. Name of child	2. Date of birth (Month) (Day) (Year)
3. Place of birth (County)	(City or town) (If not in hospital, give street address)
4. FATHER — Full name	5. Color or race
6. MOTHER — Full maiden name	7. Color or race
8. Age at time of birth of this child	9. State or country of birth
10. Residence at time of birth of this child	11. Mailing address of informant
12. Name and address of physician or midwife in attendance at birth	13. Was child born dead?
14. Was child born alive but died before birth certificate was filed?	15. Was child born alive but died before delayed certificate was filed?
16. Was child born alive but died before delayed certificate was filed?	17. Was child born alive but died before delayed certificate was filed?
18. Was child born alive but died before delayed certificate was filed?	19. Was child born alive but died before delayed certificate was filed?
20. Was child born alive but died before delayed certificate was filed?

214710-001-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-480

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Kay Kamberg			2. Date of Birth (month) (day) (year): Nov. 10, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Star, Idaho	b. City or Town of Birth: near Star, Idaho
FATHER	6. Full Name of Father: William Theodore Kamberg			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Nellie Ann HART			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Kay Kamberg		11. Present Address of Registrant: 10855 Campbell Arlington, California
NOTARY (Seal)	Subscribed and sworn to before me on: April 4, 1958 19___	12. Signature of Notary: [signature]		13. Notary Commission expires: My Commission Expires July 21, 1958 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: William T. Kamberg and Nellie Ann Kamberg	Date Issued: 4-1-58	Date Orig. Entry:
	Date of Birth: Nov. 10, 1910	Birth Place: near Star, Idaho	Full Name of Mother: Nellie Ann Kamberg	Name of Father: William T. Kamberg	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Loma Linda Sanitarium & Hospital, Loma Linda, Calif.	Date Issued: 5-9-58	Date Orig. Entry: May 21, 1952
	Date of Birth: Nov. 10, 1910 (age 41)	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: West Coast Aero Tool Co. Los Angeles 29, Calif.	Date Issued:	Date Orig. Entry: Dec. 2, 1952
	Date of Birth: Nov. 10, 1910	Birth Place: Star, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	June 6, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

JUN 6 [illegible]

1. Name of Birth		2. Date of Birth (month) (day) (year) Nov. [illegible], 1910
3. Color or Race	4. Sex	5. Place of Birth (Country)
6. City or Town of Birth		7. State or Country of Father's Birth
8. Mother's Birth		9. State or Country of Mother's Birth
10. Name of Mother		11. Present Address of Registrant
12. Signature of Registrant		13. Notary Commission Expires
14. Subscribed and sworn to before me on		15. Signature of Notary

Type of Document		Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Name of Father	
Type of Document		Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Name of Father	
Type of Document		Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Name of Father	

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Signature of Registrar	Evidence reviewed by	Date Filed
	[illegible]	June 6, 1958

434-220-025-463

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 58-485

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lela Maxine McMillan		2. Date Of Birth (month) Feb. (day) 20 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Kooskia, Idaho	b. City or Town of Birth: Kooskia
FATHER	6. Full Name of Father: Earnest Smith McMillan		7. State or Country of Father's Birth: Rapid City, So. Dakota	
MOTHER	8. Full Maiden Name of Mother: Susan Catheran Mothorn		9. State or Country of Mother's Birth: Potlatch, Ida.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lela M. Chadwick	11. Present Address of Registrant: Ontario, Ore. Rte I.	
NOTARY (Seal)	Subscribed and sworn to before me on: 6 — 9 — 1958	12. Signature of Notary: A J Peters	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission expires June 26, 1960.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: family Bible	By whom issued and signed	Date Issued	Date Orig. Entry: obviously old
	Date of Birth: Feb. 20, 1910 / Birth Place: Kooskia, Idaho	Full Name of Mother: Susan Mothorn	Name of Father: Ernest S. McMillan	
SUPPORTING RECORD 2.	Type of Document: Beneficial Life Insurance policy Ins. Co.	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: August 14 1933	Date Orig. Entry
	Date of Birth: Feb.20, 1910 / Birth Place: Kooskia, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: #172550 on file Vital Statistics	Date Issued	Date Orig. Entry: child born Apr. 22, 1929
	Date of Birth: age 19 / Birth Place: Idaho	Full Name of Mother	Name of Father: age-19	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Carolyn Hoffman	June 9, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Statefile No. DE 58-485

JUN 10 1958

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race / 4. Sex / 5. Place of Birth (Mo. or Fr.)	Body or Town of Birth
FATHER	6. Full Name of Father	State or Country of Father's Birth
MOTHER	7. Maiden Name of Mother	State or Country of Mother's Birth
AFFIDAVIT	8. Person declares upon oath that the [illegible]	10. Signature of Registrant / 11. Present Address of Registrant
	12. Sworn and sworn to before me on	13. Signature / 14. Notary Commission expires

NOTARY PUBLIC FOR OREGON
My Commission expires June 22, 1959

SUPPORTING RECORD 1	Type of Document: Family Bible	Date Issued and Signed	Date Issued	Date Orig. Entry: obviously old
	Date of Birth / Birth Place: Feb. 20, 1910 Kooskia, Idaho	Name of Father: Susan Mothorn	Name of Father: Ernest S. McMillan	
SUPPORTING RECORD 2	Type of Document: Beneficial Life Insurance policy Ins. Co.	By Name Issued and Signed: Beneficial Life Insurance Co.	Date Issued: August 14, 1939	Date Orig. Entry
	Date of Birth / Birth Place: Feb. 20, 1910 Kooskia, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document: own child's birth certificate on file Vital Statistics	By Name Issued and Signed: 472350	Date Issued	Date Orig. Entry: child born Apr. 22, 1929
	Date of Birth / Birth Place: age 19 Idaho	Full Name of Mother	Name of Father	age-19

Certified by the Registrar that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] contract.

Registrar: V. Henson	Evidence reviewed by: Carolyn Hoffman	Date Filed: June 9, 1955

269-230-003-318

DELAYED

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. De58-508

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Borrow			2. Date Of Birth (month) May (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: (USA) Bannock	b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Charles Edward Borrow			7. State or Country of Father's Birth: Pittston Pa
MOTHER	8. Full Maiden Name of Mother: Alice Eliza Taylor			9. State or Country of Mother's Birth: Toronto Ont Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: +Vera Borrow Jen Eych		11. Present Address of Registrant: 2040 Willow Lane
NOTARY (Seal)	Subscribed and sworn to before me on: June 1958	12. Signature of Notary: Charles M. Reitler		13. Notary Commission expires: Nov 7, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Certificate of own child's birth (photostat)	By whom issued and signed: Murphy Memorial Hospital Whittier, California	Date Issued:	Date Orig. Entry: child born June 8, 1942
	Date of Birth: May 30, 1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Registrant's Affidavit (of family status)	By whom issued and signed: (signed by husband) Draft Board #270, Whittier, Calif.	Date Issued:	Date Orig. Entry: Apr. 22, 1943
	Date of Birth: May 30, 1910 / Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Photostat of bible record	By whom issued and signed: original viewed by Notary Public Chas. Reitler; Jefferson, Colo.	Date Issued: 6-11-58	Date Orig. Entry: obviously old
	Date of Birth: May 30, 1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Alice E. Borrow		Name of Father: Charles E. Borrow
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	June 13, 1958

FORM BH 56067

5 copies

DELAYED STAMP BROUGHT FORWARD TO CERTIFICATE FACE 01/10/2018 AJT

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367405 1040-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-533

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Logar		2. Date of Birth: (month) January (day) 5 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Shoshone	b. City or Town of Birth: Wardner, Idaho
FATHER	6. Full Name of Father: Joseph Logar		7. State or Country of Father's Birth: Unknown	
MOTHER	8. Full Maiden Name of Mother: Anna Stubler		9. State or Country of Mother's Birth: Unknown	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Logar	11. Present Address of Registrant: 3708 N 34th Tacoma Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 7 1958	12. Signature of Notary: [illegible]	13. Notary Commission expires: APR. 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: Wallace R. C. Church of St. Alphonsus, Wallace, Ida.	Date Issued: 2-1-10	Date Orig. Entry: Jan. 16, 1910
	Date of Birth: Jan. 5, 1910	Birth Place: Wardner, Idaho	Full Name of Mother: Annie Logr	Name of Father: Joseph Logr	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: United Benefit Life Ins. Co. Omaha	Date Issued: 3-27-42	Date Orig. Entry: March 20, 1942
	Date of Birth: Jan. 5, 1910	Birth Place: Wardner, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital certificate of own child's birth		By whom issued and signed: Wardner Hospital Kellogg, Idaho	Date Issued:	Date Orig. Entry: child born Oct. 29, 1939
	Date of Birth: Jan. 5, 1910	Birth Place: Wardner, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards	Date Filed: June 19, 1958

FORM BH 56067

JUN 19 1950

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-578

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Cleveland			2. Date of Birth (month) (day) (year): June 28 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Summit Idaho	
FATHER	6. Full Name of Father: Charles Fredrick Cleveland			7. State or Country of Father's Birth: Missouri 1874	
MOTHER	8. Full Maiden Name of Mother: Alice Jane Tuckey			9. State or Country of Mother's Birth: Idaho 1890	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Cleveland		11. Present Address of Registrant: Headquarters Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1958	12. Signature of Notary: Carl J. Pease		13. Notary Commission expires: April 1, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: July 13, 1937
	Date of Birth: June 28, 1910	Birth Place: Summit, Idaho	Full Name of Mother: Alice Jane Tuckey	Name of Father: Charles Fredrick Cleveland	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Charles F. Cleveland and Alice J. Cleveland		Date Issued: 6-22-58	Date Orig. Entry:
	Date of Birth: June 28, 1910	Birth Place: Summit, Idaho	Full Name of Mother: Alice J. Cleveland	Name of Father: Charles F. Cleveland	
SUPPORTING RECORD 3.	Type of Document (Application) Employment Record	By whom issued and signed: Potlatch Forests, Inc. Lewiston, Idaho		Date Issued:	Date Orig. Entry: Feb. 11, 1942
	Date of Birth: June 28, 1910	Birth Place: Summit, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Marriage Record, Lewis Co., Nezperce, Idaho; 3-20-58: age 23 as of July 22, 1933; born at Summit, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards		Date Filed: June 30, 1958	

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR

1. Name of child (First, Middle or Last)

2. Date of Birth

3. Sex

4. Place of birth

a. County

b. City or Town of Birth

5. Full name of father

6. Name of County of Father's Birth

7. Maiden name of mother

8. Name of County of Mother's Birth

AFFIDAVIT

9. Before me, the undersigned authority, personally appeared the above named who being duly sworn, deposes and says that the statements made in items 1 through 8 are true to the best of his knowledge and belief.

10. Signature of Affiant

11. Address

12. Subscribed and sworn to before me this

13. Signature of Notary

14. Notary Commission expires

SUPPORTING DOCUMENTS

15. Type of Document

16. Name on Document at Time Event Occurred

17. Date Issued

18. Issuing Agency

19. Signature of Registrar

20. Date Filed by Registrar

Medical Security Record

Treasury Dept.

July 25, 1927

Name of Father

Occupation

Date Issued

Place of Birth

Date of Birth

Sex

Name of Child

Twin, Triplet, etc.

Number in order of birth

Color or Race

Residence

Age at last birthday

Married, Single, Widowed or Divorced

Birthplace

Name of Mother

Maiden Name

Occupation

Residence

Age at last birthday

Married, Single, Widowed or Divorced

Birthplace

Name of Informant

Residence

Date Filed

Date of Birth

Certified by Records

Charles Frederick Overgard

Chief, Division of Vital Statistics

Date Issued

July 25, 1927

Name of Father

Maiden Name of Mother

Name of Informant

Residence

Date Filed

Date of Birth

Sex

Color or Race

Name of Child

Twin, Triplet, etc.

Number in order of birth

Place of birth

415-22 410 05-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-607
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Opal Gertrude Davis
2. Date of Birth (month) Dec (day) 24 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Emida
a. County: Benewah
b. City or Town of Birth: Emida

FATHER

6. Full Name of Father: James Oscar Davis
7. State or Country of Father's Birth: Farmington, Washington

MOTHER

8. Full Maiden Name of Mother: Edna Gertrude Ells
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Opal D. Humphreys
11. Present Address of Registrant: Lebanon, Oregon 1810 Gilbert Drive

NOTARY (Seal)

Subscribed and sworn to before me on: April 26 19 57

12. Signature of Notary: Frances Rice
13. Notary Commission expires: January 28 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by father, age 72	James Oscar Davis	6-11-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 24, 1910 / Benewah Co. Emida, Idaho	Edna Gertrude Ells	James Oscar Davis	
SUPPORTING RECORD 2. Class B	Voter's Registration Record	Linn County, Oregon	4-18-57	Sept. 21, 1940
	Dec. 24, 1910 / Idaho	Gertrude Ells	Oscar Davis	
SUPPORTING RECORD 3. Class B	Marriage Record	Linn Co., Albany, Oregon	4-18-57	Feb. 3, 1929
	age 18 / Idaho	---	---	

QUALIFYING INFORMATION

Post Card of Birth Notice, postmarked Dec. 26, 1910: "a girl, Opal Davis, born Christmas Eve at 11:00 p.m. to Mr. and Mrs. O. Davis."

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	July 9, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 17 1970

JUL 10 1958

459-23-004-975

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-609

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Merrill			2. Date Of Birth (month) (day) (year): March 23 - 1910
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bennington, Ida.
FATHER	6. Full Name of Father: Ambrose Dunn Merrill			7. State or Country of Father's Birth: Idaho - Bear Lake
MOTHER	8. Full Maiden Name of Mother: Estella Ipsen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Merrill		11. Present Address of Registrant: 346 No. 17th Pocatello, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: June 30, 1958	12. Signature of Notary (Spidell): J. H. Carlson		13. Notary Commission expires: June 1, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: 5-23-58	Date Orig. Entry: July 9, 1951
	Date of Birth: March 23, 1910 / Birth Place: Bennington, Idaho	Full Name of Mother: Stella Ipsen	Name of Father: Ambrose Dunn Merrill	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued:	Date Orig. Entry: July 29, 1932
	Date of Birth: March 23, 1910 / Birth Place: Bennington, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #273509	Date Issued:	Date Orig. Entry: child born Nov. 20, 1938
	Date of Birth: age 28 / Birth Place: Bennington, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	Nancy Richards	July 10, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Department of Health
Division of Vital Statistics
Boise, Idaho

JUL 11 1950

REGISTRANT (Person whose birth is being registered)	1. Name of Birth (Full name of Birth)	2. Date of Birth (month) (day) (year)
	3. Color of Race (Ill. Non.) 4. Place of Birth (Country)	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby certify that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary / 13. Notary Commission Expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued: 5-23-50	Date Orig. Entry: July 9, 1950
	Date of Birth: March 23, 1950	Full Name of Mother: Stella Rosen	Name of Father: Ambrose Dunn Morrill	
	Birth Place: Bennington, Idaho			
SUPPORTING RECORD 2	Type of Document: Insurance Application	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued:	Date Orig. Entry: July 10, 1950
	Date of Birth: March 23, 1950	Full Name of Mother: ---	Name of Father: ---	
	Birth Place: Bennington, Idaho			
SUPPORTING RECORD 3	Type of Document: Non-childhood birth certificate	By whom issued and signed: Idaho, 10/3/50	Date Issued:	Date Orig. Entry: Nov. 30, 1950
	Date of Birth: March 23, 1950	Full Name of Mother: ---	Name of Father: ---	
	Birth Place: Bennington, Idaho			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date filed
	Nancy Richards	July 10, 1950

FORM NO. 50057

815-224.014-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-623

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LUCILE MAE HANSON (Humsperger)			2. Date Of Birth: (month) Sept. (day) 24th (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon Co.	b. City or Town of Birth: Caldwell, Idaho	
FATHER	6. Full Name of Father: CHARLES HERMAN HANSON			7. State or Country of Father's Birth: Copenhagen, Denmark	
MOTHER	8. Full Maiden Name of Mother: LUCRETIA JANE SMITH			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucile Mae Humsperger	11. Present Address of Registrant: 6815 N.E. Broadway St.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 11, 1956		12. Signature of Notary: Harry A. Rands	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON MY COMMISSION EXPIRES MAY 19 11, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: Mary E. Smith	Date Issued: Dec. 1, 1956	Date Orig. Entry:	
	Date of Birth: Sept. 24, 1910	Birth Place: Canyon County, Caldwell, Idaho	Full Name of Mother: Lucretia Jane Hanson	Name of Father: Charles Herman Hanson	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account No.	By whom issued and signed: U. S. Treasury Dept. Internal Revenue Service	Date Issued: Nov. 25, 1936	Date Orig. Entry:	
	Date of Birth: Sept. 24, 1910	Birth Place: Canyon County Caldwell, Idaho	Full Name of Mother: Lucretia Jane Smith	Name of Father: Charles Herman Hanson	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #566	Date Issued: 6-7-57	Date Orig. Entry: child born Jan. 29, 1942	
	Date of Birth: age 31	Birth Place: Caldwell, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	ss Nancy Richards	July 30, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 30 1958

855-103-025-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-709

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Julius Norman Yenney
2. Date Of Birth (month) (day) (year): Aug. 3, 1910
3. Color or Race: white
4. Sex: m.
5. Place of Birth a. County: Kooskia, Idaho
b. City or Town of Birth: in State of Idaho

FATHER

6. Full Name of Father: Carl Yenney
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Alice Kidder
9. State or Country of Mother's Birth: Montana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Julius Norman Yenney
11. Present Address of Registrant: Endicott Wash

NOTARY (Seal)

Subscribed and sworn to before me on: April 9, 1958
12. Signature of Notary: Anna B. Weitz
13. Notary Commission expires: Aug 27, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Hospital Certificate of own child's birth	Aug. 3, 1910	Kooskia, Idaho	St. Ignatius Hospital Colfax, Washington	---		---	child born June 19, 1952
SUPPORTING RECORD 2.	Insurance Policy	Aug. 3, 1910	Idaho Co. Kooskia, Idaho	Equitable Life Assurance Society of the U. S.	Alice Yenney	7-20-36	Carl Yenney	June 2, 1936
SUPPORTING RECORD 3.	Marriage Record	age 35	Kooskia, Idaho	Latah County, Idaho	---	8-7-58	---	Nov. 17, 1945

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: nr Nancy Richards
Date Filed: Aug. 26, 1958

FORM BH 56067 1 Copy Issued

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Registrar

AUG 27 1958

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
Person whose Birth is being registered	3. Sex	4. Place of Birth (County)	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	10. Date of Delayed Certificate	11. Signature of Registrar	12. Present Address of Registrar
	13. Date of Delayed Certificate	14. Signature of Notary	15. Notary Commission expires

APPLICATION FOR DELAYED BIRTH CERTIFICATE

SUPPORTING RECORD 1	Type of Document: Hospital Certificate of Birth	Signature and Signed: Mr. Jerome Hospital Delray, Washington	Date Issued:	Date Orig. Entry: June 17, 1952
	Date of Birth: Age 25	Birth Place: Kosskia, Idaho	Name of Mother: —	
SUPPORTING RECORD 2	Type of Document: Insurance Policy	Signature and Signed: Mr. Jerome Hospital Society of the U.S.	Date Issued: 7-20-56	Date Orig. Entry: June 2, 1956
	Date of Birth: Age 25	Birth Place: Idaho Co. Kosskia, Idaho	Name of Father: Carl Yeomey	
SUPPORTING RECORD 3	Type of Document: Marriage Record	Signature and Signed: Lemhi County, Idaho	Date Issued: 8-7-[illegible]	Date Orig. Entry: Nov. 17, 1945
	Date of Birth: Age 25	Birth Place: Kosskia, Idaho	Name of Mother: —	
QUALIFYING INFORMATION				

CERTIFICATION

I hereby certify that the prior birth certificate has been found in the Division of Vital Statistics for this registrant and that cooperating evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Mary Richards	Aug. 26, 1958

419-228-006-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-714

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lenora Marlow		2. Date Of Birth (month) 1 (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Blackfoot, Bingham County; b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Paris Walton Marlow		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Sarah Harriet Rudd		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nora M. Miller	11. Present Address of Registrant: 61 North Shilling Ave. Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 19, 1958	12. Signature of Notary: [signature]	13. Notary Commission expires: January 31, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Harriet Rudd Marlow	Date issued: 7-19-58	Date Orig. Entry:
	Date of Birth: Jan. 28, 1910; Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: Sarah Harriet Rudd Marlow	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: School Dist. No. 7, Bingham Co., Idaho (Blackfoot)	Date issued: 7-2-58	Date Orig. Entry: Sept. 17, 1920
	Date of Birth: age 10; Birth Place: ---	Full Name of Mother: ---	Name of Father: Walton Marlow	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #173405	Date issued:	Date Orig. Entry: child born Oct. 28, 1929
	Date of Birth: age 19; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Aug. 27, 1958

FORM BH 56067

SEP 26 1972

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name	2. Place of birth (Number)	(Date)	(Year)
Loretta Marlow	1	26	1910

3. Sex	4. Race	5. Color or race	6. Date of birth (Month, day, year)
White	F		August 26, 1910

7. Full Name of Father: Harris Wilson Marlow

8. Maiden Name of Mother: Sarah Harriet Hood

9. State or Country of Birth of Father or Birth: North Carolina

10. State or Country of Birth of Mother or Birth: Texas

11. Residence (Place, Street and Number, City, County and State): Leadore, Idaho

12. Occupation of Father: Farmer

13. Occupation of Mother: Housewife

14. Signature of Informant: [signature]

15. Address of Informant: Leadore, Idaho

16. Date Signed: [illegible]

17. Signature of Local Registrar: [signature]

18. Date Received by Local Registrar: [illegible]

19. Name of Physician or Midwife: Sarah Harriet Hood Marlow

20. Date Delivered: [illegible]

21. Name of Hospital or Other Institution: Home

22. Address: Leadore, Idaho

23. Name of Informant: Sarah Harriet Hood Marlow

24. Date Signed: [illegible]

25. Name of Witness: ---

26. Date Signed: [illegible]

27. Name of Witness: ---

28. Date Signed: [illegible]

29. Name of Witness: ---

30. Date Signed: [illegible]

31. Name of Witness: ---

32. Date Signed: [illegible]

33. Name of Witness: ---

34. Date Signed: [illegible]

35. Name of Witness: ---

36. Date Signed: [illegible]

37. Name of Witness: ---

38. Date Signed: [illegible]

39. Name of Witness: ---

40. Date Signed: [illegible]

41. Name of Witness: ---

42. Date Signed: [illegible]

43. Name of Witness: ---

44. Date Signed: [illegible]

45. Name of Witness: ---

46. Date Signed: [illegible]

47. Name of Witness: ---

48. Date Signed: [illegible]

49. Name of Witness: ---

50. Date Signed: [illegible]

51. Name of Witness: ---

52. Date Signed: [illegible]

53. Name of Witness: ---

54. Date Signed: [illegible]

55. Name of Witness: ---

56. Date Signed: [illegible]

57. Name of Witness: ---

58. Date Signed: [illegible]

59. Name of Witness: ---

60. Date Signed: [illegible]

61. Name of Witness: ---

62. Date Signed: [illegible]

63. Name of Witness: ---

64. Date Signed: [illegible]

65. Name of Witness: ---

66. Date Signed: [illegible]

67. Name of Witness: ---

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391-21-022-846

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-734

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LENA LEE CRAWLEY			2. Date Of Birth (month) SEPT. (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton, Idaho	
FATHER	6. Full Name of Father: JOHN CRAWLEY			7. State or Country of Father's Birth: ENGLAND	
MOTHER	8. Full Maiden Name of Mother: BETSY ANN HUFF			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lena Lee Crawley	11. Present Address of Registrant: Teton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 21 19 57		12. Signature of Notary (Butt)	13. Notary Commission expires: Sept. 16, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt, age 88		By whom issued and signed: Frances Loretta Rawlins	Date Issued: 8-20-57	Date Orig. Entry:
	Date of Birth: Sept. 12, 1910	Birth Place: Teton, Idaho	Full Name of Mother: Betsy Ann Huff Crawley	Name of Father: John Crawley	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 8-6-40	Date Orig. Entry: Aug. 3, 1940
	Date of Birth: Sept. 12, 1910	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #196395	Date Issued:	Date Orig. Entry: child born Sept. 6, 1931
	Date of Birth: age last birthday 20 years	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jensen	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 3, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 3 1956

REGISTRANT	1. Registrant's Full Name of Birth: LENA LEE CRAWLEY	2. Date of Birth: SEPT. 13 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Fremont; 6. Birth Place: Teton, Idaho	
FATHER	7. Full Name of Father: [illegible] CRAWLEY	8. State or Country of Father's Birth: ENGLAND
MOTHER	9. Full Name of Mother: BETSY ANN HUDE	10. State or Country of Mother's Birth: UTAH
AFFIDAVIT	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: Teton, Idaho
NOTARY (Seal)	13. Signature of Notary: [illegible]	14. Notary Commission Expires: Sept. 16, 1959

APPLICATION OF NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Aunt, Sec 63	By Whom Issued and Signed: Frances [illegible]	Date Issued: [illegible]	Date Orig. Entry
	Date of Birth: [illegible]	Birth Place: Teton, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: Lawrence Valley	By Whom Issued and Signed: Idaho Mutual Benefit Assoc.	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: [illegible] birth certificate	By Whom Issued and Signed: Idaho [illegible]	Date Issued:	Date Orig. Entry: [illegible] born Sept. 6, 1931
	Date of Birth: [illegible]	Birth Place: Teton, Idaho	Full Name of Mother: ---	Name of Father: ---
ADDITIONAL INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed	Date Filed
[illegible]	[illegible]	Sept. 3, 1956

295-210-001-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-745

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Della Etta Kinzer		2. Date of Birth (month) September (day) 10 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada [redacted]	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: George Thomas Kinzer		7. State or Country of Father's Birth: Arago Nebraska	
MOTHER	8. Full Maiden Name of Mother: Etta Alice Smith		9. State or Country of Mother's Birth: Emerson Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: √Della Etta Kinzer	11. Present Address of Registrant: 1923 Murguia Ave, Santa Clara, California.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 3 1958	12. Signature of Notary: Rose C. Acronico (Alvarado) ROSE C. ACRONICO	13. Notary Commission expires: Feb. 17 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother, age 64	By whom issued and signed: Burton T. Kinzer	Date Issued: 3-25-58	Date Orig. Entry:	
	Date of Birth: Sept. 10, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Etta Alice Smith	Name of Father: George Thomas Kinzer	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Alameda County, California	Date Issued: 8-15-58	Date Orig. Entry: March 9, 1933	
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother (born-Iowa.): Etta A. Smith	Name of Father (born-Nebr.): George T. Kinzer	
SUPPORTING RECORD 3.	Type of Document: Statement re: application for insurance	By whom issued and signed: Northern Life Ins. Co.	Date Issued: statement 8-15-58	Date Orig. Entry: application March 9, 1930	
	Date of Birth: Sept. 10, 1910	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. L. Bonar	Nancy Richards	Sept. 11, 1958

FORM BH 56067

613-21-5025-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-750

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys E. [redacted] Walker		2. Date Of Birth (month) July (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grangeville b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: Hugh Conway Walker		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Dora Florence Moody		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Elizabeth Reuter	11. Present Address of Registrant: Fenn Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 1958	12. Signature of Notary: Betty J. Ridley	13. Notary Commission expires: April 15 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Cottonwood Community Church (Methodist); Claude A. Brown, Pastor		Date Issued:	Date Orig. Entry: Nov. 16, 1941
	Date of Birth: July 15, 1910	Birth Place: Grangeville, Idaho	Full Name of Mother: Dora F. Walker	Name of Father: Hugh C. Walker	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt, age 65	By whom issued and signed: Inez L. Colvin		Date Issued: 8-29-58	Date Orig. Entry:
	Date of Birth: July 15, 1910	Birth Place: Grangeville, Idaho	Full Name of Mother: Dora Florence Walker	Name of Father: Hugh Conway Walker	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #405446		Date Issued:	Date Orig. Entry: child born March 21, 1945
	Date of Birth: age 34	Birth Place: Grangeville, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Marriage Record, Idaho County, Idaho, 8-21-58: original record-Aug. 20, 1927: age 17 on July 15, 1927; father Hugh C. Walker.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Nancy Richards nr	Sept. 12, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

[redacted]

295-226-028-454

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-759
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Alice King
2. Date Of Birth (month) (day) (year): January 26, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Spirit Lake, Idaho

FATHER

6. Full Name of Father: Phil King
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Mary De Manche
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille King Adams
11. Present Address of Registrant: E. 7605 Euclid - Spokane, Wn

NOTARY (Seal)

Subscribed and sworn to before me on: 8 August 1958
12. Signature of Notary: Evelyn Stricker
13. Notary Commission expires: 17 February 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	County Birth Record	Kootenai County, Idaho	8-6-58	old record
	Date of Birth Jan. 26, 1910 — **Birth Place** Kootenai Co. Spirit Lake, Idaho	**Full Name of Mother** Mary DeManche King	**Name of Father** Phil King	
SUPPORTING RECORD 2. Class B	Social Security Record	Treasury Dept.		June 7, 1946
	Date of Birth Jan. 26, 1910 — **Birth Place** Kootenai Co. Spirit Lake, Idaho	**Full Name of Mother** Mary Therrien	**Name of Father** Phillip Joseph King	
SUPPORTING RECORD 3. Class B	School Record	Eastern Washington College of Education, Cheney, Wash.	5-16-58	Aug. 24, 1932
	Date of Birth Jan. 26, 1910 — **Birth Place** Spirit Lake, Idaho	**Full Name of Mother** ---	**Name of Father** ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	nr Nancy Richards	Sept. 18, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State - Id No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race | 4. Sex | 5. Place of Birth (City, County)
6. City or Place of Birth

SEP 10 1958

FATHER

7. Name of Father
8. State or Country of Father's Birth

MOTHER

9. Name of Mother
10. State or Country of Mother's Birth

AFFIDAVIT

11. Person [illegible] upon oath that the [illegible] are true to the [illegible] and belief.
12. Signature of Registrant
13. Present Address of Registrant

NOTARY (Seal)

14. Subscribed and sworn to before me on
15. Signature of Notary
16. Notary Commission expires

19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
County Birth Record	Kootenai County, Idaho	5-6-58	old record

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 26, 1910	Kootenai Co.	[illegible]	[illegible]

Class A

SUPPORTING RECORD 2

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		June 7, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 26, 1910	Kootenai Co. Spirit Lake, Idaho	Mary Sherrien	Phillip Joseph King

Class B

SUPPORTING RECORD 3

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
School Record	Eastern Washington College of Education, Cheney, Wash.	5-15-58	Aug. 24, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 26, 1910	Spirit Lake, Idaho	---	---

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Sept. 18, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM [illegible]

386-203-044-342

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roseen Rachel Thomas			2. Date Of Birth (month) (day) (year): March 3, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington Co.	b. City or Town of Birth: Weiser, Idaho
FATHER	6. Full Name of Father: William Leander Thomas			7. State or Country of Father's Birth: Swain, Arkansas
MOTHER	8. Full Maiden Name of Mother: Iva Laura Luke			9. State or Country of Mother's Birth: Mt. Etna, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roseen Rachel Thomas		11. Present Address of Registrant: Box 263, Zillah, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 15, 1958	12. Signature of Notary: [signature]		13. Notary Commission expires: April 20 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: July 14, 1951
	Date of Birth: March 3, 1910	Birth Place: Washington Co. Weiser, Idaho	Full Name of Mother: Iva Laura Luke	Name of Father: William Leander Thomas
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Yakima, Yakima Co., Wash.	Date Issued: 7-22-58	Date Orig. Entry: Oct. 31, 1929
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: Iva Luke	Name of Father: William Thomas
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Elizabeth Hospital Yakima, Washington	Date Issued: 7-21-58	Date Orig. Entry: Sept. 7, 1933
	Date of Birth: birth date-March age 23	Birth Place: 3. Idaho	Full Name of Mother: Iva Luke	Name of Father: W. L. Thomas
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 22, 1958

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Theresa Mae Thomas	2. Date of Birth: March 2, 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: County: Washington Co.
			Locality of Birth: Weiser, Idaho
FATHER	6. Father: Wm. Leander Thomas	7. Name of Country of Father's Birth: Unit, Arkansas	
MOTHER	8. Full Maiden Name of Mother: Ivy Laura Luke	9. State or Country of Father's Birth: Mt. Vtns, Iowa	
APPLICANT	10. Declaring upon oath that the statements are true to the knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Box 263, Willish, Wash.
	12. Sworn and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

SEP 22 1956

APPLICATION FOR NOTARY PROCESSING

SUPPORTING RECORD 1	Type of Document: Social Security Record	2. Whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: July 16, 1953
	Date of Birth: Birth Place: [illegible] Weiser, Idaho	Full Name of Mother: Ivy Laura Luke	Name of Father: William Leander Thomas	
SUPPORTING RECORD 2	Type of Document: Marriage Record	2. Whom issued and signed: Yakima, Yakima Co., Wash.	Date Issued: 7-22-58	Date Orig. Entry: Oct. 21, 1959
	Date of Birth: Age 19 / Birth Place: Idaho	Full Name of Mother: Ivy Luke	Name of Father: William Thomas	
SUPPORTING RECORD 3	Type of Document: Hospital Record	3. Whom issued and signed: St. Elizabeth Hospital, Yakima, Washington	Date Issued: 7-21-58	Date Orig. Entry: Sept. 7, 1933
	Date of Birth: Birth Place: Birth date March 3, Age 23 / Idaho	Full Name of Mother: Ivy Luke	Name of Father: W. L. Thomas	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Sept. 22, 1956

119228-035-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-824

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilma Ruth Jarnagin
2. Date of Birth (month) (day) (year): November 28 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Nez Perce now Lewis
   b. City or Town of Birth: near Winchester

FATHER

6. Full Name of Father: Martin Luther Jarnagin
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Elfa Agnes Parker
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma Ruth Jarnagin Skaggs
11. Present Address of Registrant: Box 268 LaGrande, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on ~~Sept~~ August 5 1958

12. Signature of Notary: Horace J. Delany
13. Notary Commission expires: May 20 1961

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Oct. 17, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 28, 1910	Winchester, Idaho	Elfa Agnus Parker	Martin Luther Jarnagin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Elfa Agnes Parker Jarnagin	8-22-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 28, 1910	near Winchester, Lewis Co., Idaho	Elfa Agnes Parker Jarnagin	Martin L. Jarnagin

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #175003		child born Aug. 24, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 18	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Oct. 14, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Idaho, Idaho

State File No. [illegible]

OCT 14 [illegible]

REGISTRANT
(Person whose birth is being registered)

1. Registrant's Full Name at Birth: Willie Ruth Jarnagin
2. Date of Birth (month) (day) (year): November 28, 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth (Country): Nez Perce now Lewis
6. City or Town of Birth: near Winchester

PARENTS

7. Full Name of Father: Martin Luther Jarnagin
8. Place of Birth of Father: Iowa
9. Place of Country of Father's Birth: Iowa
10. Maiden Name of Mother: Ella Agnes Parker
11. Place of Country of Mother's Birth: Oregon

CERTIFICATE

12. I declare upon oath that the above statements are true to the best of my knowledge and belief.
13. Signature of Registrant: [illegible]
14. Present Address of Registrant: Box 208 LaGrande, Oregon
15. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Oct. 12, 1938

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
Nov. 28, 1910	Winchester, Idaho	Ella Agnes Parker	Martin Luther Jarnagin

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Ella Agnes Parker Jarnagin	[illegible]	

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
Nov. 28, 1910	Winchester, Idaho	Ella Agnes Parker Jarnagin	Martin L. Jarnagin

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #[illegible]		[illegible]

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
Age 18	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Form	Evidence reviewed by	Date Filed
	Nancy Richards	Oct. 14, 1938

HORACE J. NEIS
NOTARY PUBLIC
STATE OF OREGON

417-215-021-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-842

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellen Blenda Maxey
2. Date Of Birth (month) (day) (year): Oct 15 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin Idaho
b. City or Town of Birth: Franklin Idaho

FATHER

6. Full Name of Father: John William Maxey
7. State or Country of Father's Birth: USA Missouri

MOTHER

8. Full Maiden Name of Mother: Zina Jean Frew
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Ellen Blenda Maxey
11. Present Address of Registrant: x1045 - Valencia St S.F. Calif

NOTARY (Seal)

Subscribed and sworn to before me on: May 7 1958
12. Signature of Notary: Elizabeth C Hatcher
13. Notary Commission expires: June 25 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Zina Jean Sutton	Date Issued: 5-7-58	Date Orig. Entry:
	Date of Birth: Oct. 15, 1910	Birth Place: Franklin Idaho	Full Name of Mother: Zina Jean Frew	Name of Father: John William Maxey	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: California #1682	Date Issued: 6-12-46	Date Orig. Entry: Nov. 14, 1933
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: Zina Frew	Name of Father: John W. Maxey	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: Brigham Utah Presbyterian Church	Date Issued:	Date Orig. Entry: March 31, 1918
	Date of Birth: Oct. 15, 1910	Birth Place: ---	Full Name of Mother: Zina Maxey	Name of Father: John Wm. Maxie	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Groom	nr Nancy Richards	Oct. 22, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

699-210-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

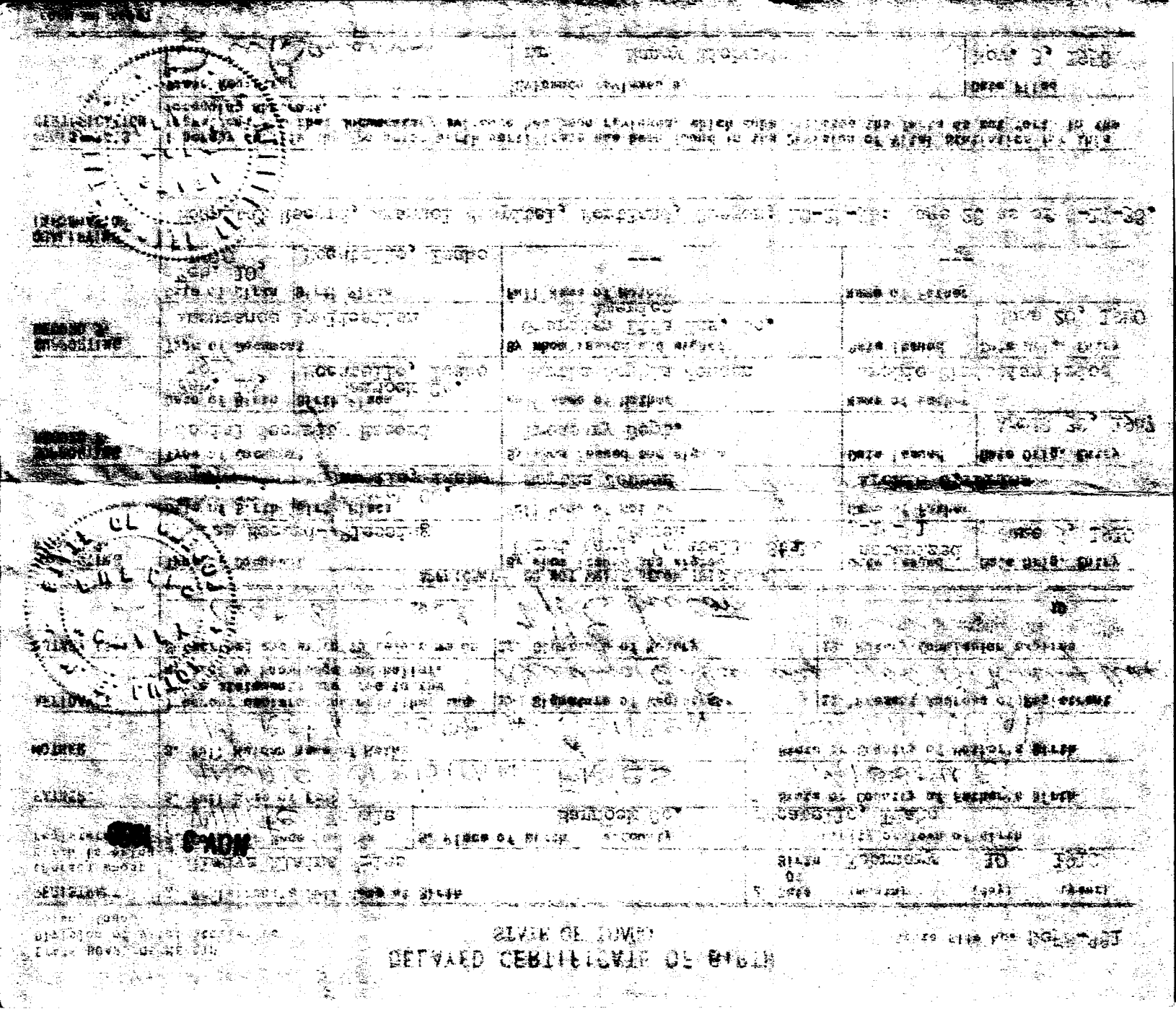
State File No. De58-881

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Elaine Fries			2. Date Of Birth (month) February (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock Co.	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Archie Christian Fries			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Martha Sophia Jensen			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys E. Caudy		11. Present Address of Registrant: 7105 N. Kerby Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 8 1958	12. Signature of Notary: W. E. Luton		13. Notary Commission expires: My Commission Expires Oct. 11, 1958 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: First Ward, Pocatello Stake LDS Church		Date Issued: notarized 1-14-41	Date Orig. Entry: June 5, 1910
	Date of Birth: Feb. 10, 1910	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Martha Jensen	Name of Father: Archie C. Fries	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: April 30, 1947
	Date of Birth: Feb. 10, 1910	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: Martha Sophia Jensen	Name of Father: Archie Christian Fries	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Guardian Life Ins. Co. of America		Date Issued:	Date Orig. Entry: June 20, 1940
	Date of Birth: Feb. 10, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Hospital Record, Emanuel Hospital, Portland, Oregon; 10-24-58: age 28 as of 8-17-38.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards			Date Filed: Nov. 3, 1958

FORM BH 56067 1 Copy 1 2



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-903

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ramona Lauretta Pearl Madsen			2. Date Of Birth (month) Sept. (day) 16 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nampa, Idaho Canyon	b. City or Town of Birth: Nampa, Idaho	
FATHER	6. Full Name of Father: Christ Madsen			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Anna Catherine Hansen			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ramona Lenhart		11. Present Address of Registrant: 548 Raymond St. Elgin, Ill.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 21, 1958	12. Signature of Notary: Frieda Andersen		13. Notary Commission expires: Oct. 16, 1960.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Dec. 14, 1937
	Date of Birth: Sept. 16, 1910	Birth Place: Canyon Co. Nampa, Idaho	Full Name of Mother: Anna Hansen	Name of Father: Christ Madsen	
SUPPORTING RECORD 2.	Type of Document: Statement re: Employment Application	By whom issued and signed: Elgin National Watch Co. Elgin, Illinois		Date Issued: 5-28-58	Date Orig. Entry: 1940
	Date of Birth: Sept. 16, 1910	Birth Place: Nampa, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 60	By whom issued and signed: Marvel J. Garver		Date Issued: 8-21-58	Date Orig. Entry:
	Date of Birth: Sept. 16, 1910	Birth Place: Canyon Co. Nampa, Idaho	Full Name of Mother: Anna Catherine Hansen	Name of Father: Christ Madsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 14, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 2[illegible]

REGISTRAR	1. Registrant's Full Name at Birth: [illegible] Lowell Madsen	2. Date of Birth: Sept. 16, 1910	
	3. Place of Birth: [illegible] Lemhi, Idaho	4. County of Birth: Lemhi, Idaho	
	5. Full Name of Father: Christ Madsen	6. State or Country of Fatherla Birth: Denmark	
MOTHER	7. Full Maiden Name of Mother: Anna Catherine Hansen	8. State or Country of Motherla Birth: Denmark	
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: 500 Bayreuth St. Blgdm. Ill.
NOTARY (Seal)	13. Subscribed and sworn to before me: Sept. 21, 19[illegible]	14. Signature of Notary: [illegible]	15. Notary Commission expires: Oct. 16, 19 60.

ANNOTATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 24, 1937
	Date of Birth: [illegible]	Full Name of Mother: Anna Hansen	Name of Father: Christ Madsen	
SUPPORTING RECORD 2.	Type of Document: Statement re: Employment Application	By whom issued and signed: Birth National Match Co. [illegible]	Date Issued: 5-28-53	Date Orig. Entry: 1940
	Date of Birth: Sept. 16, 1910	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 60	By whom issued and signed: Marvel J. Harvey	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: Sept. 16, 1910	Full Name of Mother: Anna Catherine Hansen	Name of Father: Christ Madsen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar:	Evidence reviewed by: Nancy Richards	Date Filed: Nov. 14, 1958

FORM NO. [illegible]

363-11-E16-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-913

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM ODELL TOLMAN			2. Date of Birth (month) July (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: (Marion) Oakley-P.O. address
FATHER	6. Full Name of Father: William Alvin Tolman			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hattie Naomi Tolman			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Odell Tolman		11. Present Address of Registrant: 1265 East 820 North Provo, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 12, 1958	12. Signature of Notary: Gerald L Gibner		13. Notary Commission expires: Dec. 6, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Marion Ward, Cassia Stake LDS Church		Date Issued: 5-10-28	Date Orig. Entry: Aug. 4, 1918
	Date of Birth: July 11, 1910	Birth Place: Cassia Co. Marion, Idaho	Full Name of Mother (maiden name): Hattie N. Tolman	Name of Father: William A. Tolman	
SUPPORTING RECORD 2.	Type of Document: Passport	By whom issued and signed: U. S. Dept. of State		Date Issued: 11-12-28	Date Orig. Entry: Nov. 12, 1928
	Date of Birth: July 11, 1910	Birth Place: Marion, Idaho	Full Name of Mother: ---	Name of Father: W. A. Tolman	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #229501		Date Issued:	Date Orig. Entry: child born Jan. 11, 1935
	Date of Birth: age 24	Birth Place: Marion, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

School Record, Brigham Young Univ., Provo, Utah; 10-9-56: attended 1931-32;

born-July 11, 1910; father-William Alvin Tolman.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	Nov. 19, 1958

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRAR (Person whose Birth is being registered)	1. Full Name at Birth: [illegible]	2. Date of Birth (month) July (day) 11 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Jassia; b. City or Town of Birth: (Marion) Gakley-P.O. address
FATHER	6. Full Name of Father: William Alvin Tolman	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Hattie Naomi Tolman	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	9. I hereby declare and certify that the statements are true to the [illegible] of knowledge and belief	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1205 East 920 North Provo, Utah
NOTARY	10. Subscribed and sworn to before me on Nov. 12, 1958	12. Signature of Notary: [signature]	13. Notary Commission expires: Dec. 5, 19 60

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible] Record-- [illegible]	By whom issued and signed: Marion [illegible]	Date Issued: [illegible]	Date Orig. Entry: Aug. 4, 1918
	Date of Birth: Aug. 11, 1910	Full Name of Mother: Hattie N. Tolman	Name of Father: William A. Tolman	
SUPPORTING RECORD 2	Type of Document: assignment	By whom issued and signed: U. S. Dept. of State	Date Issued: 11-12-58	Date Orig. Entry: Nov. 12, 1918
	Date of Birth: July 11, 1910	Birth Place: Marion, Idaho	Full Name of Mother: ---	Name of Father: W. A. Tolman
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Idaho [illegible]	Date Issued:	Date Orig. Entry: [illegible] Jan. 11, 1955
	Date of Birth: Aug. 24	Birth Place: Marion, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: [illegible] Record, Brigham Young Univ., Provo, Utah; 10-9-56: attended 1951-52.

[illegible] July 11, 1910; Father-William Alvin Tolman.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following [illegible].

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	Nov. 19, 1958

FORM SH 3A007

21-427.003-84B

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-927

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Francis Kaufman			2. Date Of Birth (month) (day) (year): January 27 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Pocatello Bannock.	b. City or Town of Birth: Idaho.
FATHER	6. Full Name of Father: William Francis Kaufman			7. State or Country of Father's Birth: Colorado Leadville
MOTHER	8. Full Maiden Name of Mother: Clara Susana Hull Hooper			9. State or Country of Mother's Birth: Utah Weber Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John F Kaufman		11. Present Address of Registrant: Portola California
NOTARY (Seal)	Subscribed and sworn to before me on: January 2, 1958	12. Signature of Notary: Geneva Rees		13. Notary Commission expires: June 25, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Feb. 4, 1937
	Date of Birth: Jan. 27, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Clara Hull	Name of Father: William Francis Kaufman
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Clara S. Hull Hamby	Date Issued: 1-6-58	Date Orig. Entry:
	Date of Birth: Jan. 27, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Clara S. Hull	Name of Father: William F. Kaufman
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Portola Branch, Calif. Mission IDS Church	Date Issued: 1-27-39	Date Orig. Entry: July 7, 1918
	Date of Birth: Jan. 27, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Clara Hull	Name of Father: William Kaufman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Jensen	Evidence reviewed by: nr Nancy Richards	Date Filed: Nov. 24, 1958

FORM BH 56067

DELAYED CERT. / PRIVATE OF BIRTH

NOV 24

862-205-001-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 58-951

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hattie May Hosler			2. Date Of Birth (month) (day) (year): November 5 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Joseph Lee Hosler			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Ethel Susan Chapman			9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hattie May Hutchings		11. Present Address of Registrant: 4517 Gage St.
NOTARY (Seal)	Subscribed and sworn to before me on: November 28 1958	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: On file Vital Statistics, #187729		Date Issued:	Date Orig. Entry: Child born Dec. 13, 1930
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement of Hospital Record	By whom issued and signed: St. Alphonsus Hospital Gabrielle M. Amos		Date Issued: 11/7/50	Date Orig. Entry: May 1944
	Date of Birth: Age 33	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Ethel Susan Hosler		Date Issued: November 29 1958	Date Orig. Entry:
	Date of Birth: November 5, 1910	Birth Place: Meridian, Idaho	Full Name of Mother: Ethel Susan Chapman	Name of Father: Joseph Lee Hosler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	December 1, 1958

FORM BH 56067

1 COPY Mail

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

STATE FILE NO. De 5[illegible]

DEC 1 1958

REGISTRANT	1. Registrant's Full Name of Birth: Mattie Ray Hosler	2. Date of Birth (month) (day) (year): November 5 1910
Person whose birth is being registered	3. Sex: Female	4. Place of Birth (County): Ada
		Duty of Town of Birth: Meridian
FATHER	5. Full Name of Father: Joseph Lee Hosler	7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Susan Chapman	9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	10. Certificate of Person Owen that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]
		14. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

AFFIDAVIT: DO NOT WRITE WITHIN THIS LINE

SUPPORTING RECORD 1	Type of Document: Delayed birth certificate	By whom issued and signed: Ada Vital Statistics, [illegible]	Date Issued:	Date Orig. Entry: Child born Dec. 13, 1953
	Date of Birth: Age 2	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2	Type of Document: Statement of Hospital Record	By whom issued and signed: St. Alphonsus Hospital Gabrielle M. [illegible]	Date Issued: [illegible]	Date Orig. Entry: May 1944
	Date of Birth: Age 33	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Ethel Susan Hosler	Date Issued: November 23 1953	Date Orig. Entry:
	Date of Birth: November 5,	Birth Place: Meridian, Idaho	Full Name of Mother: Ethel Susan Chapman	Name of Father: Joseph Lee Hosler

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar: W. W. Benson	Evidence reviewed by: Sharon E. Knaggs	Date Filed: December 1, 1953

Form 8[illegible]

866-20X1025-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-998

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Bernice Margaret Howard			2. Date of Birth (month) Jan. (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: Daniel Cyrus Howard			7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Hattie Florence Percifull			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Margaret Howard Miller		11. Present Address of Registrant: 22 S.W. 7th Avenue, Milton-Freewater, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: December 15, 1958	12. Signature of Notary: Arthur L. Hawman		13. Notary Commission expires: February 24, 1959.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 73		By whom issued and signed: Hattie Florence Howard	Date Issued: 12-15-58	Date Orig. Entry:
	Date of Birth: Jan. 4, 1910	Birth Place: Idaho Co. Stites, Idaho	Full Name of Mother: Hattie Florence Percifull	Name of Father: Daniel Cyrus Howard	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: New York Life Ins. Co.	Date Issued: 10-14-41	Date Orig. Entry: Sept. 25, 1941
	Date of Birth: Jan. 4, 1910	Birth Place: Stites, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Physician's Record		By whom issued and signed: H. J. Flower, M.D. Milton-Freewater, Oregon	Date Issued: 12-15-58	Date Orig. Entry: Feb. 14, 1952
	Date of Birth: Jan. 4, 1910 (age 42)	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Bancroft	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 19, 1958

FORM BH 56067

SEP 30 1965

996-112 1037-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 58-1019

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANK GREEN IRONS
2. Date of Birth: (month) APRIL (day) 12 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Owyhee; b. City or Town of Birth: Grassmere, Idaho

FATHER

6. Full Name of Father: GEORGE WATSON IRONS
7. State or Country of Father's Birth: MICHIGAN

MOTHER

8. Full Maiden Name of Mother: ADDIE MAY GREEN
9. State or Country of Mother's Birth: NEW YORK

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frank Green Irons
11. Present Address of Registrant: Route 3, Weiser, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on December 26 19___

12. Signature of Notary: [illegible]
13. Notary Commission expires: May 17 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Social Security Act Application for Account Number	By whom issued and signed: Treasury Department	Date Issued: July 12, 1939	Date Orig. Entry:	
	Date of Birth: April 12, 1910	Birth Place: Grasmere, Idaho	Full Name of Mother: Addie May Green	Name of Father: George Watson Irons	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L.D.S. Church, Weiser Stake	Date Issued: June 18, 1950	Date Orig. Entry: Baptized June 11, 1950	
	Date of Birth: April 12, 1910	Birth Place: Grassmere, Owyhee County, Idaho	Full Name of Mother: Addie Mae Green	Name of Father: George W. Irons	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Protective Association	Date Issued: April 4, 1945	Date Orig. Entry:	
	Date of Birth: April 12/10	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Statement of School Record--from Hammett, District No. 17, Elmore County, record of September 18, 1917, gives age as 7 years, parents are Mr& and Mrs. Geo. Irons

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Sharon Eloise Skaggs	December 26,1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De-58-1019

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: FRANK GREEN IRONS	2. Date of Birth (month) APRIL (day) 12 (year) 1910	
	3. Sex: Male	4. Place of Birth: Owyhee	5. Birth Place: Grassmere, Idaho
FATHER	6. Full Name of Father: GEORGE WATSON IRONS	7. State or Country of Father's Birth: MICHIGAN	
MOTHER	8. Full Name of Mother: ADDIE MAY GREEN	9. State or Country of Mother's Birth: NEW YORK	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Route 3, Weiser, Idaho
NOTARY	Subscribed and sworn to before me on: December 26 19	12. Signature of Notary: [signature]	13. Notary Commission expires: May 17 19 61

DEC 29 1958

STATE OF IDAHO

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Social Security Act Application for Account Number	By whom issued and signed: Treasury Department	Date Issued: July 12, 1939	Date Orig. Entry
	Date of Birth: April 12, 1910	Birth Place: Grassmere, Idaho	Full Name of Mother: Addie May Green	Name of Father: George Watson Irons
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L.D.S. Church, Weiser Stake	Date Issued: June 18, 1950	Date Orig. Entry: Baptized June 11, 1950
	Date of Birth: April 12, 1910	Birth Place: Grassmere, Owyhee County, Idaho	Full Name of Mother: Addie Mae Green	Name of Father: George W. Irons
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Protective Association	Date Issued: April 4, 1945	Date Orig. Entry
	Date of Birth: April 12, 1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION: Statement of School Record--from Hammett, District No. 17, Elmore County, record of September 18, 1917, gives age as 7 years, parents are Mr. and Mrs. Geo. Irons

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar: W.W. Benson	Evidence Reviewed by: Sharon Eloise Skaggs	Date Filed: December 26, 1958

FROM 1H SECRET

243-12-4010-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-023

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Claude Barton Bullock			2. Date of Birth (month) (day) (year): March 24, 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Curtis Bullock			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Julia Ann Chase			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Claude Barton Bullock	11. Present Address of Registrant: Route 1, Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 14, 1959		12. Signature of Notary: Betty L. Wright	13. Notary Commission expires: Oct. 24, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account No.		By whom issued and signed: Treasury Department #519-18-8518	Date Issued: 8-31-1940	Date Orig. Entry: 8-31-1940
	Date of Birth: March 24, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Julia Ann Chase	Name of Father: Curtis Bullock	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Record, #3, Page 13		By whom issued and signed: Canyon County Recorder #3130	Date Issued: July 7, 1958	Date Orig. Entry: Sept 22, 1929
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Modern Woodmen of America #61123	Date Issued: January 27, 1931	Date Orig. Entry:
	Date of Birth: March 24 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: --	Name of Father: --	

QUALIFYING INFORMATION

Own Child's Birth Certificate on file Idaho Vital Statistics, #183737.

Child born Aug 22, 1930. Father's age given as 20. Birthplace, Idaho Falls, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	January 15, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

Place File Number 50-022

REGISTRAR	1. Registrant's Full Name of Birth Clifton Bullock	2. Date of Birth (month) March 24, (day) 1910 (year)
	3. Date of Birth (month) JAN 15 [illegible] (day) 1910 (year)	4. Sex: 5. Place of Birth: Bonneville County Idaho Falls
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant [illegible]	11. Present Address of Registrant Route 1, Caldwell, Idaho
NOTARY	12. Signature of Notary	13. Notary Commission expires

APPLICANT

SUPPORTING RECORD 1	Form of Document: Application for Social Security Account No.	By whom issued and signed: Treasury Department #315-[illegible]	Date Issued: 4-21-1940 / Date Orig. Entry: 8-21-1940
	Date of Birth: 1910 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: Julie Ann Grace	Name of Father: Clifton Bullock
SUPPORTING RECORD 2	Form of Document: Certified copy of Marriage Record, #8, Page 18	By whom issued and signed: Canyon County Recorder #1130	Date Issued: July 7, 1958 / Date Orig. Entry: Sept 22, 1958
	Date of Birth: Apr 19 / Birth Place: Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 3	Form of Document: Insurance Policy	By whom issued and signed: Modern Woodmen of America #11153	Date Issued: January 27, 1931 / Date Orig. Entry:
	Date of Birth: March 1910 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: --	Name of Father: --

QUALIFICATION INFORMATION: Own Child's Birth Certificate on file Idaho Vital Statistics, #183737.
Child Born Aug 28, 1930. Father's age given as 20. Birthplace, Idaho Falls, Idaho

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date filed
W. W. Beacon	Joyce R. Folks	January 15, 1958

FORM NO. 5004

45/10-014-785

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 59-043

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Edward Dean			2. Date of Birth (month) (day) (year): September 10, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Stanley Crocket Dean			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Anna Laura Phegley			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Charles Edward Dean	11. Present Address of Registrant: Rt/ Fruitland Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1959		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: July 30, 1938
	Date of Birth: September 10 1910	Birth Place: Payette, Idaho	Full Name of Mother: Anna L. Phegley	Name of Father: Stanley Crocket Dean
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Anna L. Dean	Date Issued: Jan. 13, 1959	Date Orig. Entry:
	Date of Birth: September 10, 1910	Birth Place: Payette, Idaho, Canyon County	Full Name of Mother: Anna L. Dean	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Statement on school record Grade School and High School	By whom issued and signed: George H. Hunt, Supt. Class B School Dist. No. 373	Date Issued: January 14, 1958	Date Orig. Entry:
	Date of Birth: September 10 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

Application for Hospital and Surgical Expense Policy by Constitution Life Insurance Co gives date of birth as 9/10/10, issued May 29, 1952.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Sharon E. Skaggs	January 27, 1959

FORM BH 56067

JAN 28 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE 59-043

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Charles Edward Dean	2. Date of Birth (Month) (Day) (Year): September 10, 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Canyon County
	6. Town or Town of Birth: Payette		
FATHER	7. Full Name of Father: Stanley Crocket Dean	8. State or Country of Father's Birth: Missouri	
MOTHER	9. Full Maiden Name of Mother: Anna Laura Phegley	10. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	11. Hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant
NOTARY	14. Sworn and sworn to before me on	15. Signature of Notary	16. Notary Commission expires

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Evidence: Application for Social Security Account Number	By whom issued and signed: Treasury Department	Date Issued:	Date Orig. Entry: July 30, 1938
	Date of Birth: September 10, 1910	Birth Place: Payette, Idaho	Full Name of Mother: Anna L. Phegley	Name of Father: Stanley Crocket Dean
SUPPORTING RECORD 2.	Type of Evidence: Affidavit by Mother	By whom issued and signed: Anna L. Dean	Date Issued: Jan. 13, 1959	Date Orig. Entry:
	Date of Birth: September 10, 1910	Birth Place: Payette, Idaho, Canyon County	Full Name of Mother: Anna L. Dean	Name of Father: ----
SUPPORTING RECORD 3.	Type of Evidence: Statement on school record Grade School and High School	By whom issued and signed: George H. Hunt, Supt. Class B School Dist. No. 373	Date Issued: January 14, 1958	Date Orig. Entry:
	Date of Birth: September 10, 1910	Birth Place:	Full Name of Mother:	Name of Father: ---

DECEASED

SUPPORTING INFORMATION: Application for Hospital and Surgical Expense Policy by Constitution Life Insurance Co. gives date of birth as 9/10/10, issued May 29, 1952.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Sharon S. Skaggs	January 27, 1959

FORM NO 36067

258-12-1082-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-070

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PETER (NONE) KNYPSTRA			2. Date of Birth (month) JUNE (day) 24 (year) 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: TWIN FALLS IDAHO	b. City or Town of Birth: FILER, TWIN FALLS COUNTY
FATHER	6. Full Name of Father: PETER (NONE) - KNYPSTRA			7. State or Country of Father's Birth: HOLLAND
MOTHER	8. Full Maiden Name of Mother: GRACE SCHOWSTRA			9. State or Country of Mother's Birth: HOLLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Peter Knypstra		11. Present Address of Registrant: 13681 PALOMAR ST. WESTMINSTER, CALIF.
NOTARY (Seal)	Subscribed and sworn to before me on: DECEMBER 19 1958	12. Signature of Notary: Irma C. Durkin		13. Notary Commission expires: My Commission Expires August 29, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (born 9-25-1896)		By whom issued and signed: Walter Knypstra	Date Issued: 9-20-58	Date Orig. Entry:
	Date of Birth: June 24, 1910	Birth Place: Filer, Idaho	Full Name of Mother: Grace Knypstra	Name of Father: Peter Knypstra	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Prudential Ins. Co. of Amer.	Date Issued: 3-18-46	Date Orig. Entry: March 2, 1946
	Date of Birth: June 24, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: (rec'd. by local registrar on Iowa #56-30-115	Date Issued: 6-12-30) 7-18-56	Date Orig. Entry: child born May 19, 1930
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Jan. 30, 1959

M BH 56067 Form 4 Rev

JAN 30 1959
NOV 1 1972

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Registrar's Full Name of Birth	PETER (none) KNYPSTRA	Date of Birth (month) June 24 1910	
Sex	White M	Place of Birth: Filer, Twin Falls County	Birth or Town of Birth: Filer, Twin Falls County
Full Name of Father	PETER (none) KNYPSTRA	State of Country of Father's Birth	Holland
Full Maiden Name of Mother	GRACE SCHUWSTRA	State of Country of Mother's Birth	Holland
Certificate	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	Signature of Registrar	Present Address of Registrar: 1307 Pine Ave. St. Westminster, Calif.
Notary Seal	Subscribed and sworn to before me on December 15	Signature of Notary	Notary Commission Expires: My Commission Expires August 2

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Record #	Type of Document: Sworn 1-25-1960	By whom issued and signed: Walter Knypstra	Date Issued	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother: Grace Knypstra	Name of Father: Peter Knypstra	
Supporting Record #	Type of Document: Transcript Notice	By whom issued and signed: Presidential Ins. Co. of Mich.	Date Issued: 3-15-60	Date Orig. Entry: March 2, 1960
	Date of Birth: Birth Place	Full Name of Mother: ---	Name of Father: ---	
Supporting Record #	Type of Document: On Child's birth certificate	By whom issued and signed: Registrar, Local Registrar on Iowa 950-30-115	Date Issued: 3-18-60	Date Orig. Entry: Mar 19, 1960
	Date of Birth: Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
Comments				

Registrar's Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature	Signature	Date Filed
Registrar	Examiner reviewed by	
	Nancy Richards	Jan. 30, 1959

118726 100K-58

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-090

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ashley Leo Payne
2. Date of Birth (month) (day) (year): September 26 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Georgetown

FATHER

6. Full Name of Father: Lot Leo Payne
7. State or Country of Father's Birth: Bear Lake

MOTHER

8. Full Maiden Name of Mother: Hattie Hayes
9. State or Country of Mother's Birth: Bear Lake

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ashley Leo Payne
11. Present Address of Registrant: Arimo, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 17, 1959
12. Signature of Notary: Henry D. Nelson
13. Notary Commission expires: Aug. 12, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record--Blessing	Arimo Ward, Portneux Stake LDS Church	1-11-59	Dec. 4, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 26, 1910	Bear Lake Co, Georgetown, Idaho	Hattie Hayes	Lott L. Payne

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 66	Hattie H. Payne	1-20-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 26, 1910	Georgetown, Idaho	Hattie Hayes Payne	Lot Leo Payne

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #266737		child born May 8, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 27	Georgetown, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	Feb. 5, 1959

FORM BH 56067

FEB 5 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name at Birth: Ashley Lee Payne	2. Date of Birth (month) (day) (year): September 26 1940
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Beer Lake	6. Locality or Town of Birth: Georgetown
FATHER	7. Full Name of Father: Lee Lee Payne	8. State or Country of Father's Birth: Beer Lake
MOTHER	9. Full Maiden Name of Mother: Nettie Hayes	10. State or Country of Mother's Birth: Beer Lake
AFFIDAVIT	11. Signature of Registrant	12. Present Address of Registrant: Arimo, Idaho
NOTARY	13. Signature of Notary	14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 1-[illegible]-59	Date Orig. Entry: Dec. [illegible], 1939
	Name of Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: 1-28-59	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: [illegible]
	Date of Birth: age 27	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] (seal).

State Registrar	Evidence reviewed by	Date Filed
	[illegible]	Feb. [illegible], 1959

FORM [illegible]

319-231-027-278

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-104

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Idaho Carolus		2. Date Of Birth (month) (day) (year): August 31 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Jerome County; b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Jacob Carolus		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Marie Specht		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Idaho Carolus Mitchell	11. Present Address of Registrant: 908-3rd ave. N. Great Falls, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1959	12. Signature of Notary: Dorothy E. White Residing at Great Falls Mont	13. Notary Commission expires: Feb 18 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Holy Rosary R. C. Church Bozeman, Montana	Date issued: 8-11-58	Date Orig. Entry: Feb. 14, 1915
	Date of Birth: Aug. 31, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Marie Specht	Name of Father: Jacob Carolus
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Gallatin Co. School Supt. Bozeman, Montana	Date issued: 8-11-58	Date Orig. Entry: 1917
	Date of Birth: Aug. 31, 1910	Birth Place: ---	Full Name of Mother: Marie Carolus	Name of Father: Jacob Carolus
SUPPORTING RECORD 3.	Type of Document: Voting Registration Record	By whom issued and signed: Gallatin Co. Clerk's Office Bozeman, Montana	Date issued: 8-11-58	Date Orig. Entry: May 20, 1932
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Feb. 10, 1959

FORM BH 56067

1 copy paid

FEB 10 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	3. Registrar's full name at Birth: Marvin Idaho Carolus	1. Date of Birth (month) (day) (year)	
Person with birth in Registrar	2. Color or race in Dem.	Place of Birth	Country
			Date of Birth
FATHER	6. Full name of Father		1. State or Country of Father's Birth
MOTHER	7. Maiden name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	1. Person Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	2. Subscribed and sworn to before me on	13. Signature of Notary	15. Notary Commission expires

OFFICIAL — DO NOT WRITE SOON THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record—Baptism	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Father: Jacob Carolus	
SUPPORTING RECORD 2	Type of Document: School Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: —	Name of Mother: Jacob Carolus	
SUPPORTING RECORD 3	Type of Document: Voting Registration Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full name of Mother: —	Name of Father: —
SUPPORTING PERSONAL				

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by: [illegible]	Date Filed: Feb. 10, 1959

249-116-010-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-112

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Luther Burt			2. Date Of Birth (month) August (day) 16 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho
FATHER	6. Full Name of Father: Henry Simpson Burt			7. State or Country of Father's Birth: Clarkston Cache Co. Utah
MOTHER	8. Full Maiden Name of Mother: Josie Thorpe			9. State or Country of Mother's Birth: Wellsville Cache Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry S Burt		11. Present Address of Registrant: 535 Filmore Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 31, 19 59	12. Signature of Notary: [signature]		13. Notary Commission expires: Jan. 6, 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Idaho Falls 2nd Ward LDS Church	Date Issued:	Date Orig. Entry: Feb. 8, 1920
	Date of Birth: Aug. 16, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Josie Thorpe	Name of Father: Henry Burt
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued:	Date Orig. Entry: Jan. 10, 1933
	Date of Birth: Aug. 16, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: Henry S. Burt
SUPPORTING RECORD 3.	Type of Document: Affidavit by father, age 76	By whom issued and signed: Henry S. Burt	Date Issued: 1-31-59	Date Orig. Entry:
	Date of Birth: Aug. 16, 1910	Birth Place: Bonneville Co. Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: Henry S. Burt
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 12, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF NEVADA

FEB 12

249-219033-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-115

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Smith
2. Date Of Birth (month) June (day) 19 (year) 1910
3. Color or Race: white
4. Sex: Fe
5. Place of Birth a. County: Rexburg Idaho Madison
b. City or Town of Birth: Rexburg, Idaho

FATHER

6. Full Name of Father: Joseph Fred Smith
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Josephine Huskinson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille Roylance
11. Present Address of Registrant: 255 S 10th - Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 3 1958
12. Signature of Notary: Mary Smith
13. Notary Commission expires: June 25 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 69	Josephine Smith	12-3-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 19, 1910 / Rexburg, Idaho	Josephine Huskinson Smith	Joseph Fred Smith	
SUPPORTING RECORD 2.	Certificate of Blessing	Rexburg First Ward LDS Church	9-2-10	Sept. 2, 1910
	June 19, 1910 / Rexburg, Idaho	Josephine Huskinson	Joseph Fred Smith	
SUPPORTING RECORD 3.	Social Security Record	Treasury Dept.		Dec. 2, 1936
	June 19, 1910 / Rexburg, Idaho	Josephine Huskinson	Joseph Fred Smith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D W Jensen
Evidence reviewed by: Nancy Richards nr
Date Filed: Feb. 13, 1959

FORM BH 56067

DEPARTMENT OF HEALTH

STATE OF IDAHO

FEB 13 1952

354-201-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-140

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Caroline Lemmon			2. Date Of Birth (month) January (day) 1 (year) 1910	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rigby	
FATHER	6. Full Name of Father: Oliver Ernest Lemmon			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Pearl Green			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eva C. Chatburn	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: February 19 1959		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister--Age 61		By whom issued and signed: Stella Pearl Lemmon Jones	Date Issued: February 2, 1959	Date Orig. Entry:
	Date of Birth: January 1, 1910	Birth Place: Rigby, Idaho	Full Name of Mother: Pearl Green Lemmon	Name of Father: Oliver Ernest Lemmon	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Vital Statistics Idaho #259016	Date Issued:	Date Orig. Entry: Child born 9/16/1937
	Date of Birth: Age 27	Birth Place: Rigby	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: New York Life Insurance Co.	Date Issued:	Date Orig. Entry: October 19,1945
	Date of Birth: Jan. 1, 1910	Birth Place: Rigby, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Sharon E. Skaggs	February 19, 1959

FORM BH 56067

Insurance Policy

New York Life Insurance Co.

Age 27 Rigby

315-219.001-V65

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-208

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goldie Gladys Cannon		2. Date of Birth: March 19, 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Benjamin Dolan Cannon		7. State or Country of Father's Birth: Des Moines, Iowa	
MOTHER	8. Full Maiden Name of Mother: Maudie Bell Mondon		9. State or Country of Mother's Birth: King City, Mo.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goldie Gladys Cannon	11. Present Address of Registrant: BOX 107 TAYLORSVILLE, CALIF.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 15 1957	12. Signature of Notary: Robert Muncy	13. Notary Commission expires: 9/9 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Maudie Bell Cannon Dale	Date Issued: 7-24-57	Date Orig. Entry:
	Date of Birth: March 19, 1910 / Birth Place: Ada County Boise, Idaho	Full Name of Mother: Maudie Bell Mondon	Name of Father: Benjamin Dolan Cannon	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: #918 California Local #44	Date Issued: 9-16-53	Date Orig. Entry: child born Nov. 27, 1934
	Date of Birth: age 24 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: San Joaquin General Hospital French Camp, California	Date Issued: 2-6-58	Date Orig. Entry: Nov. 25, 1919
	Date of Birth: age 9 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 6, 1959	

FORM BH 56067

MAR 6 1959

864-206-022-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Clista Young			2. Date Of Birth (month) November (day) 6 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Archer
FATHER	6. Full Name of Father: William John Young, Jr.			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Sharp			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy C. Wall		11. Present Address of Registrant: RFD #2 Box 346, Layton, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 5th 1959	12. Signature of Notary: Charles W. Michael SLC, Ut		13. Notary Commission expires: My Commission Expires Mar. 29, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing		By whom issued and signed: Archer Ward, Archer, Idaho LDS Church	Date issued: 1-1-11	Date Orig. Entry: Jan. 1, 1911
	Date of Birth: Nov. 6, 1910	Birth Place: Fremont Co. Archer, Idaho	Full Name of Mother: Mary Sharp	Name of Father: Wm. J. Young	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Sharp Young	Date issued: 3-9-59	Date Orig. Entry:
	Date of Birth: Nov. 6, 1910	Birth Place: Fremont Co. Archer, Idaho	Full Name of Mother: Mary Sharp Young	Name of Father: William John Young, Jr.	
SUPPORTING RECORD 3.	Type of Document: (Personnel Action Form) Employment Record		By whom issued and signed: Navy Department, Utah	Date issued: 2-21-51	Date Orig. Entry: Feb. 21, 1951
	Date of Birth: Nov. 6, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	March 16, 1959

FORM BH 56067

1 copy [illegible]

MAR 16 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Name at Birth: Dorothy Olista Young	2. Date of Birth (month) (day) (year): November 6 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Fremont; 6. County: Fremont	6. City or Town of Birth: Archer
FATHER	6. Full Name of Father: William John Young, Jr.	7. State or Country of Father's Birth: Utah
MOTHER	7. Full Maiden Name of Mother: Mary Sharp	8. State or Country of Mother's Birth: Utah
	9. Signature of Registrant: [illegible]	10. Present Address of Registrant: RFD #2 Box 346, Layton, Utah
	11. Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Fremont Co. Archer, Idaho	Full Name of Mother: Mary Sharp	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: Mary Sharp Young	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Fremont Co. Archer, Idaho	Full Name of Mother: Mary Sharp Young	Name of Father: William John Young, Jr.
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: Navy Department, Utah	Date Issued: [illegible]	Date Orig. Entry: Feb. 21, 1952
	Date of Birth: Nov. 6, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
CERTIFICATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	March 16, 1959

Form [illegible]

221-224-028-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-278

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JULIA MARIE SKATRUD
2. Date Of Birth: July 24th 1910
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Coeur D'Alene

FATHER

6. Full Name of Father: Ingmar Anders Skatrud
7. State or Country of Father's Birth: Norway

MOTHER

8. Full Maiden Name of Mother: Emelia Rhoda Traner
9. State or Country of Mother's Birth: Montana U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julia M Sibley
11. Present Address of Registrant: High River, Alberta

NOTARY (Seal)

Subscribed and sworn to before me on: January 14 1959
12. Signature of Notary: Earl E Roberts
13. Notary Commission expires: A Notary Public in and for the Province of Alberta. My Commission Expires the 31st December, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Record Book	original viewed by Bureau of Vital Statistics	3-27-59	old record
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	July 24, 1910	Coeur d'Alene, Idaho	Emelia Traner	Ingmar Skatrud
SUPPORTING RECORD 2.	Naturalization Certificate	Dominion of Canada (Chief Clerk of Naturalization)	11-27-36	Nov. 27, 1936
	July 24, 1910	Coeur d'Alene, Idaho, U.S.A.	—	—
SUPPORTING RECORD 3.	Marriage Certificate	Dept. of Health, Edmonton, Alberta, Canada		March 4, 1953
	age 42	Cour d'Alene, Idaho, U.S.A.	Emelia Rhoda Trynor	Ingmar Skatrud

QUALIFYING INFORMATION

own child's birth certificate, Manitoba Province, #513, Vol. 46, 12-24-58: age 19 as of Sept. 28, 1929; born-U.S.A.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barnum	Nancy Richards	March 27, 1959

FORM BH 56067

MAR 27 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: July [illegible]	
3. Sex: Male	4. Place of Birth: Idaho, Montana	5. City or Town of Birth: Coeur d'Alene
6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Norway	
8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Montana, U.S.A.	

10. Signature of Registrant	11. Present Address of Registrant: [illegible], Alberta	
12. Signature of Notary	13. Notary Commission Expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

Type of Document: Family Record Tool	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: [illegible] 1910	Place of Birth: Coeur d'Alene, Idaho	Mother: Amelia Trenor	Father: Ingmar Skatrud
Type of Document: Naturalization Certificate	By whom issued and signed: Minister of Canada (Chief Clerk of Naturalization)	Date Issued: 11-22-36	Date Orig. Entry: Nov. 27, 1936
Date of Birth: [illegible] 1910	Place of Birth: Coeur d'Alene, Idaho, U.S.A.	Full Name of Mother: —	Name of Father: —
Type of Document: Marriage Certificate	By whom issued and signed: Dept. of Health, Edmonton, Alberta, Canada	Date Issued:	Date Orig. Entry: March 1, 1973
Date of Birth: [illegible] age 42	Place of Birth: Coeur d'Alene, Idaho, U.S.A.	Full Name of Mother: Amelia Rhoda Trenor	Name of Father: Ingmar Skatrud

Available birth certificate, Manitoba Province, [illegible], [illegible] as of Sept. 28, 1939; born-U.S.A.

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name of Registrar	Evidence reviewed by: Nancy Richards	Date Filed: March 27, 1959

666-12-041-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-285

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sam James Woods.			2. Date of Birth (month) (day) (year): Nov- 29- 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Teton	b. City or Town of Birth: Felt
FATHER	6. Full Name of Father: Benjamin Franklin Woods.			7. State or Country of Father's Birth: St Joseph- Mo
MOTHER	8. Full Maiden Name of Mother: Ida Amelia Hendrickson			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sam James Woods		11. Present Address of Registrant: Hagerman. IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: 25-Feb 1959	12. Signature of Notary: Lamont Seymour		13. Notary Commission expires: 12-20 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by great-aunt (born 2-27-1878)	By whom issued and signed: Isabelle Blanchard	Date Issued: 2-17-59	Date Orig. Entry:
	Date of Birth: Nov. 1910 / Birth Place: Teton Co. Felt, Idaho	Full Name of Mother: Ida Amelia Woods	Name of Father: Benjamin Franklin Woods	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 6, 1937
	Date of Birth: Nov. 29, 1910 / Birth Place: Felt, Idaho	Full Name of Mother: Amelia Henduckson	Name of Father: Benjamin Franklin Woods	
SUPPORTING RECORD 3.	Type of Document: Lodge Record	By whom issued and signed: Hagerman Lodge #57, I.O.O.F. Hagerman, Idaho	Date Issued: 3-7-59	Date Orig. Entry: April 24, 1944
	Date of Birth: Nov. 29, 1910 / Birth Place: Felt, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 30, 1959

FORM BH 56067

MAR 30 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Form No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Prior or Same (Sex): [illegible]	4. Place of Birth (County): Teton
		5. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible] Woods	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Affidavit made with that the statements are true to the best of knowledge and belief.	11. Signature of Registrant: [illegible]
		12. Signature of Notary: [illegible]
		13. Present Address of Registrant: [illegible] Idaho
		14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	1. Type of Document: [illegible]	2. When issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: Teton Co. [illegible] Idaho	Full Name of Mother: Ida [illegible] Woods
	Name of Father: Benjamin Franklin Woods		
SUPPORTING RECORD	1. Type of Document: Medical Security Record	2. When issued and signed: Treasury Dept.	Date Issued: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible] Idaho	Full Name of Mother: [illegible]
	Name of Father: Benjamin Franklin Woods		
SUPPORTING RECORD	1. Type of Document: [illegible]	2. When issued and signed: [illegible] Idaho	Date Issued: 3-7-59
	Date of Birth: [illegible]	Birth Place: [illegible] Idaho	Full Name of Mother: —
	Name of Father: (S.S. record typed clearly as to nothels name)		

CERTIFICATE OF CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Registered	Evidence reviewed by	Date Filed
	[illegible]	[illegible]

269402 1006-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-287

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ORVAL LEROY SORENSEN			2. Date Of Birth (month) SEPT (day) 2 (year) 1910	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO BINGHAM	b. City or Town of Birth: BLACKFOOT	
FATHER	6. Full Name of Father: NEIL CHRISTIAN SORENSEN			7. State or Country of Father's Birth: BRIGHAM CITY UTAH	
MOTHER	8. Full Maiden Name of Mother: LUCY LOUISA RICE			9. State or Country of Mother's Birth: NEVADA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Orval LeRoy Sorensen	11. Present Address of Registrant: 1607 Markham Way	
NOTARY (Seal)	Subscribed and sworn to before me on: January 2 19 59		12. Signature of Notary: Georgia Dowell	13. Notary Commission expires: 2/10 19 60	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By Whom Issued and Signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 30, 1936
	Date of Birth: Sept. 2, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Lucy Rice	Name of Father: Neils Christian Sorensen	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 1-28-59	Date Orig. Entry: obviously old
	Date of Birth: Sept. 2, 1910	Birth Place: ---	Full Name of Mother: Lucy Louisa Sorensen	Name of Father: Neils Christian Sorensen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth, age 66		By whom issued and signed: Lena E. Sage	Date Issued: 2-7-59	Date Orig. Entry:
	Date of Birth: Sept. 2, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Lucy Louisa Rice	Name of Father: Neil Christian Sorensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	March 30, 1959

FORM BH 56067

I Certify

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 30 1959

466-202-038-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-352

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernna Audrey Moore
2. Date Of Birth (month) (day) (year): August 2 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Payette Co. b. City or Town of Birth: Payette, Idaho

FATHER

6. Full Name of Father: Robert Lee Moore
7. State or Country of Father's Birth: Cook County, Texas

MOTHER

8. Full Maiden Name of Mother: Nora Ella Estella Braswell
9. State or Country of Mother's Birth: Medicine Lodge, Barber County, Kans

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernna Audrey Moore Ingels
11. Present Address of Registrant: 200 West Gilmore, Winslow Arizona

NOTARY (Seal)

Subscribed and sworn to before me on: April 9, 1959 19___

12. Signature of Notary: Mabel M. White
13. Notary Commission expires: Jan 27 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Nov. 9, 1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 2, 1910 / Payette, Idaho	Nora Estelle Braswell	Robert Lee Moore	
SUPPORTING RECORD 2.	Personnel Record	Valley National Bank Winslow, Arizona		Sept. 28, 1948
	Aug. 2, 1910 / Payette, Idaho	---	---	
SUPPORTING RECORD 3.	own child's birth certificate	Arizona #215	12-4-42	child born March 2, 1936
	age 25 / Payett, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	April 23, 1959

FORM BH 56067

3

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 23 1980

562-226-013-635

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-363
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Violet Evelyn Hobdey
2. Date of Birth (month) April (day) 26 (year) 1910
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Camas; b. City or Town of Birth: Corral

FATHER

6. Full Name of Father: Joseph Marsland Hobdey
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Mary Lillie Fletcher
9. State or Country of Mother's Birth: Texas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Violet Evelyn Miller
11. Present Address of Registrant: Hagerman, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 6 1958
12. Signature of Notary: Earl D. Hobdey
13. Notary Commission expires: oct. 9 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census Record	U. S. Bureau of the Census	4-30-58	Jan. 1, 1920
Class* B	Date of Birth: age 9 / Birth Place: Idaho	Full Name of Mother: Mary L. Hobdey	Name of Father: Josef M. Hobdey	
SUPPORTING RECORD 2.	Affidavit by mother	Mary Lilly Hobdey	4-11-58	
Class B	Date of Birth: April 26, 1910 / Birth Place: Corral, Idaho	Full Name of Mother: Mary Lilly Hobdey	Name of Father: Joseph M. Hobdey	
SUPPORTING RECORD 3.	Lodge Record	Union Rebekah Lodge #45, Hagerman, Idaho	7-21-58	April 21, 1942
Class B	Date of Birth: age 31 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barnum
Evidence reviewed by: nr Nancy Richards
Date Filed: April 27, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 27 [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Violet Evelyn Hobdey	2. Date of Birth (month) (day) (year): April 26 1910
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth: Corral; a. County: Camas	b. City or Town of Birth: Corral
FATHER	6. Full Name of Father: Joseph Marsland Hobdey	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Lillie Fletcher	9. State or Country of Mother's Birth: Texas
APPLICANT	I hereby certify that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: Hagerman, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: Mary L. Hobdey	Name of Father: Joseph M. Hobdey
Class B				
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Lillie Hobdey	Date Issued: [illegible]-11-58	Date Orig. Entry:
	Date of Birth: April 26, 1910	Birth Place: Corral, Idaho	Full Name of Mother: Mary Lillie Hobdey	Name of Father: Joseph M. Hobdey
Class B				
SUPPORTING RECORD 3.	Type of Document: Idaho Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: April 22, [illegible]
	Date of Birth: April 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
Class B				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Filed	Evidence reviewed by	Date Filed
[illegible]	Nancy Richards	[illegible]

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 6 years old.

317-201.003-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-366

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rebecca Violet Capell			2. Date Of Birth (month) (day) (year): Feb. 1, 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Robin, Bannock, Idaho	b. City or Town of Birth: Robin
FATHER	6. Full Name of Father: Joseph Edward Capell			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Mary Ann Romriell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rebecca Violet Capell Hunter		11. Present Address of Registrant: Box 406- McCammon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 5th 1959	12. Signature of Notary: Mildred C. Lorderschmitt		13. Notary Commission expires: Oct 25 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: July 8, 1942
	Date of Birth: Feb. 1, 1910	Birth Place: Bannock Co. Robin, Idaho	Full Name of Mother: Mary Ann Romriell		Name of Father: Joseph Edward Capell
SUPPORTING RECORD 2.	Type of Document: (born 11-9-1891) Affidavit by brother	By whom issued and signed: Erastus Thomas Capell		Date Issued: 1-5-59	Date Orig. Entry:
	Date of Birth: Feb. 1, 1910	Birth Place: Bannock Co. Robin, Idaho	Full Name of Mother: Mary Ann Romriell		Name of Father: Joseph Edward Capell
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Utah State Agirc. College Logan, Utah		Date Issued: 9-5-58	Date Orig. Entry: Feb. 13, 1929
	Date of Birth: Feb. 1, 1910	Birth Place: Robin, Idaho	Full Name of Mother: ----		Name of Father: J. E. Capell
QUALIFYING INFORMATION	own child's birth certificate, Idaho #226738: age 24 as of Nov. 26, 1934; birthplace-Robin, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: nr Nancy Richards			Date Filed: April 27, 1959

FORM BH 56067

1 copy paid

APR 27 1950

MAY 4

493-209-014-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-376

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Dickerson			2. Date of Birth (month) Aug. (day) 9 (year) 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Parma, Idaho - Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Frank Lee Dickerson			7. State or Country of Father's Birth: Cadiz, Ohio
MOTHER	8. Full Maiden Name of Mother: Bertha Irene Ferguson			9. State or Country of Mother's Birth: Washington, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Mary E. Thompson		11. Present Address of Registrant: Parma, Idaho Rt. 3. (Malheur Co. Ore.)
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1959	12. Signature of Notary: W E Kunch		13. Notary Commission expires: Feb. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth, age 72, Helen Usadel		By whom issued and signed	Date Issued: 4-18-59	Date Orig. Entry
	Date of Birth: Aug. 9, 1910	Birth Place: Canyon Co. Parma, Idaho	Full Name of Mother: Bertha I. Dickerson	Name of Father: Frank L. Dickerson	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: College of Idaho Caldwell, Idaho	Date Issued: 12-16-53	Date Orig. Entry: Sept. 15, 1927
	Date of Birth: Aug. 1910	Birth Place: Parma, Idaho	Full Name of Mother: ---	Name of Father: Frank L. Dickerson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Prudential Ins. Co. of Amer.	Date Issued: 5-13-40	Date Orig. Entry: May 2, 1940
	Date of Birth: Aug. 9, 1910	Birth Place: Canyon Co. Parma, Idaho	Full Name of Mother: Bertha I. Ferguson	Name of Father: Frank L. Dickerson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Jensen	Nancy Richards	April 27, 1959

DECEASED

FORM BH 56067

2 copies

APR 28 1959

693-120-039-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-399

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edmund Wilske		2. Date Of Birth (month) March (day) 20 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Oneida American Falls, now Power; b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Gottfried Wilske		7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Lydia Baltzer		9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edmund Wilske	11. Present Address of Registrant: American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1959	12. Signature of Notary: W Choofbourrow Residing at American Falls, Idaho.	13. Notary Commission expires: January 3d 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Bankers Life Company Des Moines, Iowa	Date issued: 7-22-49	Date Orig. Entry: June 30, 1949
	Date of Birth: March 20, 1910	Birth Place: American Falls, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Service Record	By whom issued and signed: U. S. Army	Date issued: discharged Dec. 28, 1943	Date Orig. Entry: Inducted Nov. 21, 1942
	Date of Birth: age when inducted 32 8/12	Birth Place: American Falls, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Own father's Certificate of Naturalization	By whom issued and signed: U. S. District Court of Idaho, USA	Date issued: 4-23-1913	Date Orig. Entry: April 23, 1913
	Date of Birth: age 3	Birth Place: ---	Full Name of Mother: Lydia Welske	Name of Father: Gottfried Wilske

QUALIFYING INFORMATION: own child's birth certificate, Idaho #48-12607: age 38 as of Oct. 12, 1948; born in American Falls, Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards nr	May 7, 1959

FORM BH 56067

MAY 7 1959

795-216-003-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-470

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUTH LAVON ~~[illegible]~~ Green
2. Date Of Birth (month) (day) (year): March 10 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: McCammon Bannock
b. City or Town of Birth: McCammon

FATHER

6. Full Name of Father: Jared Green
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Hilda Thoen
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Lavon Lowe
11. Present Address of Registrant: McCammon

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 8th 19 58
12. Signature of Notary: Mildred E. Lindenschmidt
13. Notary Commission expires: Oct. 25 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Oct. 23, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 10, 1910	McCammon, Idaho	Hilda Thoen	Jared Green

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #290252		child born Feb. 28, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	McCammon, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	Pacific Life Benefit Assoc.		July 19, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 10, 1910	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Nancy Richards	June 1, 1959

FORM BH 56067

JUN 1 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics

Boise, Idaho

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Sex	4. Place of Birth
	5. Mother's Name	6. Place of Birth
FATHER	7. Full Name of Father	8. Date of Country of Father's Birth
MOTHER	9. Full Name of Mother	10. Date of Country of Mother's Birth
APPLICANT	11. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant
	13. Signature of Notary	14. Notary Commission Expires

APPLICANT DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
1910	McCammon, Idaho	Hilda Thoen	Jared Green
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Can child's birth certificate	Idaho #290252		Child born Feb. 28, 1910
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep 29	McCammon, Idaho	---	---
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	Pacific Life Benefit Assoc.		July 17, 1946
Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 1, 1910	---	---	---

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the registrant and that the secondary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	June 1, 1959

FORM [illegible]

414-105-035-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-478

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Wellington Dammrose			2. Date of Birth (month) May (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce (now Lewis)	b. City or Town of Birth: Ilo. (now Craigmont)
FATHER	6. Full Name of Father: Rudolph Albert Dammrose			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Minnie Gay Pritchard			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Wellington Dammrose		11. Present Address of Registrant: Craigmont, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 18, 1959	12. Signature of Notary: Robert Strom		13. Notary Commission expires: October 17, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Minnie Gay Pritchard Dammrose	Date Issued: 5-21-59	Date Orig. Entry:
	Date of Birth: May 5, 1910	Birth Place: Ilo(now Craigmont) Nez Perce Co.(now Lewis Co.),Idaho	Full Name of Mother: Minnie Gay Pritchard Dammrose	Name of Father: Rudolph Albert Dammrose	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Mutual Life Ins. Co. of N.Y.	Date Issued: 9-29-36	Date Orig. Entry: Sept. 29, 1936
	Date of Birth: May 5, 1910	Birth Place: Craigmont, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #277237	Date Issued:	Date Orig. Entry: child born Feb. 26, 1939
	Date of Birth: age last birthday-28	Birth Place: Craigmont, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Nancy Richards	Date Filed: June 3, 1959

FORM BH 56067

JUN 3 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

142-209-035-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-492

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertrude Harriet Austin		2. Date of Birth (month) June (day) 9, (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Lewiston, Idaho; b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: George Thomas Austin		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Gertrude Jane Friend		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude Harriet Austin Lawrence	11. Present Address of Registrant: 1115 No. K, Aberdeen, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1959	12. Signature of Notary: Steve N. Trunk	13. Notary Commission expires: 4/7 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 81	By whom issued and signed: Mrs. George T. Austin	Date Issued: 3-9-59	Date Orig. Entry:
	Date of Birth: June 9, 1910; Birth Place: Lewiston, Idaho	Full Name of Mother: Gertrude Jane Friend	Name of Father: George Thomas Austin	
SUPPORTING RECORD 2.	Type of Document: Hospital Record of Child's birth	By whom issued and signed: St. Joseph Hospital Aberdeen, Washington	Date Issued: 3-9-59	Date Orig. Entry: child born Oct. 27, 1947
	Date of Birth: June 9, 1910; Birth Place: Lewiston, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Franklin Co. School Supt. Pasco, Washington	Date Issued: 5-25-59	Date Orig. Entry: May 1, 1915
	Date of Birth: June 9, 1910; Birth Place: —	Full Name of Mother: —	Name of Father: George T. Austin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	June 8, 1959

FORM BH 56067

1 copy paid

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236-22-020-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-499

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE ELIZABETH STONE			2. Date of Birth (month) Feb. (day) 22nd (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Mountain Home, Elmore	b. City or Town of Birth: Mountain Home, Idaho
FATHER	6. Full Name of Father: Arthur Velorious Stone			7. State or Country of Father's Birth: Minn.
MOTHER	8. Full Maiden Name of Mother: Alice Gertrude Thompson			9. State or Country of Mother's Birth: N. H.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Elizabeth Stone Waters		11. Present Address of Registrant: Box 52 Mountain Home, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 8, 1959	12. Signature of Notary: W. W. Benson		13. Notary Commission expires: March 3, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho Vital Statistics #182976		Date Issued:	Date Orig. Entry: child born June 8, 1930
	Date of Birth: Age 20	Birth Place: Mountain Home, Idaho	Full Name of Mother: --		Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt, age 64	By whom issued and signed: Nettie M. Hanson		Date Issued: June 8, 1959	Date Orig. Entry: --
	Date of Birth: February 22, 1910	Birth Place: Mountain Home, Idaho	Full Name of Mother: Alice G. Stone		Name of Father: Arthur V. Stone
SUPPORTING RECORD 3.	Type of Document: #193 Certified Copy of County Record of Birth	By whom issued and signed: Gerald E. Fletcher, Clerk County of Elmore, Mtn Home, Ida		Date Issued: 6-9-1959	Date Orig. Entry: soon after birth by B.W. Mather, M.D
	Date of Birth: Feb. 22 1910	Birth Place: Mountain Home, Idaho	Full Name of Mother: Alice Thompson		Name of Father: Arthur V. Stone
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	June 9, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 10 1959

Mountain Home, Idaho

June 8, 1959

369-203-043-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-509

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Katherine Cormaney			2. Date of Birth (month) March (day) 3rd. (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley	b. City or Town of Birth: McCall
FATHER	6. Full Name of Father: Arlie Jefferson Cormaney			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Sarah Katherine McCarthy			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy Archibald	11. Present Address of Registrant: 1621 Prospect-Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1959		12. Signature of Notary: Elmer M. Rosie	13. Notary Commission expires: Dec. 2 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: R. C. Church of St. Stanislaus Lewiston, Idaho	Date Issued: 5-25-59	Date Orig. Entry: Nov. 10, 1914
	Date of Birth: March 3, 1910	Birth Place: ----	Full Name of Mother: Sarah McCarthy	Name of Father: Arlie Cormaney	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 77		By whom issued and signed: Sarah Katherine Cormaney	Date Issued: 5-11-59	Date Orig. Entry:
	Date of Birth: March 3, 1910	Birth Place: Valley Co. McCall, Idaho	Full Name of Mother: Sarah Katherine Cormaney	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Application		By whom issued and signed: Equitable Life Assurance Soc. of the U.S.	Date Issued:	Date Orig. Entry: Aug. 9, 1950
	Date of Birth: March 3, 1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: June 12, 1959

FORM BH 56067

JUN 12 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name of Birth: Dorothy [illegible] Germaney	2. Date of Birth (month) March (day) 3rd (year) 1959	
	3. Color of Race: White	4. Sex: Female	5. Place of Birth: Valley County, McCall
FATHER	6. Full Name of Father: [illegible] Germaney	7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Sarah Katherine McCarthy	9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [signature]	12. Present Address of Registrant: 1621 Prospect-Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 1959	13. Signature of Notary: [signature]	14. Notary Commission expires: [illegible]

APPLICATE — DO NOT CLOSE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Pentagonal Certificate	By whom issued and signed: [illegible] Church of St. Stanislaus, Lewiston, Idaho	Date Issued: 5-25-59	Date Orig. Entry: Nov. 10, 1954
	Date of Birth: March 3, 1959	Full Name of Mother: Sarah McCarthy	Name of Father: [illegible] Germaney	
SUPPORTING RECORD 2	Type of Document: Affidavit by mother, Age 77	By whom issued and signed: Sarah Katherine Germaney	Date Issued: 5-11-59	Date Orig. Entry:
	Date of Birth: March 3, 1959	Birth Place: McCall, Idaho	Full Name of Mother: Sarah Katherine Germaney	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Insurance Application	By whom issued and signed: Equitable Life Assurance Soc.	Date Issued:	Date Orig. Entry: Aug. 3, 1959
	Date of Birth: March 3, 1959	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

QUALIFICATION INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by: Nancy [illegible]	Date Filed: June 12, 1959

FORM [illegible]

269-201-007-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-515

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Florence Boren			2. Date Of Birth (month) (day) (year): March 1 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Blaine	b. City or Town of Birth: Manard	
FATHER	6. Full Name of Father: Elwin Feriby Boren			7. State or Country of Father's Birth: Provo - Utah	
MOTHER	8. Full Maiden Name of Mother: Nellie Mae Groesbeck			9. State or Country of Mother's Birth: Springville - Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Nellie F. Call		11. Present Address of Registrant: 1446 Melody Lane Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1959	12. Signature of Notary: G. K. Roper		13. Notary Commission expires: March 20 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 84	By whom issued and signed: Nellie Mae Boren	Date Issued: 5-29-59	Date Orig. Entry:
	Date of Birth: March 1, 1910 / Birth Place: Blaine Co. Manard, Idaho	Full Name of Mother: Nellie Mae Boren	Name of Father: Elwin Feriby Boren	
SUPPORTING RECORD 2.	Type of Document: Church Record-Blessing	By whom issued and signed: Manard Ward, LDS Church	Date Issued: 6-12-1910	Date Orig. Entry: April 25, 1910
	Date of Birth: March 1, 1910 / Birth Place: Blaine Co. Manard, Idaho	Full Name of Mother: Nellie M. Groesbeck	Name of Father: Elwin F. Boren	
SUPPORTING RECORD 3.	Type of Document: Bible record--photostat	By whom issued and signed: original viewed by Notary public G. K. Roper; Boise, Ida.	Date Issued: 6-59	Date Orig. Entry: obviously old
	Date of Birth: March 1, 1910 / Birth Place: Manard, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	June 15, 1959

FORM BH 56067

JUN 15 1959

DECEASED

613-228-003-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-532

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Frances Watson			2. Date Of Birth (month) February (day) 28, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Frank Milton Watson			7. State or Country of Father's Birth: Cheyenne, Wyo.
MOTHER	8. Full Maiden Name of Mother: Jennie Thompson			9. State or Country of Mother's Birth: Pocatello, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice F. Dinsmore		11. Present Address of Registrant: Pocatello, Idaho Rose Park 40-
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1959	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's Birth certificate	By whom issued and signed: on file, Idaho Vital Statistics #412212		Date Issued:	Date Orig. Entry: child born Oct 3, 1945
	Date of Birth: age 35	Birth Place: Pocatello, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 78	By whom issued and signed: Frank M. Watson		Date Issued: 6-5-59	Date Orig. Entry:
	Date of Birth: Feb. 28, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Jennie Watson	Name of Father: Frank M. Watson	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Pocatello High School Pocatello, Idaho		Date Issued: 5-30-59	Date Orig. Entry: Jan. 21, 1924
	Date of Birth: Feb. 28, 1910	Birth Place: --	Full Name of Mother: Jennie Watson	Name of Father: Frank Milton Watson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Nancy Richards	June 17, 1959

FORM BH 56067

JUN 24 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] Watson	2. Date of Birth: [illegible] 1910	
	3. Sex: [illegible]	4. Place of Birth: [illegible]	5. Place of Birth: Pocatello
	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Name of Mother: [illegible] Watson	9. State or Country of Mother's Birth: Pocatello, Idaho	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: [illegible]	
NOTARY	12. Signature of Notary	13. Notary Commission Expires: [illegible]	

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Place of Birth: Pocatello, Idaho	Date Issued: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Place of Birth: [illegible]	Date Issued: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Place of Birth: [illegible]	Date Issued: [illegible]

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing Registrant.

Date Registrant	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

25323-02-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-534

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Augustus Denis Belnap			2. Date of Birth (month) (day) (year): December 23, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Salem, Idaho
FATHER	6. Full Name of Father: Augustus Ruben Belnap			7. State or Country of Father's Birth: West Weber, Utah
MOTHER	8. Full Maiden Name of Mother: Olena Nettie Anderson			9. State or Country of Mother's Birth: Salem, Fremont Co., Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Augustus Denis Belnap		11. Present Address of Registrant: Rt. 1 Box 466 Corvallis Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 1959	12. Signature of Notary: E. H. Bailey		13. Notary Commission expires: February 14 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Olena Nettie Belnap	Date Issued: 8-12-57	Date Orig. Entry:
	Date of Birth: Dec. 23, 1910 / Birth Place: Fremont Co. Salem, Idaho	Full Name of Mother: Olena Nettie Anderson	Name of Father: Augustus Ruben Belnap	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance Co. of Utah	Date Issued: May 4, 1937	Date Orig. Entry:
	Date of Birth: Dec. 23, 1910 / Birth Place: Salem, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Certified Copy of own child's birth certificate	By whom issued and signed: Oregon #50-026642	Date Issued:	Date Orig. Entry: child born 10-4-50
	Date of Birth: Age 39 / Birth Place: Salem, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	nr Sharon E. Skaggs	June 18, 1959

FORM BH 56067

2 copies fed

JUN 18 1959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-534

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Augustus Bonis Belnap		2. Date of Birth (month) (day) (year): December 23, 1920
	3. Color or Race: White	4. Sex: Male	5. Place of Birth (Ward, Street, Town, Place, Hospital): Fremont
			Parity or Town of Birth: Salem, Idaho
FATHER	6. Full Name of Father: Augustus Ruben Belnap		7. State or Country of Father's Birth: West Weber, Utah
MOTHER	8. Full Maiden Name of Mother: Olena Nettie Andersen		9. State or Country of Mother's Birth: Salem, Fremont Co., Idaho
APPROVAL	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Olena Nettie Belnap	Date Issued: [illegible]-15-57	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother: Olena Nettie Andersen	Name of Father: Augustus Ruben Belnap	
	Birth Place: Salem, Idaho			
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Beneficial Life Insurance Co. of Utah	Date Issued: May 4, 1957	Date Orig. Entry:
	Date of Birth: Dec. 23, 1920	Full Name of Mother: --	Name of Father: --	
	Birth Place: Salem, Idaho			
SUPPORTING RECORD 3.	Type of Document: Certified Copy of own child's birth certificate	By whom issued and signed: Oregon #50-026642	Date Issued:	Date Orig. Entry: child born 10-4-59
	Date of Birth: Age 39	Full Name of Mother: --	Name of Father: --	
	Birth Place: Salem, Idaho			

CHAIN OF CERTIFICATION

CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing matters.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sharon E. Shaggs	June 18, 1959

FORM NO. [illegible]

162-112-022-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-545

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaVern Clarence Josephson			2. Date Of Birth (month) June (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: St. Anthony, Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Clarence Bengt Josephson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Annia Luella Jeffs			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaVerne Clarence Josephson		11. Present Address of Registrant: Box 314, Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 22nd., 1959	12. Signature of Notary: Melva Coppy		13. Notary Commission expires: July 26 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: LDS Church St. Anthony, Idaho	Date issued:	Date Orig. Entry: Aug. 2, 1919
	Date of Birth: June 12, 1910 / Birth Place: St. Anthony, Idaho	Full Name of Mother: Luella Josephson	Name of Father: Clarence Josephson	
SUPPORTING RECORD 2.	Type of Document: (more than 10 yrs. older) Affidavit by aunt	By whom issued and signed: Jenial R. Gardner	Date issued: 5-8-59	Date Orig. Entry:
	Date of Birth: June 12, 1910 / Birth Place: Fremont Co. St. Anthony, Idaho	Full Name of Mother: Annia Luelle Jeffs Josephson	Name of Father: Clarence Bengt Josephson	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #225219	Date issued:	Date Orig. Entry: child born Aug. 31, 1934
	Date of Birth: age 24 / Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	June 24, 1959

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 25 1959

962-22-001-279

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-556
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernadine Lorraine Ross			2. Date Of Birth (month) November (day) 21 (year) 1910
	3. Color or Race: Caucasion	4. Sex: Female	5. Place of Birth: a. County Ada Co, Idaho	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John Wells Ross			7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Salome Eunice Sprague			9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernadine L. Bridley		11. Present Address of Registrant: 1831 N. Harvard Blvd. Hollywood 27, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: June 11, 1959	12. Signature of Notary: Lyman Rosing		13. Notary Commission expires: My Commission Expires April 28, 1961 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 73		By whom issued and signed: Salome E. Ross	Date Issued: 6-11-59	Date Orig. Entry:
Class* B	Date of Birth: Nov. 21, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Salome E. Ross	Name of Father: John W. Ross	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Boise Public Schools Supt. Boise, Idaho	Date Issued: 9-5-56	Date Orig. Entry: 1916-17
Class B	Date of Birth: Nov. 21, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: J. W. Ross	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Nevada #837	Date Issued: 1-6-47	Date Orig. Entry: child born April 8, 1932
Class B	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Nancy Richards	Date Filed: June 26, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 26 1959

358-20-1031-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-563

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL BELL LEHR,			2. Date of Birth (month) (day) (year): March, 5, 1910
	3. Color or Race: w hite	4. Sex: female	5. Place of Birth a. County: Lewis County, Idaho,	b. City or Town of Birth: Nezperce, Idaho
FATHER	6. Full Name of Father: Philip Lehr,			7. State or Country of Father's Birth: Germany--Naturalize in U.S.A.
MOTHER	8. Full Maiden Name of Mother: Mar y A. Powers,			9. State or Country of Mother's Birth: Nebraska, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel Bell Stafford	11. Present Address of Registrant: 16275 8th Ave. N.E. Seattle, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 19 59		12. Signature of Notary: Lawrence W. Bracket	13. Notary Commission expires: August 29 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: (born 1-16-1891) Cecelia Knutson	Date Issued: 6-23-59	Date Orig. Entry:
	Date of Birth: March 5, 1910	Birth Place: near Nezperce, Idaho	Full Name of Mother: Mary A. Powers Lehr	Name of Father: Philip Lehr	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Equitable Life Assurance Soc.	Date Issued:	Date Orig. Entry: May 10, 1934
	Date of Birth: March 5, 1910	Birth Place: Nezperce, Idaho	Full Name of Mother: of the U.S. Mary A. Lehr	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Application for Nurse Training		By whom issued and signed: Virginia Mason Hospital Seattle, Washington	Date Issued:	Date Orig. Entry: March 24, 1930
	Date of Birth: March 5, 1910	Birth Place: Nezperce, Idaho	Full Name of Mother: —	Name of Father: Phillip Lehr	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	July 2, 1959

FORM BH 56067

1 copy paid Receipt 11862

JUL 2 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth: HAZEL BELL LEHR,	2. Date of Birth: March, 5, 1910	
3. Sex: Female	4. Place of Birth: Lewis County, Idaho,	5. Place of Birth: Nezperce, Idaho
6. Full Name of Father: Philip Lehr,	7. State or Country of Father's Birth: [illegible]	
8. Maiden Name of Mother: A. Powers,	9. State or Country of Mother's Birth: [illegible]	
10. Signature of Registrant:	11. Present Address of Registrant: 16275 3rd Ave. N.E. Seattle, Wash.	
12. Signature of Mother: [illegible]	13. Notary Commission expires: [illegible]	

Affidavit by neighbor at time of birth	Date Issued: [illegible]	Date Filed: [illegible]	
Date of Birth: March 5, 1910	Place of Birth: Nezperce, Idaho	Full Name of Father: Mary A. Powers Lehr	Name of Father: Philip Lehr
Type of Document: Insurance Application	By Whom Issued and Signed: Bankers Life Assurance Soc.	Date Issued: [illegible]	Date Filed: May 10, 1954
Date of Birth: March 5, 1910	Place of Birth: Nezperce, Idaho	Full Name of Father: Mary A. Lehr	Name of Father:
Type of Document: Application for Nurse Training	By Whom Issued and Signed: Virginia Mason Hospital Seattle, Washington	Date Issued: March 24, 1950	Date Filed:
Date of Birth: March 5, 1910	Place of Birth: Nezperce, Idaho	Full Name of Mother: ---	Name of Father: Philip Lehr

Notary Public

Delayed Certificate Issued by: Nancy Fisharis

Date Filed: July 2, 1959

613-164014-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-594

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Albert Edward Wallace
2. Date Of Birth (month) (day) (year): April 4, 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Canyon County Idaho
b. City or Town of Birth: Parma

FATHER

6. Full Name of Father: William Francis Wallace
7. State or Country of Father's Birth: Missouria

MOTHER

8. Full Maiden Name of Mother: Fannie Elizabeth Kirkpland
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert Edward Wallace
11. Present Address of Registrant: R#3 Box 524 Grants Pass Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: May 20 1959
12. Signature of Notary: James M. DeCourcey
13. Notary Commission expires: 3/22 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Family Record--Photostat	original viewed by Notary Public James M. DeCourcey; Oregon	5-20-59	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	April 4, 1910 / ---	Francis Elizabeth Kirkland	William Francis Wallace	
SUPPORTING RECORD 2.	Operator's License	Idaho #375824	8-16-49	Aug. 16, 1949
	April 4, 1910 / ---	---	---	
SUPPORTING RECORD 3.	own child's birth certificate	Idaho #51-16273		child born Dec. 28, 1951
	age 41 / Parma, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	nr Nancy Richards	July 17, 1959

FORM BH 56067

JUL 17 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

319-18-029-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-622

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucile Beatrice Cary			2. Date of Birth (month) October (day) 18 (year) 1910
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Dallas Monroe Cary			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Bessie P. Kennett			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucile Beatrice Cary Jensen		11. Present Address of Registrant: 840 E. 58th, Seattle, Wn
NOTARY (Seal)	Subscribed and sworn to before me on: 25th May 1959	12. Signature of Notary: Jean Beckett		13. Notary Commission expires: April 25 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 2, 1936
	Date of Birth: Oct. 18, 1910	Birth Place: Moscow, Idaho	Full Name of Mother: Bessie Pearl Kennett	Name of Father: Dallas Monroe Cary	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Royal Neighbors of America	Date Issued:	Date Orig. Entry: Sept. 28, 1928
	Date of Birth: Oct. 18, 1910	Birth Place: Latah Co. Moscow, Idaho	Full Name of Mother: Bessie P. Cary	Name of Father: ----	
SUPPORTING RECORD 3. (age 39)	Type of Document: Employment Record		By whom issued and signed: (Seattle, Wash.) J. C. Penney Co.	Date Issued: 7-16-59	Date Orig. Entry: July 12, 1950
	Date of Birth: Oct. 18, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	nr Nancy Richards	July 30, 1959

FORM BH 56067

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

JUL 30 1959

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] Country: Latin	6. Place of Birth: Country of Town of Birth: Idaho
FATHER	7. Full Name of Father: [illegible]	8. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on [illegible] 1959	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible]

PRELIMINARY — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued	Date Orig. Entry: Dec. [illegible], 1959
	Date of Birth: [illegible]	Birth Place: Monroe, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Insurance Application	By whom issued and signed: Royal Neighbors of America	Date Issued	Date Orig. Entry: Dec. 24, 1959
	Date of Birth: Oct. 18, 1910	Birth Place: Nash Co., Monroe, Idaho	Full Name of Mother: [illegible]	Name of Father: —
SUPPORTING RECORD 3	Type of Document: Employment Record	By whom issued and signed: [illegible] (Wash.) L. G. Perkey Co.	Date Issued: 7-16-59	Date Orig. Entry: July 18, 1959
	Date of Birth: Oct. 18, 1910	Birth Place: —	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Filed	Evidence reviewed by	Date Registrar
July 30, 1959	Nancy Richards	

FORM GH 36987

419-229-014-863

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-629
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Cora Martin
2. Date Of Birth (month) (day) (year): Nov 29 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Parma Canyon
b. City or Town of Birth: Parma Idaho

FATHER

6. Full Name of Father: Harry R Martin
7. State or Country of Father's Birth: Allan County Kansas

MOTHER

8. Full Maiden Name of Mother: Jennie June Folwell
9. State or Country of Mother's Birth: Madison County Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Cora Morehouse
11. Present Address of Registrant: 2624 30 Longview Wn

NOTARY (Seal)

Subscribed and sworn to before me on: July 31 1959
12. Signature of Notary: Nellie P. Reed
13. Notary Commission expires: July 2 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	Insurance Policy	American Home Benefit Association, Inc.		August 4, 1937
	Date of Birth Nov. 29, 1910	**Birth Place** --	**Full Name of Mother** --	**Name of Father** --
SUPPORTING RECORD 2. Class	Own child's birth certificate	On file Vital Statistics, Idaho #182314		child born 6/11/1930
	Date of Birth Age 19	**Birth Place** Parma, Idaho	**Full Name of Mother** --	**Name of Father** --
SUPPORTING RECORD 3. Class	Affidavit by Aunt, Age 77	Margaret G. Colson	July 31, 1959	
	Date of Birth Nov. 29, 1910	**Birth Place** Parma, Idaho	**Full Name of Mother** Jennie June Folwell (Martin)	**Name of Father** Harry R. Martin

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	ses Sharon E. Skaggs	August 3, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Copy paid —

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 3 1950

Insurance Policy

852-113-040-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-654

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herbert Gray Hester			2. Date of Birth (month) August (day) 13 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone Co.	b. City or Town of Birth: Mace, Idaho
FATHER	6. Full Name of Father: Herbert Hester			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Nellie Gray			9. State or Country of Mother's Birth: Baker County, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herbert Gray Hester		11. Present Address of Registrant: 1704-Broadway, Baker, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: July 25th 1959 19 ___	12. Signature of Notary: [signature]		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires July 15, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Record	By whom issued and signed: Shoshone Co., Idaho	Date Issued: 2-16-39	Date Orig. Entry: Oct. 10, 1910	
	Date of Birth: Aug. 13, 1910	Birth Place: Shoshone Co. Mace, Idaho	Full Name of Mother: Nellie Gray Hester	Name of Father: Herbert Hester	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 76	By whom issued and signed: Nellie Gray Hester	Date Issued: 7-25-59	Date Orig. Entry:	
	Date of Birth: Aug. 13, 1910	Birth Place: Shoshone Co. Mace, Idaho	Full Name of Mother: Nellie Gray Hester	Name of Father: Herbert Hester	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 24, 1936	
	Date of Birth: Aug. 13, 1910	Birth Place: Mace, Idaho	Full Name of Mother: Nellie Ethyl Gray	Name of Father: Herbert G. Hester	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	mr Nancy Richards	Aug. 10, 1959

FORM BH 56067

AUG 10 1959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Herbert Gray Hester	2. Date of Birth (month) August (day) 13 (year) 1910
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Shoshone Co. (County); 6. City or Town of Birth: Mace, Idaho	
FATHER	7. Full Name of Father: Herbert Hester	8. State or Country of Father's Birth: Tennessee
MOTHER	9. Full Maiden Name of Mother: Nellie Gray	9. State or Country of Mother's Birth: Baker County, Oregon
AFFIDAVIT	1. Hereby declare upon oath that the above statement is true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: 1704-Broadway, Baker, Ore.	
CLERK (Seal)	Subscribed and sworn to before me on: July 28th 1959	12. Signature of Notary: [illegible]
	13. Notary Commission expires: [illegible]	

APPROVED — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Record	By whom issued and signed: Shoshone Co., Idaho	Date Issued: 2-16-59	Date Orig. Entry: Oct. 13, 1910
	Date of Birth: Aug. 13, 1910; Birth Place: Mace, Idaho	Full Name of Mother: Nellie Gray Hester	Name of Father: Herbert Hester	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, age 76	By whom issued and signed: Nellie Gray Hester	Date Issued: 7-25-59	Date Orig. Entry:
	Date of Birth: Aug. 13, 1910; Birth Place: Shoshone Co., Mace, Idaho	Full Name of Mother: Nellie Gray Hester	Name of Father: Herbert Hester	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 24, 1936
	Date of Birth: Aug. 13, 1910; Birth Place: Mace, Idaho	Full Name of Mother: Nellie Gray	Name of Father: Herbert G. Hester	
SUBSTITUTE INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiated the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Aug. 13, 1959

FORM NO. [illegible]

643-223-003-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-660

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Fullmer		2. Date Of Birth (month) (day) (year): August 23, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock
			b. City or Town of Birth: Niter (Mailing address is Grace)
FATHER	6. Full Name of Father: Oscar Myron Fullmer		7. State or Country of Father's Birth: Providence, Utah
MOTHER	8. Full Maiden Name of Mother: Lovenia Parker		9. State or Country of Mother's Birth: Virgin, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida F. Herbert	11. Present Address of Registrant: 20299 Marshall Street, Castro Valley, California
NOTARY (Seal)	Subscribed and sworn to before me on: August 11 1959	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Policy	Date Issued:	Date Orig. Entry: Sept. 12, 1945
	Date of Birth: Aug. 23, 1910	Birth Place: Grace, Idaho	Full Name of Mother: --	Name of Father: --
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother, Age 71	By whom issued and signed: Mrs. Oscar M. Fullmer	Date Issued: Aug. 11, 1959	Date Orig. Entry:
	Date of Birth: Aug. 23, 1910	Birth Place: Niter, Bannock Co. Idaho	Full Name of Mother: Lovenia Parker	Name of Father: Oscar Myron Fullmer
SUPPORTING RECORD 3.	Type of Document: U.S.E.S. 350 Applicant's Indentification Card, Ident. No. 31714	By whom issued and signed: U.S. Department of Labor, Clarence O. Lutz, Interviewer	Date Issued:	Date Orig. Entry: 6-30-37
	Date of Birth: 8-23-10	Birth Place: --	Full Name of Mother: --	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Sharon E. Skaggs	August 11, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 12 1959

694-11-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-710

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Reid, Franklin Ormus
2. Date of Birth: (month) Aug. (day) 11 (year) 1910
3. Color or Race: Wht
4. Sex: m
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Parker Idaho Parker

FATHER

6. Full Name of Father: Jesse Ormus Reid
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Georgia Alice Smith
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: J Ormus Franklin Reid
11. Present Address of Registrant: 572 So. School Los Angel

NOTARY (Seal)

Subscribed and sworn to before me on: June 1, 1959
12. Signature of Notary: Herbert Allaya Jr.
13. Notary Commission expires: Nov. 9, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record--Baptism	Heman Ward LDS Church	10-7-18	Aug. 11, 1918
	Date of Birth: Aug. 11, 1910 / Birth Place: Fremont Co. Parker, Idaho	Full Name of Mother: Georgia A. Smith	Name of Father: Jesse O. Reid	
SUPPORTING RECORD 2.	Insurance Policy	American National Ins. Co.	May 28, 1945	May 28, 1945
	Date of Birth: age at next birthday 35 yrs. / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	own child's birth certificate	California #1018	7-20-59	child born Jan. 16, 1938
	Date of Birth: age 27 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: mr Nancy Richards
Date Filed: Aug. 26, 1959

FORM BH 56067

1 Copy mailed

AUG 26 1959

DEC 13 1961

719-216-024-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 59-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie May Garrett			2. Date of Birth (month) (day) (year): May 16, 1910
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Gooding Co.	b. City or Town of Birth: Gooding, Idaho
FATHER	6. Full Name of Father: John Kellogg Garrett			7. State or Country of Father's Birth: Laramie, Wyoming
MOTHER	8. Full Maiden Name of Mother: Sarah Alice Smith			9. State or Country of Mother's Birth: Schuyler, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie May Fulkerson		11. Present Address of Registrant: Box K 28 Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 19 59	12. Signature of Notary: W.W. Benson		13. Notary Commission expires: December 31, 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism		By whom issued and signed: Baptism received in School House, Bliss, Ida. (signed by W.R.R. Simmons)	Date Issued:	Date Orig. Entry: May 10, 1916
	Date of Birth: May 16, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, age 63		By whom issued and signed: Mrs. Alice McIlveen	Date Issued: July 29, 1959	Date Orig. Entry:
	Date of Birth: May 16, 1910	Birth Place: Gooding, Gooding Co., Idaho	Full Name of Mother: Sarah Alice Smith	Name of Father: John Kellogg Garrett	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital Record		By whom issued and signed: Gerald J. Butler, Administrator Steele Memorial Hospital, Salmon, Idaho	Date Issued: Aug. 22, 1959	Date Orig. Entry: June 20, 1953
	Date of Birth: 5-16-1910	Birth Place: Gooding, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W.W. Benson	Evidence reviewed by: nr ses Sharon E. Skaggs	Date Filed: Aug. 28, 1959

FORM BH 56067

AUG 24 1959

State Office of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name at birth: [illegible]	2. Date of Birth (month) (day) (year): May 16, 1910
	3. Color or Race: Female	4. Sex: Female
	5. Place of Birth (Country): Gooding Co.	Birth or Town of Birth: Gooding, Idaho
FATHER	6. Full name of Father: [illegible] Garrett	7. State or Country of Father's Birth: Laramie, Wyoming
MOTHER	8. Full name of Mother: [illegible] Alice Smith	9. State or Country of Mother's Birth: Schuyler, Nebraska
APPLICATION	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Box 1 26 Wilson, Idaho
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission expires: December 31, 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: May 10, 1910
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Affidavit by sister, age 63	By whom issued and signed: Mrs. Alice Oliver	Date Issued: July 29, 1959	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother: [illegible] Alice Smith	Name of Father: John [illegible] Garrett	
SUPPORTING RECORD 3	Type of Document: Statement regarding hospital Record	By whom issued and signed: Gerald C. Butler, Administrator, Steele Memorial Hospital	Date Issued: Aug. 22, 1959	Date Orig. Entry: June 20, 1959
	Date of Birth: 5-16-1910	Full Name of Mother: [illegible], Idaho	Name of Father: --	
QUALIFICATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	Aug. 25, 1959

Form [illegible]

168-22-840-317

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-720
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Oletha Jane Johnson
2. Date of Birth (month) (day) (year): February 21 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Wallace - Shoshone
b. City or Town of Birth: Wallace, Idaho

FATHER

6. Full Name of Father: Charles Johnson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Grace Capper
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Oletha Johnson Grassmick
11. Present Address of Registrant: Rt. 2, Gering, Nebr.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 17 1959
12. Signature of Notary: [illegible]
13. Notary Commission expires: Dec. 26 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		Oct. 11, 1938
Class* B	Date of Birth: Feb. 21, 1910 / Birth Place: Wallace, Idaho	Full Name of Mother: Grace Capper		Name of Father: Charles Johnson
SUPPORTING RECORD 2.	Teachers College Record	Nebraska State Teachers College, Chadron, Nebraska	8-20-59	Sept. 10, 1928
Class B	Date of Birth: Feb. 1910 / Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Affidavit by mother, age 78	Mrs. Grace G. Johnson	8-17-59	
Class B	Date of Birth: Feb. 21, 1910 / Birth Place: Shoshone Co. Wallace, Idaho	Full Name of Mother: Grace G. Johnson		Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: Nancy Richards
Date Filed: AUG 28 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 10 1956

433-707016-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-729

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FORREST WILLIAM McCOY.		2. Date Of Birth (month) MARCH (day) 7 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oakley Cassia	b. City or Town of Birth: OAKLEY, Idaho.
FATHER	6. Full Name of Father: Willaim George McCoy.		7. State or Country of Father's Birth: California U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Libbie York		9. State or Country of Mother's Birth: Texas U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Forrest William McCoy	11. Present Address of Registrant: Smelterville, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 24, 1958	12. Signature of Notary: R. N. McCoy.	13. Notary Commission expires: March 31, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 79		By whom issued and signed: Libbie McCoy	Date Issued: 4-24-58	Date Orig. Entry:
	Date of Birth: March 7, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: Libbie York	Name of Father: Willaim George McCoy	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: American Home Benefit Assoc.	Date Issued: 3-5-40	Date Orig. Entry: March 2, 1940
	Date of Birth: March 7, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #202864	Date Issued:	Date Orig. Entry: child born June 3, 1932
	Date of Birth: age 22	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson		Evidence reviewed by: Nancy Richards		Date Filed: Sept. 3, 1959

FORM BH 56067

SEP 3 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D659-729

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] McCOY.	2. Date of Birth (month) MARCH (day) 7 (year) 1910
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Oakley County Cassia	Ability or Town of Birth: OAKLEY, Idaho.
FATHER	6. Full Name of Father: [illegible] George McCoy.	7. State or Country of Father's Birth: California U.S.A.
MOTHER	8. Full Name of Mother: Lillie Jack	9. State or Country of Mother's Birth: Texas U.S.A.
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: Smelterville, Idaho.
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission expires: March 31, 1959

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother, age 79	By whom issued and signed: Libbie McCoy	Date Issued: [illegible]	Date Orig. Entry:
	Type of Birth: March 7, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: Libbie York	Name of Father: William George McCoy
SUPPORTING RECORD 2	Type of Document: Insurance Policy	By whom issued and signed: American Home Benefit Assoc.	Date Issued: 3-5-40	Date Orig. Entry: March 2, 1940
	Type of Birth: March 7, 1910	Birth Place: —	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: [illegible] birth certificate	By whom issued and signed: Idaho #202[illegible]	Date Issued:	Date Orig. Entry: [illegible] June 3, 1952
	Date of Birth: Aug 22	Birth Place: Oakley, Idaho	Full Name of Mother: —	Name of Father: —
CERTIFICATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	Sept. 3, 1959

FORM BH 6-1937

693-208-001-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-730

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KATHRYN EMMA WILLIAMS			2. Date Of Birth (month) April (day) 8 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Boise, Idaho.	
FATHER	6. Full Name of Father: Robert Dwight Williams			7. State or Country of Father's Birth: Illinios U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Bessie Rebecca Haworth			9. State or Country of Mother's Birth: Iowa U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Kathryn Williams McCoy	11. Present Address of Registrant: Smelterville, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 24, 1958		12. Signature of Notary: R. H. McCoy	13. Notary Commission expires: March 31, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 79		By whom issued and signed: Mrs. Robert D. Williams	Date Issued: 4-22-58	Date Orig. Entry:
	Date of Birth: April 8, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Bessie Haworth Williams	Name of Father: Robert Dwight Williams	
SUPPORTING RECORD 2.	Type of Document: (baby daughter) Newspaper announcement of birth		By whom issued and signed: "Evening Capital News" Boise	Date Issued:	Date Orig. Entry: published April 8, 1910
	Date of Birth: "this morning" 4-8-10	Birth Place: Boise (State not shown)	Full Name of Mother: ---	Name of Father: Robert D. Williams	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #20286½	Date Issued:	Date Orig. Entry: child born June 3, 1932
	Date of Birth: age 22	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Insurance Policy, American Home Benefit Assoc.,Inc.; 3-5-40: born-April 8, 1910.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Nancy Richards	Date Filed: Sept. 3, 1959	

FORM BH 56067

SEP 3

815406.003-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-733

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vern R. Hancock
2. Date of Birth (month) (day) (year): December 6, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock County
b. City or Town of Birth: Downey

FATHER

6. Full Name of Father: Charles W. Hancock
7. State or Country of Father's Birth: Weber County, Utah

MOTHER

8. Full Maiden Name of Mother: Martha Amanda Richardson
9. State or Country of Mother's Birth: Weber County, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vern R. Hancock
11. Present Address of Registrant: 1538 E. Fremont, Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 2 1959

12. Signature of Notary: [signature]
13. Notary Commission expires: Sept 4. 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Fourth Ward, E. Pocatello Stake LDS Church	9-2-59	Feb. 4, 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 6, 1910	Bannock Co. Downey, Idaho	Martha Richardson	Charles W. Hancock

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, age 72	Chloie Curtis	9-2-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 6, 1910	Bannock Co. Downey, Idaho	Martha Amanda Richardson Hancock	Charles W. Hancock

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #264719		child born Feb. 8, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 27	Downey, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Sept. 4, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

SEP 4 1959

813-204-031-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-763

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Margery Viola G. Hall			2. Date of Birth (month) May (day) 4 (year) 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Winchester, Ida. Lewis cty	b. City or Town of Birth: Winchester, Idaho	
FATHER	6. Full Name of Father: Frank N. Hall			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Daisy D. Hayward			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Margery Viola G. Hall Wiley	11. Present Address of Registrant: Upper Asotin Road Clarkston, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on July 28 19 58		12. Signature of Notary: Betty Geidl	13. Notary Commission expires: Sept. 3 19 61	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 85		By whom issued and signed: Daisy D. Hall	Date Issued: 7-28-58	Date Orig. Entry:
	Date of Birth: May 4, 1910	Birth Place: Winchester, Idaho	Full Name of Mother: Daisy D. Hall	Name of Father: Frank N. Hall	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth		By whom issued and signed: St. Joseph's Hospital Lewiston, Idaho	Date Issued:	Date Orig. Entry: child born Jan. 14, 1943
	Date of Birth: May 4, 1910	Birth Place: Winchester, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Record		By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: 9-16-59	Date Orig. Entry: obviously old
	Date of Birth: May 4, 1910	Birth Place: ---	Full Name of Mother: Daisy Hayward Hall	Name of Father: Frank Newell Hall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Sept. 16, 1959

FORM BH 56067

SEP 16 1959

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State Id. No. [illegible]-763

REGISTRANT	1. Registrant's Full Name at Birth: Gregory Viola C. Hall	2. Date of Birth: May 4 1910	
Person whose Birth is being Registered	3. Color or Race: W	4. Sex: F	5. Place of Birth: Winchester, Ida. Lewis city
	6. Full Name of Father: Frank H. Hall	7. State or Country of Father's Birth: Missouri	
FATHER	8. Full Maiden Name of Mother: Daisy D. Hayward	9. State or Country of Mother's Birth: Michigan	
CERTIFICATE	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Upper Martin Road, Clarkston, Washington	
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission Expires: Sept. [illegible] 61	
	July 26		

APPLICANT — DO NOT WRITE BELOW THIS LINE

RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible] Hall	
	Place of Birth: Winchester, Idaho			
SUPPORTING RECORD 2	Type of Document: Certificate of Birth	By whom issued and signed: [illegible] Idaho	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: May 4 1910	Full Name of Mother: —	Name of Father: —	
	Place of Birth: Winchester, Idaho			
SUPPORTING RECORD 3	Type of Document: Family Record	By whom issued and signed: original viewed by Bureau of Vital Statistics	Date Issued: [illegible]	Date Orig. Entry: obviously old
	Date of Birth: May 4 1910	Full Name of Mother: Daisy Hayward Hall	Name of Father: Frank Newell Hall	
QUALIFICATIONS				
REGISTRAR'S CERTIFICATE	I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that [illegible] evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by: [illegible]	Date Filed: Sept. 10, 1959	

354-221-022-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-787

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marva Leavitt		2. Date Of Birth (month) (day) (year): June 21 1910
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Marysville
FATHER	6. Full Name of Father: Horton B. Leavitt		7. State or Country of Father's Birth: Mendon, Utah
MOTHER	8. Full Maiden Name of Mother: Lurinda Alice Hendricks		9. State or Country of Mother's Birth: Richmond, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marva L. Kington	11. Present Address of Registrant: 1115 E. Wyeth, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 21 1959	12. Signature of Notary: Hazel L. Hurlbut	13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing LDS Church	By whom issued and signed: Eli M. Harris, Bishop	Date Issued: --	Date Orig. Entry: Blessed Aug. 7, 1910	
	Date of Birth: June 21, 1910	Birth Place: Marysville, Fremont Co., Idaho	Full Name of Mother: Lourinda Leavitt	Name of Father: Thorton B. Leavitt	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation LDS Church	By whom issued and signed: Adolph A. Marler, Clerk	Date Issued: July 7, 1918	Date Orig. Entry: July 7, 1918	
	Date of Birth: June 21, 1910	Birth Place: Marysville, Fremont Co. - Idaho	Full Name of Mother: Lurinda A. Hendricks	Name of Father: Thorton B. Leavitt	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #194622	Date Issued: --	Date Orig. Entry: child born Sept. 6, 1931	
	Date of Birth: age 21	Birth Place: Marysville, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Sept. 21, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF OHIO

SEP

632-25-016-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-788

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Olson		2. Date of Birth: (month) January (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Bridge Idaho Cassia; b. City or Town of Birth
FATHER	6. Full Name of Father: Andrew Olson		7. State or Country of Father's Birth: Salt Lake City Utah
MOTHER	8. Full Maiden Name of Mother: Pauline Hugentobler		9. State or Country of Mother's Birth: Gunnison Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joe Olson	11. Present Address of Registrant: Yerington Nev. Box 986
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1959	12. Signature of Notary: Carl O. Gelmstedt	13. Notary Commission expires: June 24 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge Record	By whom issued and signed: U. S. Army	Date issued: discharged 9-25-45	Date Orig. Entry: inducted March 4, 1942
	Date of Birth: Jan. 25, 1910	Birth Place: Bridge, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Voting Registration Record	By whom issued and signed: Lyon County, Nevada	Date Issued: 7-15-59	Date Orig. Entry: March 1, 1954
	Date of Birth: Jan. 25, 1910	Birth Place: Bridge, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Jan. 8, 1937
	Date of Birth: Jan. 25, 1910	Birth Place: Bridge, Idaho	Full Name of Mother: Pauline Hugentobler	Name of Father: Andrew Olson
QUALIFYING INFORMATION	Marriage Record, Washoe Co., Nevada; 7-9-59: age 41 as of May 26, 1951.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	Sept. 22, 1959

FORM BH 56067

SEP 22 1950

MAR 3 1985

NOV 2 0 1974

893-125-025-681

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-802

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAROLD LOVERN HILLAKER	2. Date Of Birth (month) AUG. (day) 25 (year) 1910
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: IDAHO	b. City or Town of Birth: KAMIAH
FATHER	6. Full Name of Father: ORA LeRoy HILLAKER	7. State or Country of Father's Birth: MICHAGAN
MOTHER	8. Full Maiden Name of Mother: EDNA Josephine O'HARE	9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Harold Lovern Hillaker; 11. Present Address of Registrant: BOX 57 ARBUCKLE CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: September 21, 1959	12. Signature of Notary: [signature]; 13. Notary Commission expires: 5/14/61 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Ora LeRoy Hillaker and Edna Josephine Hillaker	Date issued: 9-1-59	Date Orig. Entry:
	Date of Birth: Aug. 25, 1910; Birth Place: Idaho Co. near Kamiah, Idaho	Full Name of Mother: Edna Josephine Hillaker	Name of Father: Ora LeRoy Hillaker	
SUPPORTING RECORD 2.	Type of Document: (with statement) Insurance Application copy	By whom issued and signed: California-Western States Life Ins. Co., Sacramento	Date issued: statement 9-16-59	Date Orig. Entry: application Apr. 26, 1933
	Date of Birth: Aug. 25, 1910; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: California #2595	Date issued: 11-25-49	Date Orig. Entry: child born Aug. 1, 1933
	Date of Birth: age 22; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W U Benson	Evidence reviewed by: Nancy Richards	Date Filed: Sept. 25, 1959	

FORM BH 56067

SEP 25 1956

462-102-009-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-863

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Robert Moss			2. Date of Birth (month) (day) (year): August 2, 1910
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Robert Joseph Moss			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Vide Elizabeth Stussi			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Robert Moss		11. Present Address of Registrant: 1428 E. Broad, Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 19 59	12. Signature of Notary: Marion Pardee		13. Notary Commission expires: July 15 19 61

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baby record for contest	By whom issued and signed: Interstate Fair, Spokane, Washington		Date Issued:	Date Orig. Entry: Sept. 1913
	Date of Birth: 37 months	Birth Place: ---	Full Name of Mother: -- Stussri	Name of Father: R. J. Moss	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Jan. 19, 1937
	Date of Birth: Aug. 2, 1910	Birth Place: Sandpoint, Idaho	Full Name of Mother: Vide Elizabeth Stussi	Name of Father: Robert Joseph Moss	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: United Truck Lines, Inc. Spokane, Wash.		Date Issued: 9-21-59	Date Orig. Entry: Dec. 16, 1944
	Date of Birth: Aug. 2, 1910	Birth Place: Sandpoint, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Insurance Application, National Service Life, Nov. 19, 1942: born Aug. 2, 1910 at Sandpoint, Idaho.

School Record, Spokane Public Schools, Spokane, Wash.; 9-29-59: record of May 1, 1918- born Aug. 2, 1910.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	Oct. 26, 1959

FORM BH 56067

1 copy paid receipt 16177

OCT 26 1959

745224-025-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-904

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Viola Gunter
2. Date Of Birth: (month) 9 (day) 24 (year) 1910
3. Color or Race: Wht
4. Sex: F
5. Place of Birth a. County: Stites, Ida — Idaho
b. City or Town of Birth: Stites, Idaho

FATHER

6. Full Name of Father: Morton Gunter
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Lillie Mae Hayes
9. State or Country of Mother's Birth: Missouri Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Parker
11. Present Address of Registrant: 136-4th Ave Eagle

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 5 1959
12. Signature of Notary: Juanita A. Brown
13. Notary Commission expires: July 23 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Record	Treasury Dept.		March 24, 1948
	Date of Birth: Sept. 24, 1910 — Birth Place: Idaho Co. Stites, Idaho	Full Name of Mother: Lillie May Hayes		Name of Father: Morton Gunter
SUPPORTING RECORD 2.	Affidavit by mother, age 79	Lillie Mae Gunter	8-19-55	
	Date of Birth: Sept. 24, 1910 — Birth Place: Idaho Co. Stites, Idaho	Full Name of Mother: Lillie Mae Hayes Gunter		Name of Father: Morton Gunter
SUPPORTING RECORD 3.	own child's birth certificate	Seattle-King County Dept. of Public Health, Vol#1943, Reg. #902	10-8-59	child born July 17, 1943
	Date of Birth: age 32 — Birth Place: Stites, Idaho	Full Name of Mother: ---		Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Nancy Richards	Nov. 6, 1959

FORM BH 56067

NOV 6 1969

DECEASED

235-225 1014-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-939

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lova Ruth Stemper		2. Date Of Birth (month) 1 (day) 25 (year) 1910
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Parma, Idaho
FATHER	6. Full Name of Father: Edward A. Stemper		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Ella Olive Paine		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lova R. Dunagan	11. Present Address of Registrant: 10780 Colyer Lynwood, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: November 3, 1959	12. Signature of ~~Notary~~: L J Bedeganeta Clerk, Supreme Court, State of Idaho	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by nieghbor at birth	By whom issued and signed: Carlyle Smith	Date issued: Oct. 29, 1958	Date Orig. Entry: Oct. 29, 1958
	Date of Birth: Jan. 25, 1910; Birth Place: Parma, Idaho	Full Name of Mother: Ella Olive Paine	Name of Father: Edward A. Stemper	
SUPPORTING RECORD 2.	Type of Document: Application(photocopy) for social security card	By whom issued and signed: Social Security administration	Date issued: --	Date Orig. Entry: Jan. 11, 1951
	Date of Birth: Jan. 25, 1910; Birth Place: Parma, Canyon Co. Idaho	Full Name of Mother: Ella Olive Paine	Name of Father: Edward A. Stemper	
SUPPORTING RECORD 3.	Type of Document: Statement of school record	By whom issued and signed: Fred W. Anderson, County Superintendent of schools	Date issued: Nov. 16, 1959	Date Orig. Entry: census taken Sept. 11, 1920
	Date of Birth: age 10; Birth Place: --	Full Name of Mother:	Name of Father: Ed Stemper	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	1a Lois Ayers	Nov. 17, 1959

FORM BH 56067

NOV 17 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics

Date Filed: Dec59-939

REGISTRAR	1. Registrant's Full Name of Birth: Eleve Ruth Stemper	2. Date of Birth: Month 1 Day 25 Year 1910
(Person whose birth is being registered)	3. Color or Race: White	4. Place of Birth: Canyon County; Parma, Idaho
FATHER	6. Full Name of Father: Edward A. Stemper	7. State or Country of Father's Birth: Minnesota
Mother	8. Full Maiden Name of Mother: Ella Olive Paine	9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: 10740 Colyer Cal.
NOTARY	Sworn to before me on: December 1959	15. Notary Commission expires: Lease of Idaho

APPLICATION TO WHOM ISSUED AND SIGNED

Type of Document: Certificate of Birth	By whom issued and signed: Carlyle Smith	Date Issued: Oct. 29, 1953	Date Orig. Entry: Oct. 29, 1958
Place of Birth: Parma, Idaho	Full Name of Mother: Ella Olive Paine	Name of Father: Edward A. Stemper	
SUPPORTING RECORD 2. Application (photocopy) for social security card	By whom issued and signed: Social Security administration	Date Issued: --	Date Orig. Entry: Jan. 11, 1951
Date of Birth: Jan. 25, 1910	Place of Birth: Parma, Canyon Co. Idaho	Full Name of Mother: Ella Olive Paine	Name of Father: Edward A. Stemper
SUPPORTING RECORD 3. Type of Document: Statement of school record	By whom issued and signed: Fred W. Anderson, County Superintendent of schools	Date Issued: Nov. 16, 1959	Date Orig. Entry: Census taken Sept. 11, 1920
Date of Birth: Age 10	Full Name of Mother: --	Name of Father: Ed Stemper	

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Nov. 17, 1959

666203 014-389

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-960
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Eunice Fowler		2. Date Of Birth (month) June (day) 3 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Stephan Bryant Fowler		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Anna Margaret Christiansen		9. State or Country of Mother's Birth: Denmark (Europe)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude Eunice Fowler Stewart	11. Present Address of Registrant: 2754th USAF Hosp.* Ardmore AFB Oklahoma
NOTARY (Seal)	Subscribed and sworn to before me on: 3d November 19 59	12. Signature of Notary: Verna V. Offord	13. Notary Commission expires: 20 August 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*____	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: June 17, 1942
	Date of Birth: June 3, 1910	Birth Place: Canyon Co. Nampa, Idaho	Full Name of Mother: Anna Margaret Christianson	Name of Father: Stephen Bryant Fowler
SUPPORTING RECORD 2. Class____	Type of Document: Reg. #4473 own child's birth certificate	By whom issued and signed: Seattle-King County Dept. of Public Health, Seattle, Wash.	Date Issued: 2-14-56	Date Orig. Entry: child born Nov. 16, 1935
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3. Class____	Type of Document: Employment Record	By whom issued and signed: Personnel Branch Larson AFB, Washington	Date Issued:	Date Orig. Entry: Aug. 12, 1953
	Date of Birth: June 3, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. H. Barron	Evidence reviewed by: Nancy Richards nr		Date Filed: Nov. 24, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

* Qtrs. 4607 D
United States Air Force Academy, Colorado

Form DPH 49067

NOV 25 1968

APR 11 1969

365-208-037-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-992

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLEN Josephine CONWAY			2. Date Of Birth (month) MARCH (day) 8 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: OWYHEE	b. City or Town of Birth: DELAMAR
FATHER	6. Full Name of Father: PATRICK Christopher CONWAY			7. State or Country of Father's Birth: IRELAND
MOTHER	8. Full Maiden Name of Mother: Elizabeth Cornelia BLAKE			9. State or Country of Mother's Birth: ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Josephine Loney		11. Present Address of Registrant: 1175 W 204 ST TORRANCE CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: November 2, 1959	12. Signature of Notary: Theodore W. Reddell		13. Notary Commission expires: My Commission Expires February 12, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: March 5, 1951
	Date of Birth: March 8, 1910 / Birth Place: Owyhee Co. Delemar, Idaho	Full Name of Mother: Elizabeth Cornelia Blake	Name of Father: Patrick Christopher Conway	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #187705	Date Issued:	Date Orig. Entry: child born Dec. 23, 1930
	Date of Birth: age 20 / Birth Place: Delamar, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate	By whom issued and signed: Rev. Robt. Turgeon, S.M., Assist. Pastor, R.C. Church	Date Issued: 11-23-59	Date Orig. Entry: April 2, 1910
	Date of Birth: March 8, 1910 / Birth Place: DeLamar, Idaho	Full Name of Mother: Elizabeth Blake	Name of Father: Patrick Christ. Conway	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnum	nr Nancy Richards	Dec. 4, 1959

FORM BH 56067

1 copy mailed

DEC 3 1959

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DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name of Birth		2. Date of Birth (month) (day) (year)	
3. Color or Race	4. Place of Birth	County	Place of Home of Birth
5. Full Name of Father		7. State or Country of Father's Birth	
6. Maiden Name of Mother		8. State or Country of Mother's Birth	
9. Mother's Mailing Address	10. Signature of Registrant	11. Present Address of Registrant	
12. Subscribed and sworn to before me	13. Signature of Notary	14. Notary Commission expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued	Date Orig. Entry
	Date of Birth: Mar. 6, 1920	Birth Place: Delamar, Idaho	Name of Mother: Elizabeth Corrado Blake	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Non-Skillful Birth Certificate	By whom issued and signed: Idaho [illegible]	Date Issued	Date Orig. Entry: Child born Dec. 23, 1920
	Date of Birth: Dec. 20	Birth Place: Delamar, Idaho	Full Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: National Certificate	By whom issued and signed: Rev. Dept. [illegible] Pastor, R.C. Church	Date Issued: 11-23-59	Date Orig. Entry: April 2, 1920
	Date of Birth: Mar. 6, 1920	Birth Place: Delamar, Idaho	Full Name of Mother: Elizabeth Blake	Name of Father: Patrick Christ, Conway

CLUE INVOICE INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by: Nancy Richards	Date Filed: Dec. 4, 1959

355-225004-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Alice Lee		2. Date of Birth (month) April (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake County; b. City or Town of Birth: Novene Sta.
FATHER	6. Full Name of Father: Charles Delbert Lee		7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Fay Fisk		9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Alice Garrison	11. Present Address of Registrant: 3846 Chestnut Long Beach Calif
NOTARY (Seal)	Subscribed and sworn to before me on: November-27th 19 59	12. Signature of Notary: Howard Marty	13. Notary Commission expires: 19

Comm'Expires 11-22-62 APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Page 27143 Certified copy Affidavit for Marriage License		By whom issued and signed: G.A.Pequegnat,County Clerk Riverside Co.,State Calif.	Date issued: Nov 23, 1959	Date Orig. Entry: Issued Aug 26, 1933
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: Fay Fisk	Name of Father: Charles Lee	
SUPPORTING RECORD 2.	Type of Document: Application for Life Insurance Policy 10-361-962		By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: Oct 21, 1942	Date Orig. Entry: Sept 24, 1942
	Date of Birth: April 25 1910	Birth Place: Bear Lake County, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Original Marriage License & Certificate		By whom issued and signed: Francis C. Ellis Minister Riverside, California	Date issued: Aug 26, 1933	Date Orig. Entry: Marriage Aug 26, 1933
	Date of Birth: age 23	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	Dec 21, 1959

FORM BH 56067 one copy paid #17569 11-12-59

DEC 27

JUL 15 1975

235-202-029-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1037

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Jane Steelsmith			2. Date Of Birth (month) Dec. (day) 2 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy, Idaho
FATHER	6. Full Name of Father: Benjamin Franklin Steelsmith			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Hazel Vaughn Trout			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Jane Miller		11. Present Address of Registrant: Box 38A, Route 1, Genesee, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 10, 19 59	12. Signature of Notary: C. L. Flatt		13. Notary Commission expires: Feb. 7, 19 60

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Lewis-Clark Normal School, Lewiston, Idaho		Date Issued: 4-21-59	Date Orig. Entry: Fall, 1929
	Date of Birth: Dec. 2, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #269613		Date Issued:	Date Orig. Entry: child born July 28, 1938
	Date of Birth: age 27	Birth Place: Troy, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Bible record--photocopy	By whom issued and signed: original viewed by Notary Public C.L. Flatt; Moscow, Ida.		Date Issued: 12-3-59	Date Orig. Entry: old record
	Date of Birth: Dec. 2, 1910	Birth Place: ---	Full Name of Mother: Hazel V. Trout Steelsmith	Name of Father: B. F. Steelsmith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Dec. 30, 1959

FORM BH 56067

DEC 31 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Registration Full Name of Birth	Emma Jane Steelsmith	Date of Birth	Dec. 2 1910
Color or Race	White	Sex	Female
Place of Birth	Latah	City or Town of Birth	Troy, Idaho
Full Name of Father	Benjamin Franklin Steelsmith	State or Country of Father's Birth	Iowa
Full Maiden Name of Mother	Hazel Vaughn Trout	State or Country of Mother's Birth	Indiana
Signature of Registrant		Present Address of Registrant	Box 384, Route 1 Genesee, Idaho
Signature of Mother		Mother's Mailing Address	Feb. 7, [illegible]
Date of Birth	November 10 1959		

SUPPORTING RECORD 1

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		
Date of Birth	Full Name of Mother	Name of Father	
Dec. 2, 1910	—	—	

SUPPORTING RECORD 2

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]		child born [illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Troy, Idaho	—	—

SUPPORTING RECORD 3

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Lieu record--photocopy	[illegible]	12-3-59	old record
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 2, 1910	—	[illegible]	[illegible] Steelsmith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that the accompanying evidence has been reviewed, which [illegible] the facts as set forth in the [illegible] and [illegible].

Name Registrar	Evidence Reviewed By	Date Filed
[illegible]	[illegible]	Dec. 30, 1959

493-109-029-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-1038

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eldon Fred Miller			2. Date of Birth (month) July (day) 9, (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Juliaetta, Idaho	
FATHER	6. Full Name of Father: Fred G. Miller			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Lela Merle Butzien			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eldon Fred Miller	11. Present Address of Registrant: R. F. D. 1, Genesee, Ida. Box 47	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 10 1959		12. Signature of Notary: G. Platt	13. Notary Commission expires: Feb. 7, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Fred G. (Lela) Miller	Date Issued: 11-9-59	Date Orig. Entry:
	Date of Birth: July 9, 1910	Birth Place: Juliaetta, Idaho	Full Name of Mother: Lela Butzien Miller	Name of Father: Fred G. Miller	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Asotin County Auditor (Clarkston, Wash.-marriage)	Date Issued: 12-2-59	Date Orig. Entry: Apr. 1, 1933
	Date of Birth: age 22	Birth Place: Juliaetta, Idaho	Full Name of Mother (born-Kansas): Lela Butzien	Name of Father (born-Wisc.): Fred Miller	
SUPPORTING RECORD 3.	Type of Document: Bible record--photocopy		By whom issued and signed: original viewed by Notary Public C.L. Platt; Moscow, Ida.	Date Issued: 12-3-59	Date Orig. Entry: many years ago
	Date of Birth: July 9, 1910	Birth Place: ---	Full Name of Mother: Lela M. Butzien	Name of Father: Fred G. Miller	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	Dec. 30, 1959

FORM BH 56067

[illegible] COUNTY, IDAHO

STATE OF IDAHO

[illegible]

[illegible] July 9, 1910

[illegible] Latah [illegible] Moscow, Idaho

[illegible] Boyd G. Miller [illegible] Moscow

[illegible] Phoebe Marie Boynton [illegible]

[illegible] 10 [illegible] [illegible]

[illegible]

[illegible]

[

296230-011-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D60-052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Brody		2. Date of Birth: July 30 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonners Ferry -Boundary	b. City or Town of Birth: Bonners Ferry Ida
FATHER	6. Full Name of Father: John B Brody		7. State or Country of Father's Birth: Iowa - Benton Co	
MOTHER	8. Full Maiden Name of Mother: Harriett Carcilla Gray		9. State or Country of Mother's Birth: Anoka Minn	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ruth Brody Lacci	11. Present Address of Registrant: Sacramento Calif-	
NOTARY (Seal)	Subscribed and sworn to before me on: June 2- 1959	12. Signature of Notary: x Rose Kaplan	13. Notary Commission expires: 10-13- 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Certificate as Reg. Nurse	By whom issued and signed: Bureau of Registration of Nurses Sacramento, California	Date Issued:	Date Orig. Entry: June 3, 1937
	Date of Birth: July 30, 1910	Birth Place: Bonners Ferry Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Harriett C. Brody	Date Issued: 12-18-59	Date Orig. Entry:
	Date of Birth: July 30, 1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Harriett C. Gray Brody	Name of Father: John B. Brody
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Sacramento County, Calif.	Date Issued: 1-14-60	Date Orig. Entry: child born Aug. 3, 1944
	Date of Birth: age 34	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	Mercy Hospital Admission Card, Aug. 3, 1944: born July 30, 1910 in Idaho.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: mr Nancy Richards	Date Filed: Jan. 21, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

JAN 21 1960

819215007-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-054

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louisa Mae Harris			2. Date of Birth: (month) July (day) 15, (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Hailey	
FATHER	6. Full Name of Father: Silas Andrew Harris			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Minnie Mae Mundle			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louisa Finlayson		11. Present Address of Registrant: Shoshone, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 9 1960	12. Signature of Notary: R W Stone		13. Notary Commission expires: 6/15 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of county record of birth	By whom issued and signed: George F. McCoy, Ex-Officio Recorder, Blaine Co.		Date Issued: June 4, 1958	Date Orig. Entry: soon after birth
	Date of Birth: July 15, 1910	Birth Place: Hailey, Blaine Co., Idaho	Full Name of Mother (maiden name--Mundle): Minnie Harris	Name of Father: Andrew L. Harris	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics, Idaho #259291		Date Issued:	Date Orig. Entry: child born August 5, 1937
	Date of Birth: Age 27	Birth Place: Hailey, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at birth, age 73	By whom issued and signed: Jessie M. Osborne		Date Issued: 7-3-59	Date Orig. Entry:
	Date of Birth: July 15, 1910	Birth Place: Hailey, Idaho	Full Name of Mother: Minnie Mae Mundle	Name of Father: Silas Andrew Harris	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: ses Nancy Richards	Date Filed: Jan. 22, 1960

FORM BH 56067

JAN 22 1960

495-213-033-532

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-069

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sara Minson			2. Date Of Birth (month) August (day) 13 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Rexburg, Ida, Madison	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Arthur Minson			7. State or Country of Father's Birth: Paris, Idaho
MOTHER	8. Full Maiden Name of Mother: Rachel Eckersell			9. State or Country of Mother's Birth: Wellsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sara Minson	11. Present Address of Registrant: 1302 North 21st, Boise, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on January 27 1960		12. Signature of Notary: Betty J. Thamm	13. Notary Commission expires 6-26 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurrance Policy #1334777		By whom issued and signed: Sun Life Assurance Co. of Canada	Date Issued: Jan. 7, 1932	Date Orig. Entry: Jan. 7, 1932
	Date of Birth: Aug. 13, 1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Rachel Minson	Name of Father: Arthur Minson	
SUPPORTING RECORD 2.	Type of Document: Insurrance Polycy #1901388		By whom issued and signed: Sun Life Assurance Co. of Canada	Date Issued: March 12, 1952	Date Orig. Entry: March 12, 1952
	Date of Birth: Aug. 13, 1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Rachel Minson	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Statement of church record		By whom issued and signed: LDS Church, Boise Fourth Ward E. B. Roberts, Clerk	Date Issued: Jan. 18, 1960	Date Orig. Entry: Aug. 31, 1918
	Date of Birth: Aug. 13, 19 1910	Birth Place: Rexburg, Madison Co., Idaho	Full Name of Mother: Rachel Eckersell	Name of Father: Arthur Minson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Lois Ayers	Date Filed: Jan. 28, 1960

FORM BH 56067

JAN 28 1960

MAR 15 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR'S No.

1. Name of child (Type or print)

Sara Nilson

2. Sex: F

3. Date of birth: Aug. 15, 1910

4. Place of birth: County: Ida. Madison

City or town: Rexburg

5. Color or race: White

6. Full name of father: Arthur Nilson

7. Full maiden name of mother: Sarah Peterson

8. Date of birth of mother: Aug. 13, 1910

9. Place of birth of mother: County: Ida. Madison

City or town: Rexburg, Idaho

10. Color or race: White

11. Full maiden name of mother: Sarah Peterson

12. Date of birth of mother: Aug. 13, 1910

13. Place of birth of mother: County: Ida. Madison

City or town: Rexburg, Idaho

AFFIDAVIT

I hereby swear (or affirm) upon oath that the above statements are true to the best of my knowledge and belief.

14. Signature of Applicant

15. Address of Applicant: 132 North 2nd, Boise, Ida.

Subscribed and sworn to before me on

16. Signature of Notary

17. Notary Commission expires

SUPPORTING RECORD 1

Baptismal Record

Name of Church: Church of Jesus Christ of Latter-day Saints

Place of Birth: Rexburg, Idaho

Date of Baptism: Aug. 15, 1918

Name of Officiator: Arthur Nilson

Official Position: Priest

Custodian of Record: Bessie Eckersell

SUPPORTING RECORD 2

Insurance Policy #1019398

Name of Insured: Arthur Nilson

Name of Policy Owner: Arthur Nilson

Name of Company: Sun Life Assurance Co. of Canada

Date Issued: March 12, 1952

Date Orig. Entry: March 12, 1952

SUPPORTING RECORD 3

Insurance Policy #39177

Name of Insured: Arthur Nilson

Name of Company: Sun Life Assurance Co. of Canada

Date Issued: Jan. 7, 1932

Date Orig. Entry: Jan. 7, 1932

SUPPORTING RECORD 4

Name of Witness: Arthur Nilson

Witness's Address: 105 Church, Boise

Witness's Occupation: Fourth Ward

Date Orig. Entry: Aug. 31, 1918

Name of Witness: Bessie Eckersell

Witness's Address: E. 1. Roberts, Clerk

Witness's Occupation: Ward

Date Orig. Entry: Aug. 31, 1918

CERTIFICATE

I hereby certify that a search of the records in my office and of other records in my custody has been made and that no birth record has been found, which would establish the data as set forth in the foregoing affidavit.

Signature of Registrar: [illegible]

Date Issued: Jan. 28, 1960

Evidence Produced: Birth Affidavit

312-115036-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-119

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Angus William Lasley		2. Date Of Birth (month) April (day) 15, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida Co. b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: Heber William Lasley		7. State or Country of Father's Birth: Rockland, Idaho
MOTHER	8. Full Maiden Name of Mother: Cassie Muir		9. State or Country of Mother's Birth: Hatch, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Angus William Lasley	11. Present Address of Registrant: 3890 W. 3500 So. Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 5th 1960	12. Signature of Notary: [signature]	13. Notary Commission expires: 3-26 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 70	By whom issued and signed: Heber William Lasley	Date Issued: 12-28-59	Date Orig. Entry:
	Date of Birth: April 15, 1910 / Birth Place: Oneida Co. Rockland, Idaho	Full Name of Mother: Cassie Muir	Name of Father: Heber William Lasley	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Clerk, LDS Church --	Date Issued:	Date Orig. Entry: June 5, 1910
	Date of Birth: April 15, 1910 / Birth Place: Oneida Co. Rockland, Idaho	Full Name of Mother: Cassie Muir	Name of Father: Heber Wm. Lasley	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Cache County, Utah	Date Issued: 1-19-60	Date Orig. Entry: Dec. 27, 1932
	Date of Birth: age 22 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: own child's birth certificate, Idaho #362418: age 32 as of Nov. 18, 1942; born- Rockland, Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Nancy Richards	Feb. 12, 1960

FORM BH 56067

1 copy paid

FEB 1 7 1960

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person, Whole, Birth, Being Registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): April 15, 1910
	4. Color or Race: [illegible]	5. Place of Birth: County: [illegible]
		Mode of Town of Birth: Rockland, Idaho
FATHER	3. Full Name of Father: Heber William Lasley	7. State or Country of Father's Birth: Rockland, Idaho
MOTHER	6. Full Maiden Name of Mother: [illegible]	State or Country of Mother's Birth: [illegible]
APPLICANT	[illegible] declare upon oath that the [illegible] are true to the [illegible] knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me at [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: [illegible]	By whom Issued and Signed: Heber William Lasley	Date Issued: 12-[illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Heber William Lasley
SUPPORTING RECORD	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: June 4, 1910
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Heber Wm. Lasley
SUPPORTING RECORD	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]

CERTIFICATION INFORMATION: [illegible] Birth certificate, [illegible] 22 as of Nov. 18, 1960; born [illegible], Idaho.

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary attached has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	Dec. 12, 1960

235-218-035-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-132

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irma Zoa Stephens
2. Date Of Birth: January 18 1910
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Agatha

FATHER

6. Full Name of Father: Alfred Price Stephens
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Mary Belle Lough
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irma Zoa Vert
11. Present Address of Registrant: Star Rt. Lafayette, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 16 1959
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	On file California Vital Statistics	April 10, 1947	child born April 16, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
31	Agatha, Idaho	--	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 62	Edith A. Stephens Crawford	12-1-59	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 18, 1910	Agatha, Idaho	Mary Belle Lough Stephens	Alfred Price Stephens

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		Dec. 23, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 18, 1910	Nez Perce Co. Agatha, Idaho	Mary Belle Lough	Alfred Price Stephens

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	la Nancy Richards	Feb. 16, 1960

FORM BH 56067

1 copy paid

FEB 17 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrar's Full Name of Birth: Irma Lea Stephens	2. Date of Birth: January 18, 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Nez Perce
	6. City or Town of Birth: Agatha		
FATHER	8. Full Name of Father: Alfred Price Stephens	9. Date of Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Mary Belle Lough	9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	9. Church or Lodge Date that the above is to the best of my knowledge and belief.	10. Signature of Registrant	11. District Address of Registrant
NOTARY	12. Sworn and sworn to before me on 10	13. Signature of Notary	14. Notary Commission Expires 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Lodge birth certificate	By whom issued and signed: On file California Vital Statistics	Date Issued: April 10, 1947
	Date Orig. Entry: child born April 16, 1941		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Mary Belle Lough Stephens	Name of Father: Alfred Price Stephens
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Father: Mary Belle Lough	Name of Father: Alfred Price Stephens
QUALIFYING (OPTIONAL)			

REGISTRAR'S CERTIFICATION: I hereby certify that no other birth certificate has been issued in the Division of Vital Statistics for this [illegible] that documentary evidence has been [illegible] which substantiates the facts as set forth in the [illegible] contract.

Date Registered	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 16, 1960

249-117-028-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-147

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lester Smith			2. Date of Birth (month) August (day) 17 (year) 1910
	3. Color or Race: Caucasian	4. Sex: M	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: William Henry Smith			7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Margaret Elizabeth Byrum			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lester L. Smith		11. Present Address of Registrant: Phoenix, Ariz.
NOTARY (Seal)	Subscribed and sworn to before me on: February 13, 1960	12. Signature of Notary: M. Marion Kepler		13. Notary Commission expires: May 5, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (born 7-8-1896): Affidavit by brother	By whom issued and signed: Amos A. Smith	Date Issued: 1-30-60	Date Orig. Entry:
	Date of Birth: Aug. 17, 1910 / Birth Place: Kootenai Co. Post Falls, Idaho	Full Name of Mother (born-Ill.): Margaret Elizabeth Byrum	Name of Father (born-Tenn.): William Henry Smith	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Record	By whom issued and signed: U. S. Army	Date Issued: discharged Oct. 15, 1945	Date Orig. Entry: inducted Apr. 10, 1942
	Date of Birth: Aug. 17, 1910 / Birth Place: Postfalls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Arizona #605	Date Issued: 9-6-52	Date Orig. Entry: child born June 22, 1946
	Date of Birth: age 35 / Birth Place: Post Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 18, 1960

FORM BH 56067

1 Copy ed request 12872

FEB 18 1960

345-211-028-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-165

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dollie Alpha Cunningham			2. Date of Birth (month) (day) (year): August 11 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Harrison, Idaho.
FATHER	6. Full Name of Father: Josiah Phillip Cunningham			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Artie Micia Holstine			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dollie A. Love		11. Present Address of Registrant: 1702 N. Cedar - Colfax, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1959	12. Signature of Notary: P S Olsen		13. Notary Commission expires: 12 - 25 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Ignatius Hospital Colfax, Washington		Date Issued: 5-13-59	Date Orig. Entry: Nov. 3, 1937
	Date of Birth: Aug. 11 (age 27)	Birth Place: Harrison, Idaho	Full Name of Mother (born-Mo.): Artie Holstine	Name of Father (born-Mo.): Joseph Cunningham	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Washington State Dept. of Health		Date Issued: 11-25-52	Date Orig. Entry: child born Dec. 11, 1933
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Sept. 14, 1950
	Date of Birth: Aug. 11, 1910	Birth Place: Kootenai Co. Harrison, Idaho	Full Name of Mother: Artie Micia Holstine	Name of Father: Josiah Phillip Cunningham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	nr Nancy Richards	Feb. 25, 1960

FORM BH 56067

1 copy sent

FEB 25 1960

893-109-026-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hawley Johnson Hill			2. Date of Birth (month) (day) (year): November 9, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: George Elbridge Hill, Jr.			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Maud Sarah Johnson			9. State or Country of Mother's Birth: Sheffield, Yorkshire, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hawley Johnson Hill		11. Present Address of Registrant: 508 - 4th Avenue East, Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 26 1960	12. Signature of Notary: L. N. Stokes		13. Notary Commission expires: July 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (born 7-25-1897)	By whom issued and signed: Leona Hill Spillman		Date Issued: 2-23-60	Date Orig. Entry:
	Date of Birth: Nov. 9, 1910	Birth Place: Rigby, Idaho	Full Name of Mother: Maud Sarah Johnson Hill	Name of Father: George Elbridge Hill, Jr.	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: University of Idaho		Date Issued: 4-14-39	Date Orig. Entry: 1930-31
	Date of Birth: Nov. 9, 1910	Birth Place: Rigby, Idaho	Full Name of Mother: Maud Johnson Hill	Name of Father: George Elbridge Hill	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Robert L. Salter, Chief of Con. Enf. Div., IDA. Fish & Game Dept. Boise, Idaho		Date Issued: 2-25-60	Date Orig. Entry: Apr. 18, 1939
	Date of Birth: Nov. 9, 1910	Birth Place: Jefferson Co. Rigby, Idaho	Full Name of Mother: ---	Name of Father: Geo. E. Hill	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 29, 1960

Corr. Corr. on file in Corr. Files- (H) 2-17-1960

FORM BH 56067

NM

FEB 29 1960

OCT 3 1973

OCT 18 1976

264-122-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN WILLIAM SOUTH		2. Date of Birth (month) (day) (year): August 22, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: David South		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Ella Thomas		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John William South	11. Present Address of Registrant: Malad City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 23 1960	12. Signature of Notary: E L Scott	13. Notary Commission expires: May 19 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record-Baptism	By whom issued and signed: 2nd Ward, Malad Stake LDS Church	Date Issued: 2-8-60	Date Orig. Entry: Dec. 31, 1933
	Date of Birth: Aug. 22, 1910	Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: Ella Thomas	Name of Father: David South
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: David South	Date Issued: 2-23-60	Date Orig. Entry:
	Date of Birth: Aug. 22, 1910	Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: ---	Name of Father: David South
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #53-6030	Date Issued:	Date Orig. Entry: child born May 12, 1953
	Date of Birth: age 42	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Nancy Richards	March 3, 1960

FORM BH 56067 2-4-60 1 copy PD # 20051

MAR 3 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Dec-[illegible]

REGISTRANT	1. Registrant's Full Name of Birth: [illegible] WILLIAM SOUTH	2. Date of Birth (month) (day) (year): August 22, [illegible]
	3. Color or Race: White; 4. Sex: Male	5. Place of Birth: Oneida; Country: Malad City
MOTHER	6. Full Name of Father: David South	7. State or Country of Father's Birth: North Carolina
	8. Full Maiden Name of Mother: Ella Thomas	9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the last of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: Malad City, Idaho	
	Subscribed and sworn to before me on February 23 to 60	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: May 19 [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Church Record-Baptism	By whom Issued and Signed: [illegible] Malad Stake [illegible]	Date Issued: 2-5-60	Date Orig. Entry: Dec. 31, 1923
	Date of Birth: [illegible]	Birth Place: Malad, Idaho	Full Name of Mother: Ella Thomas	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Affidavit by Father	By whom Issued and Signed: David South	Date Issued: 2-23-60	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Malad, Idaho	Full Name of Mother: —	Name of Father: David South
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom Issued and Signed: Idaho [illegible]	Date Issued:	Date Orig. Entry: Child Room May 12, 1923
	Date of Birth: [illegible]	Birth Place: Malad, Idaho	Full Name of Mother: —	Name of Father: —

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
—	Nancy Richards	March 3, 1960

551-215-036-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leah Ladore Evans			2. Date Of Birth (month) October (day) 15 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Malad, Idaho Oneida	b. City or Town of Birth: Malad, Idaho
FATHER	6. Full Name of Father: William Edward Evans			7. State or Country of Father's Birth: Malad Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Chivers Evans			9. State or Country of Mother's Birth: Malad Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leah Ladore Evans / Leah Ladore Steffens		11. Present Address of Registrant: 514 Moore Ave, Moscow Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 3-8-60 19	12. Signature of Notary: James O Hamm		13. Notary Commission expires: 11-18-61 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: William Edward Evans	Date issued: 3-6-60	Date Orig. Entry:
	Date of Birth: Oct. 15, 1910 / Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: Elizabeth Chivers Evans	Name of Father: William Edward Evans	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Royal Neighbors of America	Date issued: 7-30-30	Date Orig. Entry: April 10, 1930
	Date of Birth: Oct. 15, 1910 / Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #211673	Date issued:	Date Orig. Entry: child born Feb. 26, 1933
	Date of Birth: age 22 / Birth Place: Malad, Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION: School Record, University of Idaho, Moscow, Ida.; 1-25-32; record of May, 1929: born-Oct. 15, 1910; parent-W. E. Evans.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	March 9, 1960

FORM BH 56067

3-4-60 2 copies pd

DECEASED

266-218-036-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-214

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaVenda Mason Bowcut		2. Date of Birth (month) Jan (day) 18 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Oneida; b. City or Town of Birth: Idaho (Franklin)
FATHER	6. Full Name of Father: Peter Edward Bowcut		7. State or Country of Father's Birth: Honeyville Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Margaret Mason		9. State or Country of Mother's Birth: Durham England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaVenda Mitcham	11. Present Address of Registrant: 3718 E Sheridan Phoenix, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 23, 1959	12. Signature of Notary: James E. Palmertree	13. Notary Commission expires: My Commission Expires Aug. 27 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing (copy)	By whom issued and signed: LDS Church, Franklin, Idaho	Date Issued: 3-6-10	Date Orig. Entry: March 6, 1910
	Date of Birth: Jan. 18, 1910 / Birth Place: Oneida Co. Franklin, Idaho	Full Name of Mother: Elizebeth Mason	Name of Father: Peter Bowcut, Jr.	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Burley, Idaho	Date Issued: --	Date Orig. Entry: June 2, 1918
	Date of Birth: Jan. 18, 1910 / Birth Place: Oneida Co. Franklin, Idaho	Full Name of Mother: Elizabeth Mason	Name of Father: Peter E. Bowcut	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt who assisted Dr. in delivery	By whom issued and signed: Isabell Lowe Anderson	Date Issued: 2-23-60	Date Orig. Entry:
	Date of Birth: Jan. 18, 1910 / Birth Place: Franklin, Idaho	Full Name of Mother: Elizabeth Mason Bowcutt	Name of Father: Peter Bowcutt	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jensen	Evidence reviewed by: nr Nancy Richards	Date Filed: March 10, 1960

FORM BH 56067

1 copy paid

MAR 4 0 1980

957-206-014-367

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-219
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FERN OLEVA ZEPP		2. Date of Birth (month) (day) (year): MARCH 6 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: CANYON; b. City or Town of Birth: WILDER
FATHER	6. Full Name of Father: GEORGE WASHINGTON ZEPP		7. State or Country of Father's Birth: PENNSYLVANIA
MOTHER	8. Full Maiden Name of Mother: LILLIE BELL COPPERSMITH		9. State or Country of Mother's Birth: MARYLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (Mrs. Strom): Fern Oleva Zepp	11. Present Address of Registrant: LAVA HOT SPRINGS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: August 17, 19 54	12. Signature of Notary: [signature]	13. Notary Commission expires: April 4, 19 58

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Lillie Bell Stevens	Date Issued: August 17,	Date Orig. Entry: 1954
Class* B	Date of Birth: Mar. 6, 1910 / Birth Place: Wilder, Idaho	Full Name of Mother: Lillie Bell Zepp	Name of Father: George Washington Zepp	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: 2-29-60	Date Orig. Entry: Jan. 1, 1920
Class	Date of Birth: age 9 / Birth Place: Idaho	Full Name of Mother: Lillie Stephens (then)	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #354127	Date Issued:	Date Orig. Entry: child born July 31, 1942
Class	Date of Birth: age 32 / Birth Place: Wilder, Idaho	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards		Date Filed: March 11, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 11 1960

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: MARCH 5 1910
	3. Color or Name: [illegible]	4. Place of Birth: [illegible] County: [illegible]
		5. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission expires: April 4, 19 58

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom issued and signed: Lillie Bell Stevens	Date Issued: August 17, 1954
	Date of Birth: Mar. 6, 1910	Birth Place: Wilder, Idaho	Full Name of Mother: Lillie Bell Zeno
			Name of Father: George Washington Zeno
SUPPORTING RECORD 2	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census	Date Issued: [illegible]
	Date of Birth: Mar 9	Birth Place: Idaho	Full Name of Mother: Lillie Stephens (then)
			Name of Father: —
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Idaho [illegible]	Date Issued: July 31, 1952
	Date of Birth: Mar 22	Birth Place: Wilder, Idaho	Full Name of Mother: —
			Name of Father: —

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	March 11, 1960

Select a Records are those sent and dated before the Registrant's fourth birthday.
Class A Records are those sent after the fourth birthday but are at least 3 years old.

FORM [illegible]

383-127.001-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Austin Collins Tyler			2. Date of Birth (month) July (day) 27 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Boise, Ada, Idaho	b. City or Town of Birth: Boise, Ada County, Idaho
FATHER	6. Full Name of Father: Austin William Tyler			7. State or Country of Father's Birth: Herrick, Knox County, Nebraska
MOTHER	8. Full Maiden Name of Mother: Rose Loraine Shangle			9. State or Country of Mother's Birth: Boise, Ada County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Austin Collins Tyler		11. Present Address of Registrant: 1410 Joyce Street, Boise, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1960 19	12. Signature of Notary: Lucile E. Leonard		13. Notary Commission expires: March 22, 1964 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Vital Statistics Idaho #263642		Date Issued:	Date Orig. Entry: child born Jan 18, 1938
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Austin William Tyler		Date Issued: March 16, 1960	Date Orig. Entry: --
	Date of Birth: July 27, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Rose Loraine Tyler	Name of Father: Austin William Tyler	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Boise City Fire Dept. Records	By whom issued and signed: Steve Taylor, Fire Chief City of Boise, Boise, Idaho		Date Issued: June 3, 1958	Date Orig. Entry: May 1, 1935
	Date of Birth: July 27, 1910	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: March 16, 1960

FORM BH 56067

MAR 17 1960

215-22-9039-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-232

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Mae Sanders		2. Date of Birth (month) (day) (year): March 29 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rockland Oneida Power Co.	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Charles Albert Sanders		7. State or Country of Father's Birth: Lundby Denmark	
MOTHER	8. Full Maiden Name of Mother: Annie Kirby		9. State or Country of Mother's Birth: Pleasant View Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Minnie Mae Sanders	11. Present Address of Registrant: 1550 Willard	
NOTARY (Seal)	Subscribed and sworn to before me on: December 14 1959	12. Signature of Notary: Leon Linell	13. Notary Commission expires: 7-11-61 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #189127	Date Issued:	Date Orig. Entry: child born Feb. 10, 1931	
	Date of Birth: age 20	Birth Place: Rockland, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Record-Baptism	By whom issued and signed: IDS Church Salt Lake City, Utah	Date Issued: 1-13-60	Date Orig. Entry: Aug. 4, 1918	
	Date of Birth: March 29, 1910	Birth Place: Rockland, Idaho	Full Name of Mother: Annie Kirby	Name of Father: Charles Sanders	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Bannock County, Idaho	Date Issued: 3-2-60	Date Orig. Entry: Feb. 11, 1949	
	Date of Birth: age 38	Birth Place: Rockland, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Blessing Record, IDS Church, Rockland Ward, Pocatello Stake, 3-1-60: record of Oct. 2, 1910: born on March 29, 1910 at Rockland, Oneida Co., Idaho; parents-Charles Sanders and Annie Kirby.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	March 17, 1960

Corr. Corr. on file in Corr. files - (H)
FORM BH 56067

12-9-59 1 Copy paid - receipt # 59-18201

DELAYED CERTIFICATE OF BIRTH

STATE OF Idaho

MAR 17 1960

435-212-039-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-244

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Jane Ulery			2. Date Of Birth (month) (day) (year): April 12, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power Co.	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: Claude Elwood Ulery			7. State or Country of Father's Birth: Onward, Indiana
MOTHER	8. Full Maiden Name of Mother: Edna Jane Moore			9. State or Country of Mother's Birth: Garner, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Jane Ulery Black		11. Present Address of Registrant: Opportunity, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 18 1960	12. Signature of Notary: Helen M. Carlson		13. Notary Commission expires: Sept 8 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 73	By whom issued and signed: Edna J. Ulery	Date Issued: 1-11-60	Date Orig. Entry:
	Date of Birth: April 12, 1910 / Birth Place: American Falls, Idaho	Full Name of Mother: Edna Jane Moore Ulery	Name of Father: Claude Elwood Ulery	
SUPPORTING RECORD 2.	Type of Document: Printed Genealogy Record	By whom issued and signed: "Compiled by F. I. Wells"	Date Issued: printed date-1932	Date Orig. Entry:
	Date of Birth: April 12, 1910 / Birth Place: ----	Full Name of Mother: Edna J. Moore	Name of Father: Claud E. Ulery	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: St. Luke's Hospital Spokane, Washington	Date Issued:	Date Orig. Entry: child born Jan. 3, 1940
	Date of Birth: April 12, 1910 / Birth Place: American Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	School Record (actual attendance record), school name not stated: age 5 as of Sept. 20, 1915; parent-C. Ulery.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Carlson	Evidence reviewed by: nr Nancy Richards		Date Filed: March 22, 1960

FORM BH 56067

1 copy paid #15819

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 1 1970

MAR 23 1970

MAR 29 1970

689-20-4003-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-253

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Vashti Whitworth			2. Date Of Birth (month) (day) (year): October 4, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock Co.	b. City or Town of Birth: Chesterfield, Idaho
FATHER	6. Full Name of Father: John Thomas Whitworth			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cathryn Muir			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary O'Donnell	11. Present Address of Registrant: 1600 N. Danty, Hanford, California
NOTARY (Seal)	Subscribed and sworn to before me on: February 25, 1960		12. Signature of Notary: M. D. DeSantos	13. Notary Commission expires: My Commission Expires January 12, 1961 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Bannock Stake, Chesterfield Ward, LDS Church	Date Issued: 11-13-59	Date Orig. Entry: Nov. 6, 1910
	Date of Birth: Oct. 4, 1910	Birth Place: Bannock Co. Chesterfield, Ida.	Full Name of Mother: Catherine Muir	Name of Father: John L. Whitworth	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued:	Date Orig. Entry: June 30, 1945
	Date of Birth: Oct. 4, 1910	Birth Place: Chesterfield, Ida.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #345205	Date Issued:	Date Orig. Entry: child born Apr. 27, 1942
	Date of Birth: age 31	Birth Place: Chesterfield, Ida.	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	March 23, 1960

FORM BH 56067

MAR 23 1960

JUL 3 1961

JAN 28 1971

293-12-0006-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-267

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Lucian Killion			2. Date Of Birth (month) October (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Blackfoot, Ida. Bingham	b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Edwin Lucian Killion			7. State or Country of Father's Birth: Missouri, Texas County
MOTHER	8. Full Maiden Name of Mother: Elizebeth Olson			9. State or Country of Mother's Birth: Idaho, Bear Lake County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry Killion		11. Present Address of Registrant: Box 76 Yankton, S.Dak.
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1960	12. Signature of Notary: Elsie Masker		13. Notary Commission expires: Dec 31 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record		By whom issued and signed: Deer Lodge County, Montana	Date Issued: 9-12-47	Date Orig. Entry: Sept. 11, 1947
	Date of Birth: age 36	Birth Place: Binghan Co. Blackfoot, Idaho	Full Name of Mother: Elizabeth Olson Killion	Name of Father: Lucin Killion	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Record		By whom issued and signed: U. S. Army	Date Issued: discharged 10-24-45	Date Orig. Entry: inducted March 9, 1942
	Date of Birth: Oct. 12, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Bible record-photostat		By whom issued and signed: original viewed by Notary Public Elsie Masker; Yankton, So.Dakota	Date Issued: 3-17-60	Date Orig. Entry: obviously old
	Date of Birth: Oct. 12, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jenson	Evidence reviewed by: Nancy Richards	Date Filed: March 28, 1960

FORM BH 56067 3-14-60

MAR 28 1980

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

794-104-031-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-279

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WALLACE CLAY GRUNEWALD		2. Date Of Birth (month) (day) (year): FEBRUARY 4 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: KOOSKIA IDAHO. LEWIS; b. City or Town of Birth: KOOSKIA IDAHO
FATHER	6. Full Name of Father: WILLIAM ARTHUR GRUNEWALD.		7. State or Country of Father's Birth: WISCONSIN USA.
MOTHER	8. Full Maiden Name of Mother: CATHERINE CRAIG ROBINSON		9. State or Country of Mother's Birth: NEW BRUNSWICK CANADA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. C. Grunewald	11. Present Address of Registrant: Lethbridge Alta.
NOTARY (Seal)	Subscribed and sworn to before me on: November 21st 1959	12. Signature of Notary: M. E. Moscovia	13. Notary Commission ~~expires~~ runs at the pleasure of the Crown 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Certificate		By whom issued and signed: Province of Alberta Canada	Date issued: 4-17-34	Date Orig. Entry: March 26, 1934
	Date of Birth: age 24	Birth Place: Kooskia, Idaho	Full Name of Mother: Catherine Craig Robinson	Name of Father: William Arthur Grunewald	
SUPPORTING RECORD 2.	Type of Document: (Service & Pay Book) Service Record		By whom issued and signed: Canadian Militia	Date issued:	Date Orig. Entry: March 8, 1943
	Date of Birth: Feb. 4, 1910	Birth Place: Kooskia, Idaho	Full Name of Mother: ---	Name of Father: William A. Grunewald	
SUPPORTING RECORD 3.	Type of Document: (born 2-7-1876) Affidavit by uncle		By whom issued and signed: Edward F. Grunewald	Date issued: 2-23-60	Date Orig. Entry:
	Date of Birth: Feb. 4, 1910	Birth Place: Kooskia, Idaho	Full Name of Mother: Catharine Craig Robinson	Name of Father: William A. Grunewald	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	March 29, 1960

FORM BH 56067 1 copy paid 10-16-59

MAR 29 1960

893-206-038-652

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De60-285
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Adaline Hillmon			2. Date of Birth: (month) July (day) 6 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, Idaho	
FATHER	6. Full Name of Father: George Washington Hillmon			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Ida Manerve Westfall			9. State or Country of Mother's Birth: Clinton, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola A. Henrickson		11. Present Address of Registrant: 618 4th. Street, Yreka Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: February 12, 19 58	12. Signature of Notary: Frank H Gary		13. Notary Commission expires: August 3, 19 61	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by mother, age 73	Ida M. Hillmon	June 8, 1946	
	Date of Birth July 6, 1910	**Birth Place** Payette Co. Payette, Idaho	**Full Name of Mother** Ida Manerva Westfall	**Name of Father** George Washington Hillmon
SUPPORTING RECORD 2. Class A	Type of Document notarized statement by daughter of attending physician re: birth register in her possession.	By whom issued and signed Irene Avey Coates, daughter of Dr. O.H. Avey	Date Issued 8-9-45	Date Orig. Entry time of birth
	Date of Birth July 6, 1910	**Birth Place** Payette, Idaho	**Full Name of Mother** Mrs. Ida Hilmon maiden name Westfall	**Name of Father** Wash Hilmon
SUPPORTING RECORD 3. Class	Type of Document Federal Census Record	By whom issued and signed U. S. Bureau of the Census	Date Issued 3-18-60	Date Orig. Entry Jan. 1, 1920
	Date of Birth age 9	**Birth Place** Idaho	**Full Name of Mother** Ida M. Hillman	**Name of Father** George W. Hillman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: March 30, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 copy mail

MAR 31 1980

296-108-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-293

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Lamont Brower			2. Date Of Birth (month) Aug. (day) 8th. (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: St. Anthony Fremont	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Henry Ashment Brower			7. State or Country of Father's Birth: Utah, USA.
MOTHER	8. Full Maiden Name of Mother: Ora Pearl Roseborough			9. State or Country of Mother's Birth: Kansas, USA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd Lamont Brower		11. Present Address of Registrant: R-1, Rexburg, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 11, 1960	12. Signature of Notary: Ralph Litton		13. Notary Commission expires: Jan. 5, 1964.

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, age 72 (neighbor at time of birth)	By whom issued and signed: Irl A. Roseborough		Date Issued: 2-11-60	Date Orig. Entry:
	Date of Birth: Aug. 8, 1910	Birth Place: St. Anthony, Idaho	Full Name of Mother: Ora Pearl Brower	Name of Father: Henry Ashment Brower	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #300862		Date Issued:	Date Orig. Entry: child born Sept. 8, 1940
	Date of Birth: age 30	Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Oct. 24, 1942
	Date of Birth: Aug. 8, 1910	Birth Place: Fremont Co. St. Anthony, Idaho	Full Name of Mother: Ora Pearl Roseborough	Name of Father: Henry Brower	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	March 30, 1960

FORM BH 56067

1 copy paid 2-1-60

MAR 31 1960

DELAYED CERTIFICATE OF BIRTH

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible] 8th [illegible]	
	3. Date of Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: [illegible] Parents	6. Place of Birth: [illegible] Anthony, Idaho	
Fathers	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible] USA	
AFFIDAVIT	9. Affidavit: [illegible] upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible] Rexburg, Idaho.
NOTARY (Seal)	11. Signature of Notary: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 5, 1964.

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] 8, 1910	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the accompanying [illegible].		
	State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: March 30, 1960

FORM NO. [illegible]

279-21-006-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da60-312
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Ed Spraker
2. Date of Birth (month) (day) (year): April 21 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Moreland, Bingham
b. City or Town of Birth: MORELAND

FATHER

6. Full Name of Father: OTTO B. SPRAKER
7. State or Country of Father's Birth: IOWA (MT. PLEASANT)

MOTHER

8. Full Maiden Name of Mother: MARGARET McDOWELL
9. State or Country of Mother's Birth: IOWA (MT. PLEASANT)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: William Ed Spraker
11. Present Address of Registrant: ROUTE #2 BLACKFOOT, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: October 16 1959
12. Signature of Notary: Robert M Keys
13. Notary Commission expires: Jan 19 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Attending Physician	W. E. Patrie, M.D.; Blackfoot, Idaho	1-17-42	
Class*____	**Date of Birth** April 21, 1910 / **Birth Place** Bingham Co, Moreland, Idaho	**Full Name of Mother** Margarette Spraker	**Name of Father** Otto B. Spraker	
SUPPORTING RECORD 2.	Type of Document (male child) County Birth Record	By whom issued and signed (Blackfoot) Bingham Co. Recorder, Ida.	Date Issued 10-16-59	Date Orig. Entry shortly after birth
Class____	**Date of Birth** April 21, 1910 / **Birth Place** Bingham Co, Moreland, Idaho	**Full Name of Mother** Margarette McDowell Spraker	**Name of Father** Otto B. Spraker	
SUPPORTING RECORD 3.	Type of Document Affidavit by Friend of Family at time of birth	By whom issued and signed Robert Peterson - age 69	Date Issued March 29, 1960	Date Orig. Entry ---
Class____	**Date of Birth** April 21, 1910 / **Birth Place** Moreland, Bingham co Idaho	**Full Name of Mother** Margarette McDowell	**Name of Father** Otto B. Spraker	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	mr Joyce B. Foltz	April 13, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067 1 copy mailed

APR 14 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health

Division of Vital Statistics

Boise, Idaho

Date Filed

Local Reg. No.

Reg. District

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name at birth	2. Date of birth (month) (day) (year)
	3. Color or Race (B, Sex)	4. Place of birth (Country)
		5. Birth or town of birth
FATHER	6. Full name of father	7. State or country of father's birth
MOTHER	8. Full maiden name of mother	9. State or country of mother's birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Class		Full name of mother	Name of Father	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Class		Full name of mother	Name of Father	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Class	Date of birth	Full name of mother	Name of Father	
QUALIFIED INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

[illegible] | [illegible] | April 13, 1960

Class A Records are those [illegible]

Class B Records are those [illegible]

798-124.006-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-317

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Martin William Piquet			2. Date of Birth (month) July (day) 24 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Blackfoot, Bingham	b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Augustus Constant Piquet			7. State or Country of Father's Birth: Massachusetts
MOTHER	8. Full Maiden Name of Mother: Mary Martin			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martin Piquet		11. Present Address of Registrant: Driggs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 20 19 60	12. Signature of Notary: H. L. Forbush		13. Notary Commission expires: Dec. 21 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Piquet	Date Issued: 10-20-59	Date Orig. Entry:
	Date of Birth: July 24, 1910 / Birth Place: Bingham Co. Blackfoot, Idaho	Full Name of Mother: Mary Martin Piquet	Name of Father: Augustus Constant Piquet	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho Vital Statistics #54-12174	Date Issued: --	Date Orig. Entry: child born Sept 25, 1954
	Date of Birth: age 44 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church Ernest Bates, Clerk	Date Issued: Feb 19, 1960	Date Orig. Entry: baptized July 2, 1920
	Date of Birth: July 24, 1910 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary Martin	Name of Father: Agustus C. Piquet	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Joyce B. Foltz	Date Filed: April 13, 1960

FORM BH 56067 1-7-60 1 copy paid

APR 14 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrar's Full Name of Birth: [illegible] Pigeot	2. Date of Birth (Month) July 24 1910
	3. Color or Race: white	4. Sex: male
	5. Place of Birth: Blackfoot, Bingham	6. City or Town of Birth: Blackfoot, Idaho
FATHER	7. Full Name of Father: Augustus Constant Pigeot	8. State or Country of Father's Birth: Massachusetts
MOTHER	9. Full Maiden Name of Mother: Mary Martin	10. State or Country of Mother's Birth: Idaho
AFFIDAVIT	11. Affidavit: I hereby certify that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]
		13. Present Address of Registrant: [illegible], Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 22 1960	14. Signature of Notary: [illegible]
		15. Notary Commission Expires: Dec. 21 1961

ADMINISTRATIVE NOTES

EXPLANATION RECORD 1.	Type of Document: Certificate by mother	By whom issued and signed: Mary Pigeot	Date Issued: 10-20-60	Date Orig. Entry
	Date of Birth: 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary Martin Pigeot	Name of Father: [illegible]
EXPLANATION RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Ann Ellis Idaho Vital Statistics #64-12174	Date Issued: --	Date Orig. Entry: child born Sept 25, 1954
	Date of Birth: Age 44	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---
EXPLANATION RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. Church, Ernest Bates, Clerk	Date Issued: Jan 19, 1960	Date Orig. Entry: baptized July 2, 1920
	Date of Birth: July 24, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary Martin	Name of Father: Augustus C. Pigeot
QUALIFICATION INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Staff Registrar	Evidence Reviewed by	Date Filed
R. R. Benson	Joyce H. Wolfe	April 13, 1960

1-7-60

193105-023-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE60-370

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon Arthur			2. Date of Birth (month) December (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Frank Homer Arthur			7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Ora Goldie Phillips			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon Arthur		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: October 26 1972	12. Signature of Notary: Sue Lowe		13. Notary Commission expires: July 20 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Original Notice of birth	By whom issued and signed: The Emmett Index	Date Issued: Dec.8,1910	Date Orig. Entry: Dec.8,1910
	Date of Birth: Dec.5,1910 / Birth Place: Emmett, Idaho	Full Name of Mother: Mrs. Homer Arthur	Name of Father: Homer Arthur	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Gem County E. Beherman,Dep.	Date Issued: Oct.6,1972	Date Orig. Entry: Married Nov.29,1933
	Date of Birth: Age 22 / Birth Place: -----	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Drivers License #194065	By whom issued and signed: State of Idaho	Date Issued: 1939	Date Orig. Entry: 1939
	Date of Birth: Dec.5,1910 / Birth Place: -------	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION	Loan Agreement issued by U.S. Dept. of Agriculture gives name as Vernon Arthur of Emmett, Idaho age 28 when loan taken out Nov. 20, 1939.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Sue Lowe	Date Filed: Oct. 27, 1972

FORM BH 56067

Amending # DE 60=370

Robert M. Hicks

Oct. 27, 1972

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-370

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon Arthur			2. Date of Birth (month) 12 (day) 5 (year) 1911	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Kem	b. City or Town of Birth: Emmett	
FATHER	6. Full Name of Father: Frank Homer Arthur			7. State or Country of Father's Birth: Texas	
MOTHER	8. Full Maiden Name of Mother: Ora Goldie Phillips.			9. State or Country of Mother's Birth: Missouri.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon Arthur		11. Present Address of Registrant: Box 104 Emmett Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1960	12. Signature of Notary: O H Hugei.		13. Notary Commission expires: 9/23 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Ora G. Arthur		Date Issued: --	Date Orig. Entry: April 14, 1960
	Date of Birth: Dec. 5, 1911	Birth Place: Emmett, Idaho	Full Name of Mother: Ora Goldie Phillips Arthur	Name of Father: Frakk Homer Arthur	
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate	By whom issued and signed: Otto F. Peterson, Recorder Ada, County		Date Issued: --	Date Orig. Entry: May 5, 1948
	Date of Birth: age 36	Birth Place: Emmett, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #49-05746		Date Issued: --	Date Orig. Entry: child born May 29, 1949
	Date of Birth: age 37	Birth Place: Emmett, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	April 26, 1960

FORM BH 56067

OCT 22 1972

New delayed picked up with documents recorded. Earlier documents state date of birth was 1910. Original notice in newspaper Old driver license, earlier marriage.

fc

10=26=72

T OF HEALTH

TERRELL O. CARVER, M.D.
ADMINISTRATOR OF HEALTH

Room 431, Statehouse
Boise, Idaho

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employee you are eligible to partici-
ROGRAM. The State pays a liberal
eligibility period extends 30 days
program provides a comprehensive
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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wallace Simmons		2. Date Of Birth (month) (day) (year): JUNE 6 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Portneuf Siding Bannock	b. City or Town of Birth: South of Pocatello Idaho
FATHER John Simmons	6. Full Name of Father: John Simmons		7. State or Country of Father's Birth: Spanish Fork, Utah	
MOTHER Lottie Simmons	8. Full Maiden Name of Mother: Lottie Kellow		9. State or Country of Mother's Birth: Bingham Utah	
AFFIDAVIT Harry Kellow	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wallace Simmons	11. Present Address of Registrant: 1506 So 2nd Pocatello	
NOTARY (Seal)	Subscribed and sworn to before me on: April 26, 1960	12. Signature of Notary: Dominic Guido	13. Notary Commission expires: February 17, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application & Life Insurance Policy		By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued: Sept 1, 1952	Date Orig. Entry: Sept 1, 1952
	Date of Birth: June 6, 1910	Birth Place: Portneuf, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age 10 at time of this birth		By whom issued and signed: Harry Kellow	Date Issued: April 26 1960	Date Orig. Entry: ---
	Date of Birth: June 6, 1910	Birth Place: Portneuf Siding Bannock co., Idaho	Full Name of Mother: Lottie Kellow	Name of Father: John Simmons	
SUPPORTING RECORD 3.	Type of Document: Designation, Change or Revocation of Beneficiary		By whom issued and signed: U.S. Civil Service Commission	Date Issued: ---	Date Orig. Entry: April 29, 1950
	Date of Birth: June 6, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	May 3, 1960

FORM BH 56067

MAY 4 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1960-375

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth (Signature)	Duplicate Name of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	10. Signature of Registrant	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission expires February 17, 19 60

Subscribed and Sworn to before me on April 26, 19 60

SUPPORTING RECORD 1	Type of Document: Application & Life Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Co.	Date Issued: Sept 1, 1952	Date Orig. Entry: Sept 1, 1952
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Affidavit by Uncle Age 10 at time of this birth	By whom issued and signed: Harry Kellow	Date Issued: April 28 1960	Date Orig. Entry: ---
	Date of Birth: June 6, 1910 Birth Place: Fortneuf Siding Bannock co., Idaho	Full Name of Mother: Lottie Kellow	Name of Father: John [illegible]	
SUPPORTING RECORD 3	Type of Document: Designation, Change or Revocation of Beneficiary	By whom issued and signed: U.S. Civil Service Commission	Date Issued: ---	Date Orig. Entry: April 29, 1960
	Date of Birth: June 6, 1910 Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Title Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce R. Veltz	May 3, 1960

STATE OF IDAHO

251-224-001-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-432

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriet Hays Beall			2. Date of Birth (month) May (day) 24 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Richard Earle Beall			7. State or Country of Father's Birth: West Virginia
MOTHER	8. Full Maiden Name of Mother: Irene Delores Hays			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriet Beall Brown		11. Present Address of Registrant: 445 N.E. Royal Ct.
NOTARY (Seal)	Subscribed and sworn to before me on May 16 1960	12. Signature of Notary: T. C. Hunton		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 30, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy Return of marriage	By whom issued and signed: Oregon State Board of Health Vital Statistics Section		Date Issued: Aug 18, 1952	Date Orig. Entry: Sept 1, 1934
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #2071		Date Issued: ---	Date Orig. Entry: child born July 1, 1935
	Date of Birth: age 25	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by personal family friend since birth Age 70	By whom issued and signed: Edith V. Bruce		Date Issued: May 14, 1960	Date Orig. Entry: ---
	Date of Birth: May 24, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Irene D. Hays	Name of Father: Richard E. Beall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	May 23, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 23 1960

269-226-024-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice LaVerne Swinehart			2. Date Of Birth (month) (day) (year): November 26, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding Co.	b. City or Town of Birth: Hagerman, Idaho
FATHER	6. Full Name of Father: HARRY EVERET SWINEHART			7. State or Country of Father's Birth: INDIANA
MOTHER	8. Full Maiden Name of Mother: BERTHA SWINEHART (Davis)			9. State or Country of Mother's Birth: WYOMING
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice LaVerne Swinehart Rhodes		11. Present Address of Registrant: Rt. #1, Box 462 Centralia, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 1960	12. Signature of Notary: Herbert Martin		13. Notary Commission expires: Dec 5 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for Social Security Account No.	By whom issued and signed: Treasury Department		Date Issued: ---	Date Orig. Entry: Aug 27, 1945
	Date of Birth: Nov. 26, 1910	Birth Place: Hagerman, Idaho Gooding co.	Full Name of Mother: Bertha Davis	Name of Father: Harry Everett Swinehart	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth cert.	By whom issued and signed: State of Oregon, Vital Statistics Section #35		Date Issued: Jan 23, 1957	Date Orig. Entry: child born Feb 9, 1937
	Date of Birth: age 26	Birth Place: Hageman, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U. S. Department of Commerce Bureau of the Census		Date Issued: March 28, 1960	Date Orig. Entry: Census of Jan 1, 1920
	Date of Birth: age 9	Birth Place: Idaho	Full Name of Mother: Beartha Swinehart	Name of Father: Harry E. Swinehart	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz	May 23, 1960

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 27 1960

1. Name of child (First, middle, last)

2. Date of birth (month) (day) (year)

3. Sex

4. Place of birth (county)

5. City or town of birth

6. Facility of birth (hospital, home, etc.)

7. Name of father

8. Birthplace of father

9. Name of mother (maiden name)

10. Birthplace of mother

11. Father's occupation

12. Mother's occupation

13. Name and address of informant

14. Relationship to child

15. Name and address of person who attended birth

16. Date of attendance

17. Name and address of person who supervised birth

18. Date of supervision

19. Date of registration

20. Signature of registrar

21. Number of this birth in the register

22. Date certificate filed

23. Signature of local registrar

24. Name and address of physician or midwife

25. Date of signature

26. Name and address of person who signed

27. Date of signature

28. Name and address of person who signed

29. Date of signature

30. Name and address of person who signed

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99. Date of signature

100. Name and address of person who signed

155-216-040-038

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-442

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Sabra Avery			2. Date Of Birth (month) (day) (year): November 16, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone Co.	b. City or Town of Birth: Kellogg, Idaho
FATHER	6. Full Name of Father: Samuel W. Avery			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Beatrice Thekla Schmallhausen			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice A. Graham		11. Present Address of Registrant: Rt. #6, Box 317M Tucson, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1960	12. Signature of Notary: Vivian Hopper		13. Notary Commission expires: March 7 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (age 80): Affidavit by maternal aunt	By whom issued and signed: Perle S. Kennett		Date Issued: 3-9-60	Date Orig. Entry:
	Date of Birth: Nov. 16, 1910	Birth Place: Kellogg, Idaho	Full Name of Mother: Beatrice Thekla Avery	Name of Father: Samuel Avery	
SUPPORTING RECORD 2.	Type of Document: 11-810-025 Application Life Insurance	By whom issued and signed: Prudential Insurance Co. Of American, Newark, N.H.		Date Issued: ---	Date Orig. Entry: Sept 22, 1941
	Date of Birth: Nov 16, 1910	Birth Place: Kellogg, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Statement re Baptismal Record Emmanuel Episcopal Church	By whom issued and signed: Rev. Stanley Allen Watson, Rector, Kellogg, Idaho		Date Issued: May 3, 1960	Date Orig. Entry: baptized Oct 29, 1911
	Date of Birth: Nov. 16, 1910	Birth Place: Kellogg, Idaho	Full Name of Mother: Beatrice Thekla Avery	Name of Father: Samuel Avery	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: mr Joyce B. Foltz	Date Filed: May 24, 1960

FORM BH 56067

1 copy paid

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 24 1960

PLEASE PRINT	1. Name of child (First, middle, last)	2. Date of birth (Month, day, year)	
	Penelope Brown Avery	November 14, 1920	
	3. Name of hospital or place of birth (If not in hospital, give street address or location)	4. City or town of birth	
	Office	Teagle	
FATHER	5. Full name	6. State or Country of Father's Birth	
	Samuel B. Avery	Pennsylvania	
MOTHER	7. Full Maiden Name of Mother	8. State or Country of Mother's Birth	
	Eleanore Theb. Schmidtmeyer	Illinois	
ATTENDANT	9. I, the declarant, hereby certify that the above statements are true to the best of my knowledge and belief.	10. Signature of Declarant	11. Present Address of Declarant
			Mrs. Eleanore Avery Teagle, Idaho
	12. Subscribed and sworn to before me on (Date)	13. Signature of Notary	14. Notary Public for Idaho My commission expires (Date)
			15. Title
RECORD	16. Date Received by Local Registrar	17. Registration No.	
	5-9-60	60-442	

AUTHENTIC COPY	Type of Document Duplication in Lieu of Original	Date Issued MAY 24 1960	Date Orig. Entry March 25, 1920
	Name of Birth Given Child Penelope Brown Avery	By whom issued and signed Vital Statistics Unit Bureau of Health Education and Welfare	Name of Father Samuel Brown Avery
	Name of Mother Eleanore Theb. Schmidtmeyer	Maiden Name of Mother Eleanore Theb. Schmidtmeyer	Date Orig. Entry November 14, 1920
	Place of Birth (City or County) Teagle, Idaho	By whom issued and signed Vital Statistics Unit Bureau of Health Education and Welfare	Date Issued MAY 24 1960

AUTHENTIC COPY	Type of Document Duplication in Lieu of Original	Date Issued MAY 24 1960	Date Orig. Entry March 25, 1920
	Name of Birth Given Child Penelope Brown Avery	By whom issued and signed Vital Statistics Unit Bureau of Health Education and Welfare	Name of Father Samuel Brown Avery
	Name of Mother Eleanore Theb. Schmidtmeyer	Maiden Name of Mother Eleanore Theb. Schmidtmeyer	Date Orig. Entry November 14, 1920
	Place of Birth (City or County) Teagle, Idaho	By whom issued and signed Vital Statistics Unit Bureau of Health Education and Welfare	Date Issued MAY 24 1960

REGISTRAR'S CERTIFICATION	I hereby certify that the foregoing is a true and exact copy of the original birth certificate on file in this office.	
	Registrar	Date Filed
	Evelyn M. Hughes	May 24, 1960

432-217-016-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-459

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Verda Marie McBride			2. Date of Birth (month) May (day) 17 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: James William McBride			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Mariah Smith			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda M. Ball		11. Present Address of Registrant: Box 369, Blackfoot
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1960	12. Signature of Notary: Dean Williams		13. Notary Commission expires: Aug 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Record	By whom issued and signed: Cassia County, Idaho	Date Issued: 9-7-57	Date Orig. Entry: soon after birth
	Date of Birth: May 17, 1910 / Birth Place: Cassia Co. Oakley, Idaho	Full Name of Mother: Julia Smith McBride	Name of Father: Wm. McBride	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Oct. 20, 1941
	Date of Birth: May 17, 1910 / Birth Place: Cassia Co. Oakley, Idaho	Full Name of Mother: Julia Mariah Smith	Name of Father: James William McBride	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Bingham Co., Blackfoot, Ida.	Date Issued: 11-3-59	Date Orig. Entry: school census 1927-28
	Date of Birth: May 17, 1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: J. H. McBride	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Penny Patterson	June 2, 1960

FORM BH 56067

1 copy paid

JUN 2 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

466-229-010-466

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED MAY 31 1960 Bureau of Vital Statistics

State File No. De60-564
Local Reg. No. 581
Reg. Dist. No. 610

Federal Security Agency
United States Public Health Service

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural 2N-Idaho Falls
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): R.R. No 3

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural 2N-Idaho Falls
d. STREET ADDRESS (If rural, give location): RR. No 3

3. CHILD'S NAME (Type or print)
a. (First): May
b. (Middle): Laura
c. (Last): Moody

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 4 (Day) 29 (Year) 1910

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle): J
c. (Last): Moody

8. COLOR OR RACE: White

9. AGE (At time of this birth): 39 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Sweden

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farmer

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Selma
b. (Middle):
c. (Last): Moody

13. COLOR OR RACE: White

14. AGE (At time of this birth): 39 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Sweden

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: [illegible] M.D.
18c. ADDRESS: Idaho Falls Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: May 19th 1960

19. DATE REC'D BY LOCAL REG.: May 19-1960

20. REGISTRAR'S SIGNATURE: Anna Rudges

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: ___ WEEKS

22b. WEIGHT AT BIRTH: ___ LBS. ___ OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]

Approximate date.....

Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol

DELAYED

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

JUN 24 1960

666-105-011-242

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-571

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Verl Rex Wood
2. Date of Birth: (month) February (day) 5 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Boundary; b. City or Town of Birth: Bonners Ferry

FATHER

6. Full Name of Father: Arthur Wellington Wood
7. State or Country of Father's Birth: United States(State not known)

MOTHER

8. Full Maiden Name of Mother: Sarah Elizabeth Bussert
9. State or Country of Mother's Birth: United States(State not known)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verl Rex Wood
11. Present Address of Registrant: Route 2, Box 57A Pendleton, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on June 22 19 60

12. Signature of Notary: Charles A. Peterson
13. Notary Commission expires: November 13 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
marriage license	Thos.A.Toomey, San Francisco County,Calif. recorder	Sept. 10, 1942	Jan. 16, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 31	----	---	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable discharge paper	U.S.Army, Thomas P.Rogers, Major,66th replacement bat.	Oct. 8, 1943	inducted Feb. 25, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 31	Bonners Ferry,Ida.	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by brother 22 years old at time of birth	Hugh Wood	June 20, 1960	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 5, 1910	Bonners Ferry,Ida. Kootenai County	Sarah Elizabeth Bussert	Arthur W. Wood

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 27, 1960

FORM BH 56067

6-10-60

JUN 28 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

241226-004-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAFERN SMART		2. Date Of Birth (month) (day) (year): OCT. 26 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: a. County: Georgetown Bear Lake; b. City or Town of Birth: Georgetown Idaho
FATHER	6. Full Name of Father: Fredrick Smart		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Esther Hayes		9. State or Country of Mother's Birth: Georgetown, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lafern Smart Deaton	11. Present Address of Registrant: Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 24 1960	12. Signature of Notary: [signature]	13. Notary Commission expires: July 1 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho #188575	Date issued: —	Date Orig. Entry: child born Feb 11, 1931
	Date of Birth: age 20	Birth Place: Georgetown, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother - age 68		By whom issued and signed: Esther Smart	Date issued: Jan 21, 1960	Date Orig. Entry: ---
	Date of Birth: Oct. 26, 1910	Birth Place: Georetown, Idaho	Full Name of Mother: Esther Smart	Name of Father: Fredrick Smart	
SUPPORTING RECORD 3.	Type of Document: application for insurance policy		By whom issued and signed: Gem State Mutual Life Assn. Pocatello, Idaho	Date issued: Sept. 12, 1944	Date Orig. Entry: Sept. 6, 1944
	Date of Birth: Oct. 26, 1910	Birth Place: Georgetown, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Penny Patterson	June 30, 1960

FORM BH 56067

JUL

STATE OF IDAHO

CERTIFICATE OF BIRTH

855-21-022-865

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-592

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Etta Henrie.		2. Date Of Birth (month) May (day) 17 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Clawson, Fremont — b. City or Town of Birth:
FATHER	6. Full Name of Father: John Arthur Henrie.		7. State or Country of Father's Birth: March 9, 1865 Millville, Utah
MOTHER	8. Full Maiden Name of Mother: Sara Elizabeth Hovey		9. State or Country of Mother's Birth: April 9, 1875, Millville Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Henrie Miller	11. Present Address of Registrant: Wilson, Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1960	12. Signature of Notary: Mary L. Lee	13. Notary Commission expires: Sept 27 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Jas. A. O'Brien, Clerk	Date Issued: April 5, 1925	Date Orig. Entry: baptized March 29, 1925
	Date of Birth: May 17, 1910 — Birth Place: Clawson, Idaho Fremont County	Full Name of Mother: Sarah Elizabeth Hovey	Name of Father: John A. Henrie	
SUPPORTING RECORD 2.	Type of Document: affidavit by sister born 1896	By whom issued and signed: Leta M. Fullmer	Date Issued: May 5, 1960	Date Orig. Entry: ----
	Date of Birth: May 17, 1910 — Birth Place: Clawson, Idaho	Full Name of Mother: Sara Elizabeth Hovey	Name of Father: John Arthur Henrie	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: State of Wyoming, #1933 James Sampson M.D. St. Registrar	Date Issued: June 27, 1960	Date Orig. Entry: child born August 29, 1933
	Date of Birth: age 23 — Birth Place: Clawson, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Penny Patterson	July 1, 1960

FORM BH 56067 4-1-60

JUL 5 1960

335-28-001-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-639

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Hugh Thomas Cleek			2. Date of Birth (month) Oct (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Near Star Idaho
FATHER	6. Full Name of Father: Jacob Poste Cleek			7. State or Country of Father's Birth: Joplin, Missouri
MOTHER	8. Full Maiden Name of Mother: Grace amelia Bell			9. State or Country of Mother's Birth: Tripp S Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Hugh T Cleek		11. Present Address of Registrant: Los Padres Calif
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 19 60	12. Signature of Notary: Garnett Hopkins Jr.		13. Notary Commission expires: January 21 19 61

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Nov. 27, 1936
	Date of Birth: Oct.28,1910 / Birth Place: Star, Idaho	Full Name of Mother: Grace, Bell	Name of Father: Jacob Poste Cleek	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate certified copy	By whom issued and signed: State of Oregon,#622	Date Issued: June 21, 1960	Date Orig. Entry: child born Dec. 20, 1936
	Date of Birth: age 26 / Birth Place: Star, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt	By whom issued and signed: Cora Alice Carter, born 1879	Date Issued: ----	Date Orig. Entry: ----
	Date of Birth: Oct.28,1910 / Birth Place: Star. Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	July 19, 1960

FORM BH 56067

6-1-60 one copy paid #02965

JUL 20 1960

165-204-028-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-651

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Marguerite Jones
2. Date of Birth (month) (day) (year): September 4, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai Co.
b. City or Town of Birth: Post Falls, Idaho

FATHER

6. Full Name of Father: Charles Spurgeon Jones
7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Myrtle Rose Rouse
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Hazel M. Gaebel
11. Present Address of Registrant: 3610 W. Viola Ave. Yakima, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: April 27 1960
12. Signature of Notary: Margaret E. Samson
13. Notary Commission expires: July 23 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
County Birth Record	Kootenai Co., Idaho	3-30-55	old record

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 4, 1910	Kootenai Co. Post Falls, Idaho	Myrtle Rouse	Chas. S. Jones

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by aunt	Emma Harrison age 85	June 14, 1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 4, 1910	Kootenai County Post Falls, Idaho	Myrtle Rose Rouse	Charles Spurgeon Jones

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notarized photocopy of pages from family Bible	Notary Public for Washing. Margaret E. Samson	-----	Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 4, 1910	Post Falls, Idaho	Myrtle Rose Rouse	Chas. Spurgeon Jones

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson nr pp	July 26, 1960

FORM BH 56067

1 copy paid

DEPARTED STATE OF [illegible]

JUL 27 1960

336-11-0043-457

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-678

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Vernon Close
2. Date of Birth (month) March (day) 10 (year) 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Home Valley; b. City or Town of Birth: McCall Idaho

FATHER

6. Full Name of Father: Charles V. Close
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Samantha Evelyn Meador
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George V. Close
11. Present Address of Registrant: 411 East Halliday

NOTARY (Seal)

Subscribed and sworn to before me on August 3 1960

12. Signature of Notary: [signature]
13. Notary Commission expires: 5 - 1 - 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of own child's birth certificate	By whom issued and signed: Idaho #16751	Date Issued: ---	Date Orig. Entry: child born July 29, 1954
	Date of Birth: age 44 / Birth Place: McCall, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Nov. 5, 1938
	Date of Birth: Mar.10,1910 / Birth Place: McCall, Idaho Valley,County	Full Name of Mother: Samantha Evelyn Meadow	Name of Father: Charles Close	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records	By whom issued and signed: St. Patrick Hospital,Missoula Montana,Sister Amedee Marie	Date Issued: June 28,1960	Date Orig. Entry: admitted June 30, 1947
	Date of Birth: Mar.10,1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	August 9, 1960

FORM BH 56067

6-23-60

AUG 9 1960

334-114-044-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-682

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Bertram Clure			2. Date of Birth (month) August (day) 14 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: Lawrence Norman Clure			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Hazel Azora Hall			9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H. Bertram Clure		11. Present Address of Registrant: Cambridge, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 3, 1960	12. Signature of Notary: Mary Collins		13. Notary Commission expires: June 3, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Hazel A. Clure		Date Issued: Aug.3, 1960	Date Orig. Entry: ------
	Date of Birth: Aug.14,1910	Birth Place: Cambridge, Idaho Washington Co.	Full Name of Mother: Hazel Azora Hall	Name of Father: Lawrence Norman Clure	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #257497		Date Issued: -----	Date Orig. Entry: child born Aug.18,1937
	Date of Birth: age 27	Birth Place: Cambridge, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Sun Life Assurance Company of Canada #1136013		Date Issued: June 29, 1929	Date Orig. Entry: June 11, 1929
	Date of Birth: Aug.14,1910	Birth Place: Cambridge, Idaho	Full Name of Mother: Hazel Clure	Name of Father: Laurence N. Clure	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	Aug.9, 1960

Orig. Copy in Court File
Court File (C)

FORM BH 56067

1 Copy Paid Mail #19554

AUG 9 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

6 85-215006-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-686

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELNORA WHEELER			2. Date of Birth (month) (day) (year): OCTOBER 15, 1910	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: MORELAND, IDAHO	
FATHER	6. Full Name of Father: DAVID WHEELER			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: IDA WEIERMANN			9. State or Country of Mother's Birth: SWITZERLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elnora Wheeler Chatterton	11. Present Address of Registrant: 114 FAIRBANKS POCATELLO, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: 6-9 19 60		12. Signature of Notary: Douglas R Parkinson	13. Notary Commission expires: 1-1 19 64	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of own childs birth certificate		By whom issued and signed: State of Utah, John Wright Bureau of Vital Statistics	Date Issued: May 14, 1959	Date Orig. Entry: child born Nov. 12, 1948
	Date of Birth: age 38	Birth Place: Moreland, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt		By whom issued and signed: Mabel Wheeler England age 61	Date Issued: June 9, 1960	Date Orig. Entry: ------
	Date of Birth: Oct. 15, 1910	Birth Place: Moreland, Idaho	Full Name of Mother: Ida Weiermann	Name of Father: David Wheeler	
SUPPORTING RECORD 3.	Type of Document: Operator's License		By whom issued and signed: State of Nevada, F. C. Devinney, County Assessor	Date Issued: July 7, 1939	Date Orig. Entry: July 7, 1939
	Date of Birth: age 28	Birth Place: -----	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: Aug. 9, 1960

FORM BH 56067

AUG 9 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File Number

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: EUNOZA WHEELER	2. Date of Birth (month) (day) (year): OCTOBER 15, 1910
	3. Color or Race: WHITE; 4. Sex: FEMALE	5. Place of Birth: BINGHAM; a. County: MORELAND, IDAHO
FATHER	6. Full Name of Father: DAVID WHEELER	7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: SWITZERLAND
AFFIDAVIT	10. Affiant declares upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant: [illegible] FAIRBANKS, POCATELLO, IDAHO
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission expires: 1-1 [illegible]

APPLICATION OF NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM 20 [illegible]

249-230-003-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-712

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Rita Burrup		2. Date of Birth (month) Dec. (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Bannock; b. City or Town of Birth Pocatello (Downen)
FATHER	6. Full Name of Father: James Lee Burrup		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Salverson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Williams	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 5th 1960	12. Signature of Notary: George F. Robertson	13. Notary Commission expires: Feb. 14 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, J. D. Stoddard, Clerk	Date Issued: Jan. 5, 1911	Date Orig. Entry: Jan. 5, 1911 Blessed	
	Date of Birth: Dec. 30, 1910	Birth Place: Pocatello, Idaho Bannock Co.	Full Name of Mother: Mary Salverson	Name of Father: Jas. Lee Burrup	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Grant Ward, A. M. Anderson, Clerk	Date Issued: May 4, 1919	Date Orig. Entry: Baptized May 1, 1919	
	Date of Birth: Dec. 30, 1910	Birth Place: Pocatello, Idaho Bannock Co.	Full Name of Mother: Mary Salverson	Name of Father: James L. Burrup	
SUPPORTING RECORD 3.	Type of Document: own childs hospital birth certificate	By whom issued and signed: Oneida, Hospital, Malad City, Ida. Anne H. Bean, R.N. Supt.	Date Issued: April 4, 1943	Date Orig. Entry: child born April 4, 1943	
	Date of Birth: Dec. 30, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pp Penny Patterson	Date Filed: Aug. 15, 1960

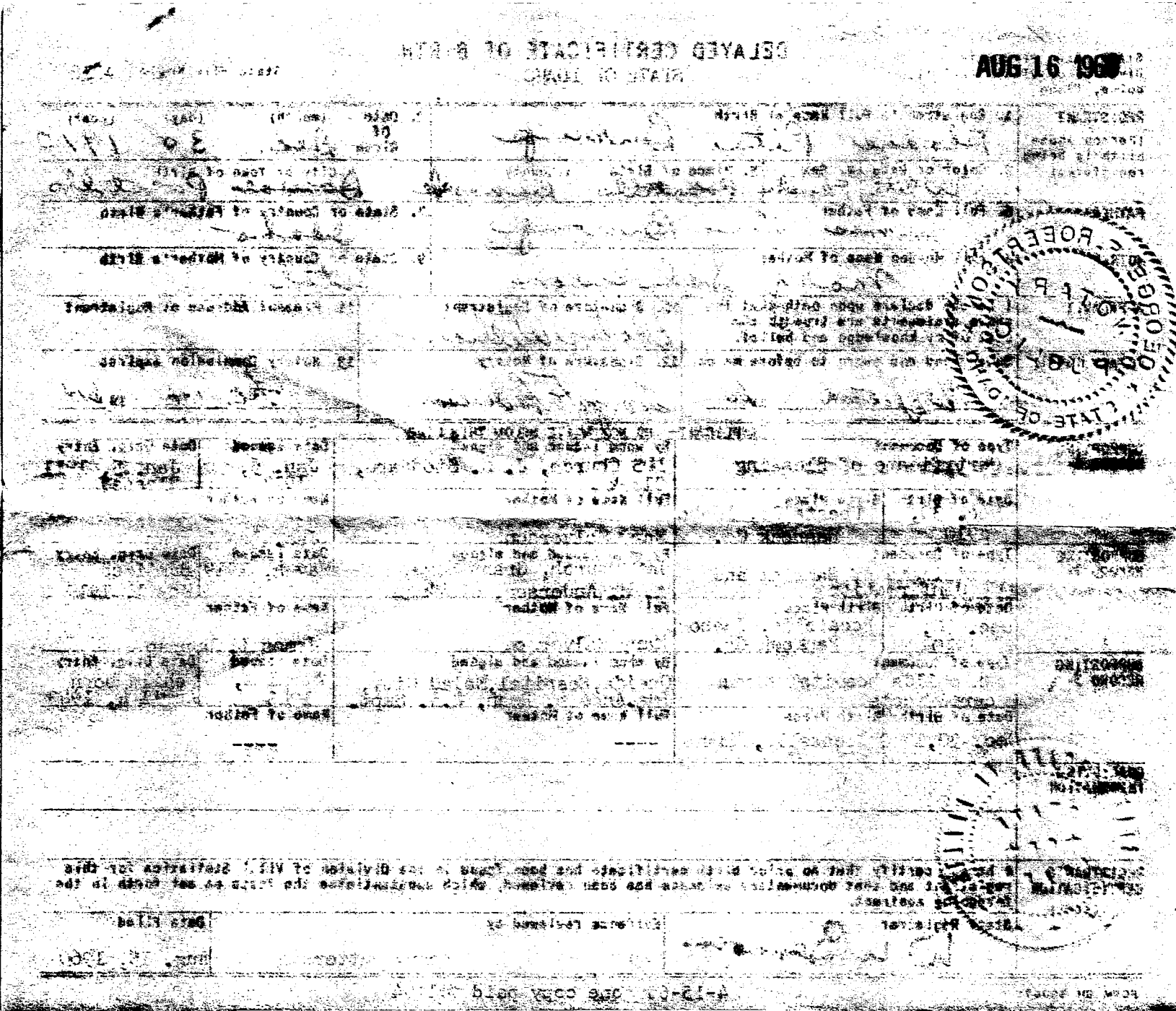
FORM BH 56067

4-15-60 one copy paid #01104

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

AUG 16 19[illegible]



381-104-043-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-717

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jess Howard Chadwell			2. Date Of Birth (month) May (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Vanwick Valley County	b. City or Town of Birth: Vanwick, Idaho
FATHER	6. Full Name of Father: George E. Chadwell			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ida May Howick			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jess H Chadwell		11. Present Address of Registrant: 914 East Main street Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 11. 1960	12. Signature of Notary: Margaret J. Frech		13. Notary Commission expires: January 13. 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister	By whom issued and signed: Delilah B. Garrett age 60		Date Issued: Aug.29,1959	Date Orig. Entry: -----
	Date of Birth: May 4,1910	Birth Place: Vanwick, Idaho Valley County	Full Name of Mother: Ida Chadwell	Name of Father: George Chadwell	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: National Travelers Insurance Company		Date Issued: ---	Date Orig. Entry: June 1, 1953
	Date of Birth: May 4,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of personnel application record	By whom issued and signed: Boise, Payette Lumber Co.		Date Issued: -----	Date Orig. Entry: July 29, 1949
	Date of Birth: May 4,1910	Birth Place: Van Wick, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp pp Penny Patterson	Aug. 17, 1960

FORM BH 56067

AUG 18 1960

693-22-0626-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-722

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ann Wilson			2. Date Of Birth (month) May (day) 22 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley	
FATHER	6. Full Name of Father: Lorin Blood Wilson			7. State or Country of Father's Birth: Eden, Weber County, Utah	
MOTHER	8. Full Maiden Name of Mother: Arabella Elizabeth McMurray			9. State or Country of Mother's Birth: Grantsville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ann Layton		11. Present Address of Registrant: Oakley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 17th 1960	12. Signature of Notary: Wallace A Hale		13. Notary Commission expires: May 20th 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: New York Life Insurance Co. #21-182-026		Date Issued: -----	Date Orig. Entry: Feb. 25, 1948
	Date of Birth: May 22, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #261036		Date Issued: -----	Date Orig. Entry: child born Aug. 5, 1937
	Date of Birth: age 27	Birth Place: Oakley, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: affidavit by parents	By whom issued and signed: Lorin Blood Wilson Arabella Elizibeth McMurray		Date Issued: Aug. 17, 1960	Date Orig. Entry: -----
	Date of Birth: May 22, 1910	Birth Place: Cassia County Oakley, Idaho	Full Name of Mother: Arabella Elizibeth McMurray		Name of Father: Lorin Blood Wilson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny Patterson	Aug. 18, 1960

7-27-60 E Copies Paid #05130

FORM BH 56067

AUG 19 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth: Mary Ann Wilson	2. Date of Birth (month) May 22 (year) 1910	
3. Sex: White	4. Place of Birth: Cassia	5. Family or Town of Birth: Oakley
6. Full Name of Father: Lorin Blood Wilson	7. State or Country of Father's Birth: Eden, Weber County, Utah	
8. Full Maiden Name of Mother: Arabella Elizabeth McMurray	9. State or Country of Mother's Birth: Grantsville, Utah	
10. Signature of Registrant: [signature]	11. Present Address of Registrant: Oakley, Idaho	
12. Signature of Notary: [signature]	13. Notary Commission expires: May 20 19 [illegible]	

APPLICANT'S NOTARY SEAL

Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Feb. 21, 1948
Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Apr. 17, 1960	Date Orig. Entry: ----
Date of Birth: [illegible]	Full Name of Mother: Arabella Elizabeth McMurray	Name of Father: Lorin Blood Wilson	

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible]

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Aug. 17, 1960

7-27-60 [illegible] Copies Paid [illegible]

761-229-025-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-749

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zelma Louise Goan			2. Date Of Birth: (month) June (day) 29 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho County	b. City or Town of Birth: Grangeville, Idaho
FATHER	6. Full Name of Father: Charles Henry Goan			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Mabel Lee Allen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zelma Louise Goan		11. Present Address of Registrant: Neskowin, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1960	12. Signature of Notary: Thomas A. Jennings		13. Notary Commission expires: October 20 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: census record	By whom issued and signed: U. S. Dept. of Commerce Bureau of the Census	Date Issued: July 1, 1960	Date Orig. Entry: census Jan. 1, 1920	
	Date of Birth: age 9	Birth Place: Idaho	Full Name of Mother: Mabel L. Goan	Name of Father: Charles H. Goan	
SUPPORTING RECORD 2.	Type of Document: original page from family Bible	By whom issued and signed: ----	Date Issued: ----	Date Orig. Entry: obviously old	
	Date of Birth: June 29, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: Charles H. Goan	Date Issued: Aug. 20, 1960	Date Orig. Entry: ----	
	Date of Birth: June 29, 1910	Birth Place: Idaho County Grangeville, Idaho	Full Name of Mother: Mabel Lee Allen	Name of Father: Charles Henry Goan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	pp Penny Patterson	Aug. 26, 1960

FORM BH 56067

4-26-60 one copy paid #01438

8-9-60

AUG 29 1960

515-21-1040-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-779

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY ADELINE VAN VALKENBURG			2. Date of Birth (month) Nov. (day) 11, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Spirit Lake, Idaho
FATHER	6. Full Name of Father: CHARLES A. VAN VALKENBURG			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: ADALINE MAY McCRACKEN			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Adeline Van Valkenburg (Mrs. Lemmon)		11. Present Address of Registrant: 1091A La Grande, Napa
NOTARY (Seal)	Subscribed and sworn to before me on: August 26, 1960	12. Signature of Notary: Harriett S Geeting		13. Notary Commission expires: July 28, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: census record		By whom issued and signed: U.S.Dept. of Commerce Bureau of the Census	Date Issued: July 18, 1960	Date Orig. Entry: census of Jan. 1, 1920
	Date of Birth: age 9	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by father		By whom issued and signed: Charles A. VanValkenberg	Date Issued: Aug. 26, 1960	Date Orig. Entry: ----
	Date of Birth: Nov.11,1910	Birth Place: Spirit Lake,Idaho	Full Name of Mother: Adaline May McCracken	Name of Father: Charles A. Van Valkenburg	
SUPPORTING RECORD 3.	Type of Document: marriage license		By whom issued and signed: Napa County Calif. R. A. Dollarhide, county clerk	Date Issued: May 6,1943	Date Orig. Entry: May 9, 1943
	Date of Birth: age 32	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pp Penny L. Wing	Date Filed: Sept. 7, 1960

FORM BH 56067

SEP 7 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth: DOROTHY ADELINE VAN VALKENBURG	2. Date of Birth: Nov. 11, 1910
3. Color or Race: White	4. Sex: Female
5. Place of Birth: Spirit Lake, Shoshone	6. City or Town of Birth: Spirit Lake, Idaho
7. Full Name of Father: CHARLES A. VAN VALKENBURG	8. State or Country of Father's Birth: Kansas
9. Full Maiden Name of Mother: ADALINE MAY McCRACKEN	10. State or Country of Mother's Birth: Iowa

APPLICANT

1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]
13. Present Address of Registrant: 1091A La Grande, Napa	

NOTARY

14. Signature of Notary: [illegible]	15. Notary Commission expires: July 28, 1962

Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —
Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —
Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

SUPPORTING RECORD 1

Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

SUPPORTING RECORD 2

Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

QUALIFYING INFORMATION

VALIDATION OF CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Statement.

Evidence reviewed by: [illegible]	Date Filed: [illegible]

693-125-038-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-786

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon George Wilson			2. Date of Birth (month) (day) (year): March 25 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: George Martin Wilson			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Della Marie Cartwright			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon George Wilson		11. Present Address of Registrant: Rt. 1 Box 372 Baker, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: August 24, 19 60	12. Signature of Notary: Gordon Dunlap		13. Notary Commission expires: April 28, 1963 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Mutual Benefit Health & Accident Assn.	Date Issued: May 7, 1947	Date Orig. Entry: May 2, 1947
	Date of Birth: Mar.25,1910 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security number	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Dec. 11, 1939
	Date of Birth: Mar.25,1910 / Birth Place: Payette County Payette, Idaho	Full Name of Mother: Della Marie Cartwright	Name of Father: George Marton Wilson	
SUPPORTING RECORD 3.	Type of Document: statement regarding marriage records	By whom issued and signed: Alice I. Snook, Payette Co. Idaho, clerk	Date Issued: Sept.2,1960	Date Orig. Entry: license issued Jan. 29, 1938
	Date of Birth: age 27 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: pp Penny L. Wing	Date Filed: Sept. 7, 1960

FORM BH 56067

5-16-60

SEP 8 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name at Birth: Vernon George Wilson	2. Date of Birth (month) (day) March 25 1910	
	3. Sex: White Male	4. Place of Birth: Payette	5. City or Town of Birth: Payette
FATHER	6. Full Name of Father: George Martin Wilson	7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Nella Marie Cartwright	9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: Rt. 1 Box 372 Baker, Oregon	
	12. Signature of Notary	13. Notary Commission expires: April 28, 1963	
	August 24, 1960		

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	Date Issued	Date Orig. Entry
SUPPORTING RECORD 2	Type of Document	Date Issued	Date Orig. Entry
SUPPORTING RECORD 3	Type of Document	Date Issued	Date Orig. Entry
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing [illegible].

State Registrar	Deputy Registrar	Date Issued

5-16-60

FORM NH 56-63

391.206-042-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-811

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE ELIZABETH CRAVEN			2. Date Of Birth: (month) JULY (day) 6 (year) 1910	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: TWIN FALLS	b. City or Town of Birth: TWIN FALLS	
FATHER	6. Full Name of Father: JOEL WALTER CRAVEN			7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: ELVA CHASE McCOLLUM			9. State or Country of Mother's Birth: COLORADO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Craven Hanna		11. Present Address of Registrant: 3742 Amesbury Road Los Angeles 27, California	
NOTARY (Seal)	Subscribed and sworn to before me on: September 12 1960	12. Signature of Notary: Mabel W. Dowden		13. Notary Commission expires: My Commission Expires May 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of own childs birth certificate	By whom issued and signed: Los Angeles County Calif. #11968, John Vinevich, M.D.		Date Issued: May 20, 1960	Date Orig. Entry: child born Sept. 21, 1933
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of certificate of registry of marriage	By whom issued and signed: Riverside County Calif. Bk. 135 pg. 210 J.A. Ross, Co. Recorder		Date Issued: May 19, 1960	Date Orig. Entry: Feb. 15, 1952
	Date of Birth: age 41	Birth Place: Idaho	Full Name of Mother: Elva McCullum	Name of Father: J. Walter Craven	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family at time of birth born 1885	By whom issued and signed: Gertrude Rauch Keneley		Date Issued: July 19, 1960	Date Orig. Entry: -----
	Date of Birth: July 6, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Elva Chase McCollum	Name of Father: Joel Walter Craven	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing		Date Filed: Sept. 15, 1960	

FORM BH 56067 4-14-60

SEP 16 1960

312-22-022-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-823

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lavenia Emma Casper.			2. Date Of Birth (month) (day) (year): January 21st 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Lewisville	a. County: Fremont
				a. City or Town of Birth: Lewisville Idaho.
FATHER	6. Full Name of Father: George Ether Casper			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Wray.			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Mrs LF Hayes) Emma C. Hayes.		11. Present Address of Registrant: 1151 D 15th St Las Vegas Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 19 1960	12. Signature of Notary: Colen H Sweeten Jr. Clerk of the district court		13. Notary Commission expires: 1-12-1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister born 1896	By whom issued and signed: Mary Casper Sweeten		Date Issued: Aug.4,1960	Date Orig. Entry: ------
	Date of Birth: Jan.21,1910	Birth Place: Fremont County Lewisville,Idaho	Full Name of Mother: Eliza Wray	Name of Father: George E. Casper	
SUPPORTING RECORD 2.	Type of Document: certificate of record of membership	By whom issued and signed: LDS Church,Salt Lake City, Utah, Ella D. Jack,Custodian		Date Issued: Aug.26,1960	Date Orig. Entry: baptized Aug. 3, 1918
	Date of Birth: Jan.21,1910	Birth Place: Lewisville,Idaho	Full Name of Mother: Eliza Wray	Name of Father: George E. Casper	
SUPPORTING RECORD 3.	Type of Document: own childs hospital birth certificate	By whom issued and signed: Cache Valley General Hospital Logan,Utah,C.J.Davies,phycis.		Date Issued: Jan.27,1943	Date Orig. Entry: child born Jan. 27, 1943
	Date of Birth: Jan.21,1910	Birth Place: Lewisville,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Sept, 21, 1960

FORM BH 56067

SEP 22 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Sweeten

291-229.014-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-846

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Esther Branen			2. Date Of Birth (month) (day) (year): November 29, 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho Canyon	b. City or Town of Birth: Wilder	
FATHER	6. Full Name of Father: George Francis Branen			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Clara Virginia Kincaid			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Hampson		11. Present Address of Registrant: 223 So. Owyhee, Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 26 1960	12. Signature of Notary: Marguerite L. Magni		13. Notary Commission expires: June 10 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for hospital Expense policy	By whom issued and signed: Mutual Bebefit Health & Accident Assn.	Date Issued: -----	Date Orig. Entry: Sept. 26, 1953
	Date of Birth: Nov.29,1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Aug. 14, 1942
	Date of Birth: Nov.29,1910 / Birth Place: Canyon County Wilder, Idaho	Full Name of Mother: Clara Virginia Kincaid	Name of Father: George Francis Branen	
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: George F. Branen	Date Issued: Sept.26, 1960	Date Orig. Entry: -----
	Date of Birth: Nov.29,1910 / Birth Place: Wilder, Idaho	Full Name of Mother: Calra V. Branen	Name of Father: George F. Branen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 29, 1960

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

SEP 20

149-122-029-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-867

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Oscar Adriansen		2. Date Of Birth (month) (day) (year): 2 - 22 - 10
	3. Color or Race	4. Sex	5. Place of Birth a. County: Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: John Fredrick Adriansen		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Olga O. Fadum		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph O. Adriansen	11. Present Address of Registrant: 1123 - 9th Clarkston, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 3 1960	12. Signature of Notary: W. J. Wells	13. Notary Commission expires: Oct. 16 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of Honorable Discharge	By whom issued and signed: U. S. Army, John J. Taggart Major	Date issued: Oct. 17, 1945	Date Orig. Entry: inducted Aug. 21, 1942
	Date of Birth: Feb. 22, 1910; Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: statement regarding lodge records	By whom issued and signed: Moscow Moose Lodge #371, J.E. Strang, Secretary	Date issued: ----	Date Orig. Entry: joined Nov. 8, 1939
	Date of Birth: Feb. 22, 1910; Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Olga Adriansen	Date issued: Oct. 1, 1960	Date Orig. Entry: ---
	Date of Birth: Feb. 22, 1910; Birth Place: Moscow, Idaho	Full Name of Mother: Olga O. Fadum	Name of Father: John F. Adriansen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Penny L. Wing	Oct. 5, 1960

FORM BH 56067

8-26-60

OCT 6 1960

JAN 18 1967

456405 1023 -384

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-878

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Neil Edward Dewey
2. Date Of Birth: (month) Jan (day) 5 (year) 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Emmett. b. City or Town of Birth: Emmett Idaho

FATHER

6. Full Name of Father: John Cyrus Dewey
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nellie Lorena Thurman
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Neil Edward Dewey
11. Present Address of Registrant: 4100 Greenbrier Boise Ida

NOTARY (Seal)

Subscribed and sworn to before me on: October 18 1960
12. Signature of Notary: [illegible]
13. Notary Commission expires: 7/1-6 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
The Paul Revere Life Insurance Company, Policy	Charles R. Massie	June 1, 1949	June 1, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 5, 1910	Emmett, Idaho	---------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	On file in Idaho #238839	-----	December 11, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25	Idaho, Emmett	--------	--------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Nellie L. Dewey	October 10, 1960	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
January 5, 1910	Emmett, Gem Co. Idaho	Nellie L. Dewey	John Cyrus Dewey

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	October 10, 196

FORM BH 56067

JAN 14 1972

OCT 10 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 60-828

391-223-014-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-879

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANCES LENORE CRAM
2. Date of Birth: (month) 1 (day) 23 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho-Canyon County; b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: Frank Hugh Cram
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Jessie Richmond
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances Lenore Buchholz
11. Present Address of Registrant: 4524 East 55th, Seattle, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 29 1960
12. Signature of Notary: L Ryan Pleh
13. Notary Commission expires: May 8 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Northwestern Life & Accident Company	Feb.12,1935	Dec.24, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.23,1910	Payette, Idaho	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own childs birth certificate	State of Washington, King Co. registered #1087	Sept.19, 1960	child born Mar.19,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding school records	Seattle Public Schools, Dorothy Croman, clerk of records	Sept.19, 1960	attended 1924-1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.23,1910	Payette, Idaho	Jessie Cram	Frank H. Cram

QUALIFYING INFORMATION

Insurance policy #483790675 of The Prudential Insurance Co. of American, issued in 1948, gives date of birth as January 23, 1910.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W H Barnum	Penny L. Wing	Oct. 11, 1960

FORM BH 56067

OCT 11 1960

753211-003-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-881

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BESSIE MAY PETERSON
2. Date Of Birth (month) (day) (year): JULY 11 1910
3. Color or Race: WHITE
4. Sex: FE
5. Place of Birth a. County: BANNOCK (NOW CARIBOU)
b. City or Town of Birth: TYGEE, IDAHO

FATHER

6. Full Name of Father: SOREN C. PETERSON
7. State or Country of Father's Birth: DENMARK

MOTHER

8. Full Maiden Name of Mother: BERTHA MYERS
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie M. Fudge
11. Present Address of Registrant: 433 KANSAS ST, S. SEGUNDO, CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on: August 1st 1960
12. Signature of Notary: Arthur R. Mickie
13. Notary Commission expires: April 13 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Social Security Records	Treasury Department	-----	July 2, 1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 11, 1910 / Caribou Co. Idaho	Bertha Myers	Soren Christian Petersen	
SUPPORTING RECORD 2.	Certificate of record of Church membership	IDS Church, Salt Lake City, Utah, Ella D. Jack, custodian	Aug. 22, 1960	baptized Aug. 11, 1927
	July 11, 1910 / Tygee, Idaho	Bertha Myers	Soren C. Petersen	
SUPPORTING RECORD 3.	affidavit by brother	J. Lee Peterson age 60	Aug. 22, 1960	-----
	July 11, 1910 / Caribou County Tygee, Idaho	Bertha Myers	Soren C. Peterson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	Penny L. Wing	Oct. 11, 1960

FORM BH 56067 7-7-60

OCT 11 1960

866-209-032-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-981

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Mary Howard
2. Date of Birth (month) July (day) 9 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County
b. City or Town of Birth: Shoshone Idaho

FATHER

6. Full Name of Father: Frank William Howard
7. State or Country of Father's Birth: Unknown

MOTHER

8. Full Maiden Name of Mother: Stella Bishop Malcolm
9. State or Country of Mother's Birth: Knoxville Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Mildred M Becker
11. Present Address of Registrant: 5222 Hammill Rd El Monte Calif

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 25th 1960
12. Signature of Notary: Alice Hadson
13. Notary Commission expires: My Commission Expires Aug. 18, 1961. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding school records	Spokane Public Schools, W. C. Sorenson, Supt.	Oct. 4, 1960	school census May 1, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9, 1910	----	Mrs. Stella Howard	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by uncle age 75	H. C. Malcolm	Sept. 28, 1960	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9, 1910	Shoshone, Idaho	Stella Bishop Malcolm	Frank W. Howard

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notarized photocopy of page from family Bible	Alice Hadson, Notary Public	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9, 1910	Shoshone, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bowen	pw Penny L. Wing	Nov. 8, 1960

FORM BH 56067

NOV 8 1960

Becker

895-22-002-996

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-998

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAMIE EDITH HINKLEY
2. Date Of Birth: (month) 9 (day) 25 (year) 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County: NEW MEADOWS, Adams
b. City or Town of Birth: NEW MEADOWS

FATHER

6. Full Name of Father: BERT B. HINKLEY
7. State or Country of Father's Birth: NEBRASKA

MOTHER

8. Full Maiden Name of Mother: IDA BELLE IRWIN
9. State or Country of Mother's Birth: OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mamie Edith Hinkley
11. Present Address of Registrant: Route 1 Fruitland, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 6 1959
12. Signature of Notary: Carlyn E. Hopper
13. Notary Commission expires: Jan. 15 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	Bureau of the Census	Aug. 5, 1960	census of Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 9	Idaho	Ida B. Hinkley	Bert B. Hinkley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #375113	-----	child born June 2, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32	New Meadows, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by friend of family at time of birth	Anna Rhoades age 63	Nov. 3, 1960	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 25, 1910	New Meadows, Idaho	Ida Belle Irwin	Bert B. Hinkley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnes	pw Penny L. Wing	Nov. 15, 1960

FORM BH 56067

NOV 15 1960

533-228.017-68

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1015

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elizabeth Ellis			2. Date of Birth (month) Dec. (day) 28 (year) 10
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Dubois, Ida a. County: Clark	b. City or Town of Birth
FATHER	6. Full Name of Father: Ted Daniel Ellis (Formerly Fremont)			7. State or Country of Father's Birth: United States of America
MOTHER	8. Full Maiden Name of Mother: Daisy Anne Fayle			9. State or Country of Mother's Birth: United States of America
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Staton		11. Present Address of Registrant: 604 West Main
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 14 1960	12. Signature of Notary: Bernice Kolb		13. Notary Commission expires: [illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Silver Bow County State of Montana	Date Issued: -----	Date Orig. Entry: child born Aug. 24, 1943	
	Date of Birth: age 32	Birth Place: Dubois, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage License #4460	By whom issued and signed: Beaverhead County Montana Norman Giles, clerk	Date Issued: ----	Date Orig. Entry: Dec. 6, 1941	
	Date of Birth: age 30	Birth Place: Dubois, Idaho	Full Name of Mother: Daisy Foyle	Name of Father: Ted D. Ellis	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance	Date Issued: June 8, 1937	Date Orig. Entry: June 8, 1937	
	Date of Birth: Dec. 28, 1910	Birth Place: Dubois, Idaho	Full Name of Mother: Daisy A. Ellis	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Barnes	Evidence reviewed by: Penny L. Wing	Date Filed: Nov. 18, 1960

FORM BH 56067 6-28-60

NOV 18 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Registrar	1. Registrant's Full Name at Birth: Mary Elizabeth Ellis	2. Date of Birth (month) Dec. (day) 28 (year) [illegible]	
Location where Birth is being Registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Dubois, Ida. Clark
			6. City or Town of Birth
Father	7. Full Name of Father: Ted Daniel Ellis		8. State or Country of Father's Birth: United States of America
Mother	9. Full Maiden Name of Mother: Daisy Anne Fayle		10. State or Country of Mother's Birth: United States of America
Affidavit	11. Present Address of Registrant: 604 West Main	12. Signature of Registrant	13. Signature of Mother
	14. Notary Commission expires	15. Subscribed and sworn to before me on	

Applicant: Do not write below this line

Supporting Record	Type of Document: [illegible]	By whom issued and signed: [illegible] Low County, State of Montana	Date Issued: ----
	Date of Birth: [illegible]	Full Name of Mother	Date Orig. Entry: Aug. 24, 1941
			Name of Father
	Dubois, Idaho		
Supporting Record	Type of Document: Marriage License #460	By whom issued and signed: Beaverhead County Montana, Norman Giles, Clark	Date Issued: ----
	Date of Birth: [illegible]	Full Name of Mother: Daisy Doyle	Date Orig. Entry: Aug. 4, 1941
			Name of Father: Ted D. Ellis
Supporting Record	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance	Date Issued: June 8, 1937
	Date of Birth: Dec. 28, 1910	Full Name of Mother: Daisy A. Ellis	Date Orig. Entry: June 8, 1937
			Name of Father
Qualifying Information			

Registrar's Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Penny L. Wing	Nov. 18, 1960

5-28-60

712-113-006-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1016
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clifford William Paskett
2. Date of Birth (month) April (day) 13 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Basalt Idaho

FATHER

6. Full Name of Father: Philip James Paskett
7. State or Country of Father's Birth: Grouse Creek, Utah

MOTHER

8. Full Maiden Name of Mother: Gena Emeline McCurdy.
9. State or Country of Mother's Birth: Ovid Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clifford W Paskett
11. Present Address of Registrant: Ashton Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on 5/25 1959

12. Signature of Notary: James Harrell
13. Notary Commission expires 7/31 19 61

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class*	copy own childs birth certificate	age 20	Idaho	Idaho #183787	- - - - -	May 2,1955	-------	July 6, 1930
SUPPORTING RECORD 2. Class	affidavit by father	Apr.13,1910	Basalt, Idaho	Philip J. Paskett	Gena Emeline McCurdy	May 25,1959	Philip J. Paskett	-----
SUPPORTING RECORD 3. Class	Church certificate of birth	Apr.13,1910	Bingham County Basalt, Idaho	LDS Church, Basalt Ward, J. F. Smith, Historian	Gena McCurdy	Nov15,1960	Philip Paskett	recorded July 3, 1910

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pp Penny L. Wing	Nov. 18, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 18 1960

435-206-014-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1039

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen McElfresh			2. Date of Birth (month) 4 (day) 6 (year) 1910	
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Emmett Canyon	b. City or Town of Birth: Emmett	
FATHER	6. Full Name of Father: Robert Lee McElfresh			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Anna M Baxla			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E Buckman		11. Present Address of Registrant: Beverly, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 26 1960	12. Signature of Notary: Susan Robbins		13. Notary Commission expires: May 4, 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of affidavit for marriage license	By whom issued and signed: State of Washington, Marion Darter, Kittitas Co. auditor		Date Issued: Aug. 2, 1960	Date Orig. Entry: April 8, 1947
	Date of Birth: age 37	Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Anna McElfresh		Date Issued: Nov. 8, 1960	Date Orig. Entry: -----
	Date of Birth: Apr. 6, 1910	Birth Place: Emmett, Idaho	Full Name of Mother: Anna McElfresh	Name of Father: Robert Lee McElfresh	
SUPPORTING RECORD 3.	Type of Document: Register of Voter (duplicate)	By whom issued and signed: Grant County Washington C. E. Bradbury		Date Issued: -----	Date Orig. Entry: Aug. 8, 1952
	Date of Birth: Apr. 6, 1910	Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Beeson	pp Penny L. Wing	Nov. 28, 1960

FORM BH 56067

NOV 28 1960

785-204012-93

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1053
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Anna Pyeatt
2. Date Of Birth (month) (day) (year): March 4 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Moore Ida. BUTTE
b. City or Town of Birth: Moore Idaho

FATHER

6. Full Name of Father: Martin C Pyeatt
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Myrtle Race
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Anna Loftis
11. Present Address of Registrant: Route 2 Box 203

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 28th 1960
12. Signature of Notary: Lucile Hunter
13. Notary Commission expires: March 27 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photocopy of Bible Record	C.C.Hunter,Notary Public	Nov.4,1960	obviously old
Class*	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.4,1910 / ----	Myrtle Pyeatt	Martin Pyeatt	
SUPPORTING RECORD 2.	own childs birth certificate	Washington Regis. #1854	Nov.4,1960	child born Aug.16,1941
Class	age 31 / Moore, Idaho	----	----	
SUPPORTING RECORD 3.	statement regarding hospital records	Deaconess Hospital,Carol F. Montgomery,Med.Records Lib.	Nov.16,1960	admitted Apr.29,1946
Class	Mar.4,1910 / ----	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Dec. 1, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 7 1960

REGISTRANT

1a. Name at birth (First, Middle, Last)

1b. If changed, name used since birth

2. Date of birth (Month) (Day) (Year)

3. Color or Race

4. Sex

5. Place of birth (City) (County)

6. Full name of father

7. State or Country of father's birth

MOTHER

8. Full Maiden name of Mother

9. State or Country of Mother's birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Applicant

11. Present Address of Applicant

Subscribed and sworn to before me on

12. Signature of Notary

13. Notary Commission Expires

19__

SUPPORTING RECORD

14. Type of Document

15. Date of Document

16. Name of Custodian of Record

17. Address of Custodian of Record

Class

Date of Birth

Birth Place

Full Name of Mother

Name of Father

Date Issued

Date Orig. Entry

By whom Issued and Signed

356-22-0004-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBY ELIZABETH LEWIS		2. Date Of Birth (month) FEB. (day) 21 (year) 1910	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BEAR LAKE	b. City or Town of Birth: PARIS, IDAHO
FATHER	6. Full Name of Father: FRANKLIN WILLIAM LEWIS		7. State or Country of Father's Birth: PARIS IDAHO	
MOTHER	8. Full Maiden Name of Mother: MARY ELIZABETH SHEPHERD		9. State or Country of Mother's Birth: SOUTH AMTON ENGLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby L. Passey	11. Present Address of Registrant: 1021 E. Sage Hill Drive	
NOTARY (Seal)	Subscribed and sworn to before me on: December 2 1960	12. Signature of Notary: Kathryn C. Bradford	13. Notary Commission expires: April 21 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #413632	Date Issued: Apr.13,1946	Date Orig. Entry: child born Apr. 1, 1945	
	Date of Birth: age 35	Birth Place: Paris, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Paris 2nd Ward Thomas Minson, clerk	Date Issued: May 1,1910	Date Orig. Entry: blessed May 1, 1910	
	Date of Birth: Feb.21,1910	Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Mary Elizabeth Shepherd	Name of Father: Franklin W. Lewis	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Schedule	By whom issued and signed: Security Life & Accident Co.	Date Issued: Aug.24,1949	Date Orig. Entry: Aug. 24, 1949	
	Date of Birth: Feb.21,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bergen	Penny L. Wing	Dec. 5, 1960

FORM BH 56067

11-29-60 1 copy paid #9861

DEC 5 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

962-223-008-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1073

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOIS MARJORIE ROBINSON			2. Date of Birth (month) April (day) 23, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise, Idaho	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Ira Thomas Robinson			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Stella Jewell(Robinson)			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lois M. Jenkins	11. Present Address of Registrant: 618 S. Buena Vista St., Redlands, California
NOTARY (Seal)	Subscribed and sworn to before me on: November 4, 1960		12. Signature of Notary: Earl A. Finch	13. Notary Commission expires: October 8, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Ira T. Robinson	Date Issued: Nov.14,1960	Date Orig. Entry: -----
	Date of Birth: Apr.23,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Stella Jewell Robinson	Name of Father: Ira T. Robinson	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Santa Barbara County,Calif. D. E. Hunt,county clerk	Date Issued: Sept.2,1933	Date Orig. Entry: Sept.2,1933
	Date of Birth: age 23 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy Application	By whom issued and signed: Massachusetts Mutual Life Insurance Company	Date Issued: ----	Date Orig. Entry: Aug.24,1938
	Date of Birth: Apr.23,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Stella J. Robinson	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 9, 1960

FORM BH 56067 11-2-60 1 copy paid #9042

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 9

1 copy paid $5.00

986224-022-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annalleda Rhoades			2. Date of Birth (month) July (day) 24 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton, Idaho
FATHER	6. Full Name of Father: Leroy Everett Rhoades			7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: Christie Anner Shelton			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annalleda Rhoades Webster		11. Present Address of Registrant: 2950 First Street - Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 8th 19 60	12. Signature of Notary: Paul T. Peterson Residing at Idaho Falls, Idaho		13. Notary Commission expires: March 29th 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #393504	Date issued: ----	Date Orig. Entry: child born July 19,1944
	Date of Birth: age 33	Birth Place: Teton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Temple Recommend		By whom issued and signed: LDS Church,Idaho Falls 9th Ward,Wm. Grant Ovard, clerk	Date issued: ----	Date Orig. Entry: Feb.9,1947
	Date of Birth: July 24, 1910	Birth Place: Fremont County Teton, Idaho	Full Name of Mother: Christiana Shelton	Name of Father: LeRoy Rhoades	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Pacific Nat'l Life Assurance Company	Date issued: Jan.3,1938	Date Orig. Entry: Dec.7,1937
	Date of Birth: 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny L. Wing	Dec. 13, 1960

FORM BH 56067

3-30-60 one copy paid #00509

DEC 13 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

DEPARTMENT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Annalleda Rhoades	2. Date of Birth (month) July (day) 24 (year) 1913	
	3. Color of Race (Age, Sex): White Female	4. Place of Birth: Fremont	Locality or Town of Birth: Teton, Idaho
FATHER	5. Full Name of Father: Leroy Everett Rhoades	7. State or Country of Father's Birth: [illegible]	
MOTHER	6. Full Maiden Name of Mother: Christie Anner Shelton	8. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:	11. Present Address of Registrant: 2960 First Street - Idaho Falls, Idaho
NOTARY	Subscribed and sworn to before me on December 8th 19 60	12. Signature of Notary:	13. Notary Commission expires: March 29th 19 [illegible]

SUPPORTING RECORD 1	Type of Document: [illegible] certificate	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:	
	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Feb. [illegible]
	Date of Birth: [illegible]	Birth Place: Fremont County Teton, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Jan. [illegible]	Date Orig. Entry: Dec. [illegible]
	Date of Birth: [illegible]	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Last)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Dec. 13, 1960

3-30-60 o.e copy paid $00500

434-1101025-347

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1096

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wesley Truman McMillan			2. Date Of Birth (month) (day) (year): March 10 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Co.	b. City or Town of Birth: Stites, Idaho
FATHER	6. Full Name of Father: Truman S. McMillan			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Rosa N. Tupper			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wesley Truman McMillan		11. Present Address of Registrant: 1921 Johnson Ave. Chehalis, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 17th 1959	12. Signature of Notary: O. T. Moore		13. Notary Commission expires: Sept. 25 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Washington #556		Date Issued: Dec.15,1960	Date Orig. Entry: child born October 11,1941
	Date of Birth: age 31	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Truman S. McMillan		Date Issued: Apr.17,1959	Date Orig. Entry: -----
	Date of Birth: Mar.10,1910	Birth Place: Stites, Idaho	Full Name of Mother: Rosa McMillan	Name of Father: Truman S. McMillan	
SUPPORTING RECORD 3.	Type of Document: statement regarding voting registration records	By whom issued and signed: Chehalis, Lewis County, Idaho Myrtle Detering, registrar		Date Issued: Dec.12,1960	Date Orig. Entry: Oct.2,1948
	Date of Birth: Mar,10,1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 27, 1960

FORM BH 56067

DEC 27 1960

PRINTED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

613-218.014-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Walters			2. Date of Birth (month) April (day) 18 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Caldwell, Idaho Canyon	b. City or Town of Birth: Caldwell, Idaho	
FATHER	6. Full Name of Father: Theodore Augustus Walters			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Minerva Ione Ginter			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lois Walters Colvin	11. Present Address of Registrant: 2410 Carolina Ave. Hartsville, South Carolina	
NOTARY (Seal)	Subscribed and sworn to before me on: November 12 1960		12. Signature of Notary: Thos. W. Hand	13. Notary Commission expires: at Will of Governor 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family at time of birth		By whom issued and signed: Bessie T. Myars age 76	Date Issued: Sep.30,1960	Date Orig. Entry: -----
	Date of Birth: Apr.18,1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Minerva I. Walters	Name of Father: Theodore A. Walters	
SUPPORTING RECORD 2.	Type of Document: County Record of Birth		By whom issued and signed: S.S.Foote, clerk of Dist.Court Canyon County, Idaho	Date Issued: Dec.15,1960	Date Orig. Entry: shortly after birth
	Date of Birth: Apr.18,1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Minerva Walters	Name of Father: T. A. Walters	
SUPPORTING RECORD 3.	Type of Document: Census record		By whom issued and signed: Bureau of the Census	Date Issued: Feb.25,1960	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 9	Birth Place: Idaho	Full Name of Mother: Minerva Walters	Name of Father: T. A. Walters	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Penny L. Wing	Date Filed: Dec. 28, 1960

FORM BH 56067

DEC 28 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]		2. Date of Birth (month) (day) (year): April 18 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Caldwell, Idaho; 6. County: [illegible]
			7. City or Town of Birth: Caldwell, Idaho
NAMES	6. Full Name of Father: Theodore Augustus Walters		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Minerva Lou Sinter		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 2410 Carolina Ave. Nashville, South Carolina
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by friend of Lewis Birth	By whom issued and signed: [illegible]	Date Issued: Sep. 30, 1960	Date Orig. Entry: ----
	Date of Birth: [illegible]	Name of Mother: Minerva L. Walters	Name of Father: Theodore A. Walters	
	Apr. 18, 1910 Caldwell, Idaho			
SUPPORTING RECORD 2	Type of Document: Court Record of Birth	By whom issued and signed: S. F. Foote, clerk of Dist. Court, Canyon County, Idaho	Date Issued: Dec. 12, 1960	Date Orig. Entry: Supply after birth
	Date of Birth: Birth Place: Apr. 18, 1910 Caldwell, Idaho	Full Name of Mother: Minerva Walters	Name of Father: T. A. Walters	
SUPPORTING RECORD 3	Type of Document: Court Record	By whom issued and signed: Bureau of the Census	Date Issued: Oct. 25, 1960	Date Orig. Entry: Jan. 1, 1960
	Date of Birth: Birth Place: Idaho	Full Name of Mother: Minerva Walters	Name of Father: T. A. Walters	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registration and that the Affidavit evidence has been reviewed, which substantiates the facts as set forth in the Day Delay Certificate.

State Registrar	Evidence reviewed by	Date Filed
[illegible]		Dec. 30, 1960

612-206-020 -693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D60-1111

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kathryn Margaret Wasch
2. Date of Birth (month) April (day) 6 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Glenns Ferry [illegible] Idaho
   b. City or Town of Birth: Glenns Ferry Idaho

FATHER

6. Full Name of Father: Louis John Wasch
7. State or Country of Father's Birth: New Albany - Indiana

MOTHER

8. Full Maiden Name of Mother: Anna May Williamson
9. State or Country of Mother's Birth: Columbus - Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Kathryn W. Brewster
11. Present Address of Registrant: 325 So 4th East # 5 Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: December 28 1960
12. Signature of Notary: A Bailey Johnson
13. Notary Commission expires: August 12 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	-----	Dec. 2, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.6,1910	Glenns Ferry,Idaho	Anna May Williamson	Louis John Wasch

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
High School Attendence Record	Salt Lake High School Register J.S. Brown, Registrar	-----	Sept.8,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.6,1910	----	M. Wasch	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Salt Lake County Utah, Alvin Keddington, County Clerk	Oct.25,1960	Oct.20,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 1910	Glenns Ferry,Ida.	Anna May Williamson	Louis J. Wasch

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Brown	Penny L. Wing	Dec. 30, 1960

FORM BH 56067

DEC 30 1960

JAN 30 1996

735202 016-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De61-011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edris Glenn			2. Date of Birth (month) July (day) 2 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Elba,
FATHER	6. Full Name of Father: Alma Glenn			7. State or Country of Father's Birth: Elba, Cassia County, Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Amber Parrish			9. State or Country of Mother's Birth: Elba, Cassia County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edris Erickson		11. Present Address of Registrant: Route 2, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on December 31 1960	12. Signature of Notary: Glen R Kunau		13. Notary Commission expires July 11 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #194705	Date Issued: ----	Date Orig. Entry: child born Sept.10,1931
	Date of Birth: age 21	Birth Place: Elba, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Elba Ward, David Hubbard, clerk	Date Issued: Sept.4,1910	Date Orig. Entry: blessed Sept.4,1910
	Date of Birth: July 2,1910	Birth Place: Cassia County Elba, Idaho	Full Name of Mother: Amber Parish	Name of Father: Elmer Glen	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: New York Life Insurance Co.	Date Issued: Feb.24,1931	Date Orig. Entry: Jan.7,1931
	Date of Birth: July 2,1910	Birth Place: Elba, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnum	Evidence reviewed by: Penny L. Wing	Date Filed: Jan. 4, 1961

FORM BH 56067

12-5-60 1 copy paid #10085

JAN. 4 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Dec. 1-11

REGISTRAR	1. Registrant's Full Name of Birth: Boris Glenn	2. Date of Birth (month) July (day) 2 (year) 1910	
	3. Mother or Name: Elite	4. Sex: Female	5. Place of Birth: Elba, Cassia
		6. City or Town of Birth: Elba,	
FATHER	8. Full Name of Father: Alma Glenn	9. State or Country of Father's Birth: Elba, Cassia County, Idaho	
MOTHER	9. Full Maiden Name of Mother: Sarah Amber Harrish	10. State or Country of Mother's Birth: Elba, Cassia County, Idaho	
APPLICANT	9. Notary Public's name path that the above statements are made to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Route 2, Burley, Idaho
	Subscribed and sworn to before me on: December 31 1960	12. Signature of Notary	13. Notary Commission expires: July 11 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Own childs birth certificate	By whom issued and signed: Idaho Fish Of	Date Issued: ----	Date Orig. Entry: Dept. 10, 1931
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father:
SUPPORTING RECORD 2	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible]	Date Issued: Sept. 4, 1930	Date Orig. Entry: Sept. 4, 1930
	Date of Birth: July 2, 1910	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: Feb. [illegible], 1931	Date Orig. Entry: Jan. 7, 1931
	Date of Birth: July 2, 1910	Birth Place: Elba, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR & CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] statement.

State Registrar	Evidence reviewed by: [illegible]	Date Filed: Jan. 4, 1961

12-5-60 1 copy paid #10055

763-206-014-945

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS MARGUERITE GOCHNOUR			2. Date of Birth (month) (day) (year): MAY 6 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: NAMPA CANYON	b. City or Town of Birth: NAMPA IDAHO.	
FATHER	6. Full Name of Father: ROSS BAKER GOCHNOUR			7. State or Country of Father's Birth: PENNSYLVANIA	
MOTHER	8. Full Maiden Name of Mother: EMMA CATHERINE IMES			9. State or Country of Mother's Birth: PENNSYLVANIA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Gladys Marguerite Hart	11. Present Address of Registrant: Rt #2 Payette Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 1960		12. Signature of Notary: Donald E Stewart	13. Notary Commission expires: 2/8 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father		By whom issued and signed: R. B. Gochnour	Date Issued: Nov.19,1960	Date Orig. Entry: -----
	Date of Birth: May 6,1910	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: R. B. Gochnour	
SUPPORTING RECORD 2.	Type of Document: statement regarding school records		By whom issued and signed: Class A.School Dis.#431,Weiser Idaho,Agnes Allan,clerk	Date Issued: Nov.14,1960	Date Orig. Entry: 1924,1925
	Date of Birth: May 6,1910	Birth Place: -----	Full Name of Mother: Emma Gochnour	Name of Father: R. B. Gochnour	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #176669	Date Issued: Jan.5,1961	Date Orig. Entry: child born Sept.23,1929
	Date of Birth: age 19	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Jan.9,1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 9 1961

857-114-022-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-027

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jack Porter Hegsted			2. Date of Birth (month) (day) (year): August 14, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: John Hegsted			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Edna Margaret Porter			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jack Porter Hegsted		11. Present Address of Registrant: Rt. 2, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1959	12. Signature of Notary: Alice Tout		13. Notary Commission expires: June 25 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #326820		Date Issued:	Date Orig. Entry: child born Oct. 24, 1941
	Date of Birth: age 31	Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Edna Hegsted Brown		Date Issued: 2-10-59	Date Orig. Entry:
	Date of Birth: Aug. 14, 1910	Birth Place: Fremont Co. St. Anthony, Idaho	Full Name of Mother: Edna Hegsted	Name of Father: John Hegsted	
SUPPORTING RECORD 3.	Type of Document: statement regarding church records	By whom issued and signed: LDS Church, Rexburg Eighth Ward, J. Ted Garner, ward clerk		Date Issued: Nov. 28, 1960	Date Orig. Entry: blessed Oct. 2, 1910
	Date of Birth: Aug. 14, 1910	Birth Place: St. Anthony, Idaho	Full Name of Mother: Edna Porter	Name of Father: John Hegsted	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing mr	Date Filed: Jan. 9, 1961

FORM BH 56067

1 copy paid

JAN 9 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

666-22-003-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Ruth Woodhull			2. Date Of Birth: (month) December (day) 21 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho, USA a. County: Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Will Scranton Woodhull			7. State or Country of Father's Birth: Michigan, USA	
MOTHER	8. Full Maiden Name of Mother: Theckla Kahn			9. State or Country of Mother's Birth: Alabama, USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Woodhull Foskett		11. Present Address of Registrant: 1460 - 27th Ave. East, Eugene, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: January 4 1961	12. Signature of Notary: Verda Brown		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 31, 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: -----	Date Orig. Entry: Apr.16,1953
	Date of Birth: Dec.21,1910	Birth Place: Bannock County Pocatello, Idaho	Full Name of Mother: Theckla Kahn		Name of Father: Will Scranton Woohull
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Alameda County California, George E. Gross, Co. clerk		Date Issued: Sept.7,1933	Date Orig. Entry: Sept.7,1933
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of transcript of college record	By whom issued and signed: University of Oregon		Date Issued: Jan.17,1961	Date Orig. Entry: admitted Sept.24,1947
	Date of Birth: Dec.21,1910	Birth Place: Idaho	Full Name of Mother: Theckla K. Woodhull		Name of Father: W. S. Woodhull
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing	Jan. 20, 1961

FORM BH 56067

11-7-60

JAN 20 1961

367-26-029-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-061

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Letitia Cox
2. Date Of Birth (month) (day) (year): July 26 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kendrick, Latah
b. City or Town of Birth: Kendrick

FATHER

6. Full Name of Father: William Cox
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Lelia Bonnell
9. State or Country of Mother's Birth: Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Cox Krause
11. Present Address of Registrant: 215 E. 18th

NOTARY (Seal)

Subscribed and sworn to before me on: November 16 1960
12. Signature of Notary: Elmer A Hix
13. Notary Commission expires: March 15 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Return	Asotin, Asotin, Washington, Irene Allen, auditor	Oct.3,1960	Dec.12,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 21	Kendrick, Idaho	Alice Bonnell	William Cox

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	-----	Apr.27,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26,1910	Latah, County Kendrick, Idaho	Lelia Bonnell	William Cox

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by half-brother	J. Edgar Kent born 1889	Oct.17,1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 26,1910	Latah, County Kendrick, Idaho	Lelia Bonnell	William Cox

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Jan. 20, 1961

FORM BH 56067

9-19-60

JAN 20 1961

154-113-014-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-152

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maynard Marion Anderson			2. Date Of Birth (month) August (day) 13, (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Canyon?	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Bert Warren Anderson			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Charlotte New			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maynard Marion Anderson		11. Present Address of Registrant: 1132 Green Lane, La Canada, California
NOTARY (Seal)	Subscribed and sworn to before me on: February 9, 1961	12. Signature of Notary: Paulina Jacobs		13. Notary Commission expires: Aug. 25, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of credits	By whom issued and signed: Calif. Institute of Technology, Philip E. Fogg, Registrar		Date Issued: Jan. 29, 1940	Date Orig. Entry: grad. June 12, 1931
	Date of Birth: Aug. 13, 1910	Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: Bert W. Anderson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy application	By whom issued and signed: New York Life Insurance Co.		Date Issued: -----	Date Orig. Entry: Aug. 10, 1940
	Date of Birth: Aug. 13, 1910	Birth Place: Payette, Idaho	Full Name of Mother: Charlotte Anderson	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Notice of Separation	By whom issued and signed: U.S. Naval Service. W.D.S. Anders, Lt. USN.		Date Issued: Nov. 27, 1946	Date Orig. Entry: entered June 17, 1940
	Date of Birth: Aug. 13, 1910	Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Feb. 17, 1961

FORM BH 56067

1-12-61

FEB 17, 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

ADDITIONAL	1. Registrar's Full Name of Birth: [illegible] Marion Anderson	2. Date of Birth: August [illegible]
	3. Sex of Race: White male	4. Birth of Birth: Canyon
FATHER	5. Full Name of Father: [illegible] Anderson	6. State or Country of Birth: Illinois
MOTHER	7. Full Name of Mother: [illegible]	8. State or Country of Birth: Illinois
AFFIDAVIT	9. Signature of Registrar: [illegible]	10. Signature of Registrar: [illegible]
SEAL	11. Signature of Notary: February 9 [illegible]	12. Signature of Notary: Aug. 25 [illegible]

SUPPORTING RECORD 1	Type of Document: [illegible]	Date Issued and Signed: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	Date Issued and Signed: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: Notice of Separation	Date Issued and Signed: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

CERTIFICATION: I hereby certify that the prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] (Date)

State of Idaho	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Feb. 17, 1961

1-12-61

465 - 218-038-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-157
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred LaPriel Moench		2. Date of Birth (month) Aug. (day) 18 (year) 1910	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Power County	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: Frank M. Moench		7. State or Country of Father's Birth: Logan, Utah	
MOTHER	8. Full Maiden Name of Mother: Millie A. Sorenson		9. State or Country of Mother's Birth: American Falls, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred M. Jameson	11. Present Address of Registrant: 710 Warner, Lewiston, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1961	12. Signature of Notary: John H Maynard	13. Notary Commission expires: June 30 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #240585	Date Issued: ----	Date Orig. Entry: child born Jan.12,1936
Class*_____	Date of Birth: age 25	Birth Place: American Falls, Ida.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle		By whom issued and signed: Lawrence S. Sorensen age 79	Date Issued: July 15, 1960	Date Orig. Entry: ----
Class_____	Date of Birth: Aug.18,1910	Birth Place: American Falls, Ida.	Full Name of Mother: Millie Sorenson	Name of Father: Frank M. Moench	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of family Bible Record		By whom issued and signed: W. E. Nelson, Notary Public	Date Issued: ----	Date Orig. Entry: obviously old
Class_____	Date of Birth: Aug.18,1910	Birth Place: American Falls, Ida	Full Name of Mother: Millie A. Sorenson	Name of Father: Frank Moench	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Feb. 20, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

#93-16028

1-16-761

FEB 20 1961

915-115-035-135

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-158

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Keith Randall.	2. Date Of Birth (month) may (day) 15 (year) 1910
	3. Color or Race: White; 4. Sex: male; 5. Place of Birth a. County: (was Nezperce) now Lewis	b. City or Town of Birth: (was Ilo) now Craigmont
FATHER	6. Full Name of Father: Lucious R. Randall.	7. State or Country of Father's Birth: North Carolina, Buncombe.
MOTHER	8. Full Maiden Name of Mother: Leona Gertrude Alexander	9. State or Country of Mother's Birth: North Carolina, Buncombe.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Keith Randall; 11. Present Address of Registrant: Craigmont, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 27 1961	12. Signature of Notary: P. C. Clovis; 13. Notary Commission expires: Dec. 14 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate by attending physician	By whom issued and signed: Wesley F. Orr, M.D.	Date issued: -----	Date Orig. Entry: Nov. 8, 1935
	Date of Birth: May 15,1910; Birth Place: Craigmont, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy Application	By whom issued and signed: Equitable Life Assurance Co.	Date issued: ----	Date Orig. Entry: Mar.16,1949
	Date of Birth: May 15,1910; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by brother	By whom issued and signed: Virgil T. Randall age 61	Date issued: Feb.7,1961	Date Orig. Entry: ----
	Date of Birth: May 15, 1910; Birth Place: Ilo, Idaho	Full Name of Mother: Leona Gertrude Alexander	Name of Father: Lucious R. Randall	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw Penny L. Wing	Feb. 20, 1961

FORM BH 56067

1-25-61 1 copy paid

1-31-61

FEB 20 1961

I-23-61 1 copy paid

512-226-063-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-164

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty Gertrude Nasi			2. Date Of Birth (month) (day) (year): Sept. 26, 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: McCall, Valley	b. City or Town of Birth: McCall	
FATHER	6. Full Name of Father: Nickoli Nasi			7. State or Country of Father's Birth: Finland	
MOTHER	8. Full Maiden Name of Mother: Mina Mattila			9. State or Country of Mother's Birth: Finland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty Gertrude Gallagher		11. Present Address of Registrant: 4213 S.E. 26th Ave Portland 2, Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 13 1961	12. Signature of Notary: [signature]		13. Notary Commission expires: My Commission Expires May 8, 1962 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister age 62	By whom issued and signed: Marie Jarvie		Date Issued: Feb 13, 1961	Date Orig. Entry:
	Date of Birth: Sept. 26, 1910	Birth Place: McCall, Idaho	Full Name of Mother: Mina Mattila	Name of Father: Nickoli Nasi	
SUPPORTING RECORD 2.	Type of Document: photocopy of social security application	By whom issued and signed: Treasury Department Internal Revenue Service		Date Issued: --	Date Orig. Entry: May 30, 1950
	Date of Birth: Sept. 26 1910	Birth Place: McCall, Idaho Valley county	Full Name of Mother: Mina Mattila	Name of Father: Nickoli Nasi	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #252517		Date Issued: --	Date Orig. Entry: child born Feb 2, 1937
	Date of Birth: Age 26	Birth Place: McCall, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	Feb 20, 1961

FORM BH 56067

FEB 21 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name of Birth	Betty Gertrude Nasi	2. Date of Birth	Sept. 26, 1910
3. Color of Race	White	4. Sex	Female
5. Place of Birth	McCall, Valley	6. County	McCall
6. Full Name of Father	Nicholas Nasi	7. State or Country of Father's Birth	Finland
8. Full Maiden Name of Mother	Mina Mattila	9. State or Country of Mother's Birth	Finland

11. Legal Residence	[illegible]	12. Signature of Registrant	[illegible]
13. Signature of Notary	[illegible]	14. Signature of Notary	[illegible]
15. Notary Commission Expires	[illegible]		

Affidavit by Sister age 62	Marie Jarvie	Date Issued Feb 13, 1961	Date Orig. Entry	
Date of Birth Place	Full Name of Mother	Name of Father		
Sept. 26, 1910 McCall, Idaho	Mina Mattila	Nickoli Nasi		
Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry	
Photocopy of social security application	Treasury Department Internal Revenue Service	--	May 26, 1937	
Date of Birth Place	Full Name of Mother	Name of Father		
Sept. 26, 1910 McCall, Idaho Valley county	Mina Mattila	Nickoli Nasi		
Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry	
Own child's birth certificate	on file Idaho #252517	--	child born Feb 2, 1937	
Date of Birth Place	Full Name of Mother	Name of Father		
Sept. 26 McCall, Idaho	----	----		

Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
R. W. Benson	bf Joyce S. Foltz	Feb 20, 1961

534-220-016-884

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. de 61-182

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Eldredge			2. Date of Birth (month) (day) (year): September 20 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: CASSIA	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Arnold Clarence Eldredge			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rosa Caroline Hymas			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Radford		11. Present Address of Registrant: 3324 Anderson St
NOTARY (Seal)	Subscribed and sworn to before me on: February 24 1961	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church W. L. Adamson, Clerk	Date Issued: September 22 1918	Date Orig. Entry: September 22, 1918
	Date of Birth: September 20, 1910	Birth Place: Albion, Idaho	Full Name of Mother: Rosa C. Hymas	Name of Father: A. C. Eldredge
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho #280403	Date Issued: ---	Date Orig. Entry: March 30, 1939
	Date of Birth: Age 28	Birth Place: Albion, Idaho	Full Name of Mother: ------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 79	By whom issued and signed: Myrtle E. Arthur	Date Issued: February 24, 1961	Date Orig. Entry: ----
	Date of Birth: September 20, 1910	Birth Place: Albion, Idaho	Full Name of Mother: Rosa Caroline Hymas	Name of Father: Arnold Clarence Eldredge
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: ec Elaine Coy	Date Filed: February 24, 1961

FORM BH 56067

FEB 27 1961

MAY 20 1971

REGISTRAR'S	1. Name (If not a full name, state why)		2. Date of Registration (Day, Month, Year)
	Elsie Aldredge		
PERSON	3. Sex	4. Color or Race	5. Place of Birth (City or County)	6. Date of Birth (Day, Month, Year)
	White	Female	CALIF.	September 20 1910
	7. Full Name at Birth			8. County of Birth
	Arnold Clarence Aldredge			Albion
FATHER	9. Color or Race	10. Birthplace (State or Country)		11. Age at Last Birthday (Years)
	White	Utah		50
MOTHER	12. Maiden Name	13. Birthplace (State or Country)		14. Age at Last Birthday (Years)
	Rosa Adeline Hymas	Idaho		49
AFFIDAVIT	15. Informant's Name and Address			
	Myrtle E. Arthur, Albion, Idaho			
	16. Signature of Informant			17. Relationship
	Myrtle E. Arthur			Sister
	18. Subscribed and sworn to before me on			19. Official Capacity of Officer
	Feb 24 1961			Deputy
	20. Signature of Official			21. Address
	Elsie Aldredge			Albion, Idaho
REGISTRAR'S RECORD	22. Date Received by Registrar	23. Registered Number		24. Signature of Registrar
	Feb 27 1961	61-152		Elsie Aldredge

DO NOT WRITE BELOW THIS LINE

CERTIFICATE OF BIRTH	Certificate of Registration		
	Albion, Idaho		
	September 20, 1910		
	Mother's Maiden Name	Date Issued	Date Orig. Entry
	Rosa C. Hymas	September 22, 1910	22, 1910
	Name of Father	Issued by	
	A. C. Aldredge	R. L. Adamson, Clerk	
		By D. S. Church	

CERTIFICATE OF DEATH	Type of Document		
	Duplicate birth certificate		
	Date of Death	Death Place	Name of Mother	Date Issued	Date Orig. Entry
	Age 50	Albion, Idaho	------	March 24, 1939	
	Name of Father				

MARRIAGE RECORD	Type of Document		
	Affidavit by Aunt Age 79		
	Date of Birth	Birth Place	Name of Mother	Date Issued	Date Orig. Entry
	September 1910	Albion, Idaho	Rosa Caroline Hymas	Feb 24 1961	----
	Name of Father				
	Arnold Clarence Aldredge				

REGISTRAR'S CERTIFICATION	Remarks (Specify that no prior birth certificate has been found in the Division of Vital Statistics for this person. Specify if any other documentary evidence has been received which substantiates the facts as set forth in the foregoing application.)		
	Typed Name of Registrar	Evidence Reviewed By	Date Filed
	R. F. Benson	EC Alarms Copy	February 24, 1961

Form 3h 5000

943-30-035-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RICHARD STEELE RUCKMAN		2. Date Of Birth (month) JUNE (day) 30 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: NEZ PERCE; b. City or Town of Birth: GIFFORD
FATHER	6. Full Name of Father: EDWARD JOHNSON RUCKMAN		7. State or Country of Father's Birth: WEST VIRGINIA
MOTHER	8. Full Maiden Name of Mother: NETTIE BELLE STEELE		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R. S. Ruckman	11. Present Address of Registrant: Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 2-28-61 19___	12. Signature of Notary: Wallace [illegible]	13. Notary Commission expires: 9-22-64 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding lodge records	By whom issued and signed: Lewiston Lodge #896, Elks, Reed Huneke, secretary, manager	Date Issued: Aug. 24, 1960	Date Orig. Entry: June 7, 1951
	Date of Birth: June 30, 1910 / Birth Place: Gifford, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #281661	Date Issued: Aug. 18, 1960	Date Orig. Entry: child born June 10, 1939
	Date of Birth: age 28 / Birth Place: Gifford, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Feb. 25, 1955
	Date of Birth: June 30, 1910 / Birth Place: Nez Perce County Gifford, Idaho	Full Name of Mother: Nettie Belle Steele	Name of Father: Edward Johnson Ruckman	

QUALIFYING INFORMATION

Statement regarding schoolrecords from Jt. Class B. School Dist.#301, Lewis and Nez Perce Counties. Statement notarized on Aug. 25, 1960. Entered school Sept. 8, 1924. age 11 yrs.-3 months. Father E. J. Ruckman.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bar[illegible]	pw Penny L. Wing	Mar. 1, 1961

FORM BH 56067

MAR 1 - 1961

296-204038-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nell Lucille Brown			2. Date of Birth (month) (day) (year): November 4- 1910
	3. Color or Race: W	4. Sex: F.	5. Place of Birth a. County	b. City or Town of Birth: New Plymouth, Idaho
FATHER	6. Full Name of Father: Roy Nathaniel Brown			7. State or Country of Father's Birth: Boone County, Nebraska,
MOTHER	8. Full Maiden Name of Mother: Ella Carter			9. State or Country of Mother's Birth: York County, Nebraska,
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nell Lucille Johnson		11. Present Address of Registrant: Newman Grove, Nebraska,
NOTARY (Seal)	Subscribed and sworn to before me on: March 3rd 1961	12. Signature of Notary: R. W. Johnson		13. Notary Commission expires: Febr 4th 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Ella Brown	Date Issued: Mar. 3, 1961	Date Orig. Entry: ----
	Date of Birth: Nov. 4, 1910 / Birth Place: New Plymouth, Ida.	Full Name of Mother: Ella Brown	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: Boone County, Nebraska, L.A. Donahue, County Judge	Date Issued: Mar. 3, 1961	Date Orig. Entry: Aug. 6, 1929
	Date of Birth: age 18 / Birth Place: Idaho	Full Name of Mother: Ella Carter	Name of Father: Roy N. Brown	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: R. W. Salinson, Notary Public	Date Issued: Mar. 17, 1961	Date Orig. Entry: obviously old
	Date of Birth: Nov. 4, 1910 / Birth Place: ----	Full Name of Mother: Ella Carter	Name of Father: Roy N. Brown	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	March 28, 1961

FORM BH 56067 2-28-61

141-20906-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D61-288

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vetris Vione Adams			2. Date Of Birth (month) 9 (day) 9 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: County Bingham	b. City or Town of Birth: Riverside Mail Blackfoot	
FATHER	6. Full Name of Father: John Q. Adams			7. State or Country of Father's Birth: Richmond-Utah	
MOTHER	8. Full Maiden Name of Mother: Jane Clough Adams			9. State or Country of Mother's Birth: Chesterfield-Ida-	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vetris Vione Brenke		11. Present Address of Registrant: 1724-1st St. So. Nampa Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 20 1961	12. Signature of Notary: Grace Bistline		13. Notary Commission expires: August 3 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #291301	Date Issued: ------	Date Orig. Entry: child born Mar.13,1940	
	Date of Birth: age 29	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother & father	By whom issued and signed: John Q. Adams Jane Clough Adams	Date Issued: Feb.20,1961	Date Orig. Entry: ----	
	Date of Birth: Sept.9,1910	Birth Place: Bingham County Riverside, Idaho	Full Name of Mother: Jane Clough Adams	Name of Father: John Q. Adams	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: Dec.5,1942	Date Orig. Entry: Dec.5,1942	
	Date of Birth: Sept.9,1910	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Jane Clough	Name of Father: John Q. Adams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	pw Penny L. Wing	March 30, 1961

FORM BH 56067 (over)

1-26-61

DELAYED CERTIFICATE OF BIRTH

[illegible]	[illegible]	[illegible]	Birth	County	[illegible]
FATHER	Name of Father				7. State or Country of Father's Birth
MOTHER	Maiden Name of Mother				8. State or Country of Mother's Birth
[illegible]	[illegible]		10. Signature of Registrant		11. Present Address of Registrant
[illegible]	[illegible]		12. Signature of Notary		13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]		[illegible]		[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]			
SUPPORTING RECORD 2	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]		[illegible]	[illegible]	
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 3	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]		[illegible]	[illegible]	[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	[illegible]	[illegible]		[illegible]	
QUALIFYING INFORMATION					

CERTIFICATION — Please certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
		[illegible]

Bronker

1-26-61

293-213-014-244

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-312

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Ann Sites			2. Date of Birth (month) June (day) 13 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: John Harry Sites			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Margaret May Summers			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Ann Scott		11. Present Address of Registrant: 253 S. Church Street Silverton, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1961	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Margaret May Sites	Date Issued: January 10, 1961	Date Orig. Entry: ------
	Date of Birth: June 13, 1910 / Birth Place: Nampa	Full Name of Mother: Margaret May Summers	Name of Father: John Harry Sites	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Royal Neighbors of America	Date Issued: May 25, 1926	Date Orig. Entry: May 25, 1926
	Date of Birth: June 13, 1910 / Birth Place: Nampa, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: December 1, 1937	Date Orig. Entry: -------
	Date of Birth: June 13, 1910 / Birth Place: Nampa, Idaho	Full Name of Mother: ----------	Name of Father: John H. Stites	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Elaine Coy	Date Filed: April 10, 1961

FORM BH 56067 11-25-60

APR 11 1961
DEC 20 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-312

1. Registrant's Full Name of Birth: Margaret Ann Sites		2. Date of Birth (month) June (day) 13 (year) 1910	
3. Color or Race: white	4. Sex: female	5. Place of Birth: County Canyon	6. City or Town of Birth: Nampa
8. Full Name of Father: John Harry Sites		7. State or Country of Father's Birth: Kansas	
9. Full Maiden Name of Mother: Margaret May Summers		9. State or Country of Mother's Birth: Missouri	
10. Signature of Registrant: [signature]		11. Present Address of Registrant: [illegible]	
12. Signature of Notary:		13. Notary Commission expires:	

APPLICANT - DO NOT WRITE BELOW THIS LINE

Affidavit by Mother	Margaret May Sites	Date Issued: January 10, 1961	Date Orig. Entry: ------
Date of Birth: June 13, 1910	Place of Birth: Nampa	Name of Mother: Margaret May Summers	Name of Father: John Harry Sites
Type of Document: Insurance Policy	By whom Issued and Signed: Royal Neighbors of America	Date Issued: May 25, 1926	Date Orig. Entry: May 25, 1926
Date of Birth: June 13, 1910	Place of Birth: Nampa, Idaho	Full Name of Mother: ------	Name of Father: ------
Type of Document: Insurance Policy	By whom Issued and Signed: Metropolitan Life Ins. Co.	Date Issued: December 1, 1937	Date Orig. Entry: ------
Date of Birth: June 13, 1910	Place of Birth: Nampa, Idaho	Full Name of Mother: ------	Name of Father: John H. Sites

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Certificate.

Date Registered: W. W. Benson	Evidence Reviewed by: Elaine Cay	Date Filed: April 10, 1961

11-25-60

26427.004-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEO HARRY SOMSEN			2. Date of Birth: (month) July (day) 27 (year) 1910	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Raymond	
FATHER	6. Full Name of Father: Henry Samuel Somsen			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Marie Matti			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leo H. Somsen		11. Present Address of Registrant: Cokeville, Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1961	12. Signature of Notary: Lettie Lentfer		13. Notary Commission expires: Feb. 2 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Record	By whom issued and signed: Bear Lake Co.Recorder,S.V.Dunk	Date Issued: Jan.29,1960	Date Orig. Entry: shortly after birth	
	Date of Birth: July 27, 1910	Birth Place: Bear Lake County Raymond, Idaho	Full Name of Mother: Marie Matti	Name of Father: Harry Somsen	
SUPPORTING RECORD 2.	Type of Document: Social Security Recordd	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Jan.10,1951	
	Date of Birth: July 27, 1910	Birth Place: Raymond,Idaho	Full Name of Mother: Marie Matti	Name of Father: Henry Samuel Somsen	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: Wyoming,Lincoln County,Mae Deutler,County clerk	Date Issued: Jan.22,1940	Date Orig. Entry: Jan,16,1940	
	Date of Birth: age 29	Birth Place: -----	Full Name of Mother: -----	Name of Father: -- --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	April 11, 1961

FORM BH 56067

APR 11 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Filing No. 1962-[illegible]

REGISTRANT (Person whose birth is being registered)	1. Registration Full Name of Birth: [illegible] HARRY SOMSEN	2. Date of Birth (month) July (day) 27 (year) 1913	
	3. Sex: [illegible]	4. Place of Birth: Near Lake	5. County or Town of Birth: Raymond
FATHER	6. Full Name of Father: [illegible] Samuel Somsen	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
	12. Signature of Notary	13. Notary Commission Expires	

APPLICATION — DO NOT WRITE BELOW THIS LINE

Name of Document: [illegible] Record	By whom issued and signed: Near Lake Co. Recorder, [illegible]	Date Issued: Jan. 20, 1963	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Birth Place: Near Lake Co. [illegible] Raymond, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2. Type of Document: [illegible] Record	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Jan. 10, 1963
Date of Birth: [illegible]	Birth Place: Raymond, Idaho	Full Name of Mother: Marda Malli	Name of Father: [illegible]
SUPPORTING RECORD 3. Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Jan. 20, 1963	Date Orig. Entry: Jan. 10, 1963
Date of Birth: [illegible]	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence was been reviewed, which substantiates the facts as set forth in the foregoing [illegible].

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	April 22, 1963

Somsen

745-223-035-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-314

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Goldie Adalene Guetzloe
2. Date of Birth (month) (day) (year): May 23 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County (formerly Nez Perce, now Lewis); b. City or Town of Birth: Kamiah, Idaho

FATHER

6. Full Name of Father: Gustavus Adolph Guetzloe
7. State or Country of Father's Birth: Manitowac, Wisconsin

MOTHER

8. Full Maiden Name of Mother: Elsie Mae Conrad
9. State or Country of Mother's Birth: Webster City, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Goldie Adalene Sandidge Guetzloe
11. Present Address of Registrant: 3025 S.E. 29th Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 6th 1961
12. Signature of Notary: Lou V. Ulhelm
13. Notary Commission expires: March 24th 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Ruturn of Marriage	Multnomah County, Oregon, Marian M. Martin, Registrar	Mar.8,1961	June 19,1930
	Date of Birth: age 20 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: own childs hospital birth certificate	By whom issued and signed: Portland General Hospital. Donald Nickelsen,,M.D.	Date Issued: ----	Date Orig. Entry: child born Dec.17,1937
	Date of Birth: May 23,1910 / Birth Place: Kamiah, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records	By whom issued and signed: Portland Sanitarium & Hospital Edith G. Lewis, MRL	Date Issued: Apr.3,1961	Date Orig. Entry: Sept.17,1954
	Date of Birth: May 29,1910 / Birth Place: Idaho	Full Name of Mother: Elsie Conrad	Name of Father: Gust Guetzloe	

QUALIFYING INFORMATION

Statement regarding school records at Kamiah, Idaho signed by Helen H. Weiner, Principal, on Jan. 26, 1961. Goldie entered the High School on Sept. 11, 1923 at age 13, birth date May 23, 1910.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	pw Penny L. Wing	April 11, 1961

FORM BH 56067 1-18-61

APR 11 1961

MAY 3 1974

866-202-028-65

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-325

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Belle Hoffman			2. Date Of Birth (month) 9 (day) 2 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho Kootnai	b. City or Town of Birth: Coeur d' Alene	
FATHER	6. Full Name of Father: Henry Charles Hoffman			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Jane Pamelia Webb			9. State or Country of Mother's Birth: New York	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah B. H. Platt		11. Present Address of Registrant: 3855 So 30th Tacoma Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1961	12. Signature of Notary: Arlene J. Johns		13. Notary Commission expires: October 12 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Birth Notice in Newspaper	By whom issued and signed: Coeur d'Alene Journal		Date Issued: Sept.8,1910	Date Orig. Entry: Sept.8,1910
	Date of Birth: Sept. 1910	Birth Place: Coeur d'Alene,Ida.	Full Name of Mother: -----	Name of Father: H. C. Hoffman	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Jane Pamelia Webb		Date Issued: Mar.1,1961	Date Orig. Entry: -----
	Date of Birth: Sept.2,1910	Birth Place: Kootenai County Coeur d'Alene,Idah.	Full Name of Mother: Jane Pamelia Webb	Name of Father: Henry Charles Hoffman	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate	By whom issued and signed: Washington #1940 reg.#3744		Date Issued: May 11,1956	Date Orig. Entry: child born July 31,1940
	Date of Birth: Cage 29	Birth Place: Coeur d'Alene,Ida.	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Penny L. Wing	Date Filed: April 13, 1961

FORM BH 56067

2-16-61

APR 13 1961

294-12.033-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 341

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl H. Simmons		2. Date Of Birth (month) March (day) 22 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont (Now-Madison)	b. City or Town of Birth: Independence, SW Rexburg 4½ miles
FATHER	6. Full Name of Father: Andrew Jackson Simmons		7. State or Country of Father's Birth: Lake Shore, Utah	
MOTHER	8. Full Maiden Name of Mother: Leauetta Painter Hill		9. State or Country of Mother's Birth: Wellsville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl H. Simmons	11. Present Address of Registrant: Lorenzo, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1961	12. Signature of Notary: [signature]	13. Notary Commission expires: January 20 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt	By whom issued and signed: Hazel Hill Brown born 1891	Date Issued: Mar.28,1961	Date Orig. Entry: ----
	Date of Birth: Mar.22,1910 / Birth Place: Independence,Ida.	Full Name of Mother: Leauetta Painter Hill	Name of Father: Andrew Jackson Simmons	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church,Lorenzo Ward, Clyde L. Thomas, ward clerk	Date Issued: June 29, 1941	Date Orig. Entry: ordained May 18, 1941
	Date of Birth: Mar.22,1910 / Birth Place: Madison County Independence,Idaho	Full Name of Mother: Luetta P. Hill	Name of Father: Andrew Jackson Simmons	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: ----	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Mar.22,1910 / Birth Place: Independence,Ida.	Full Name of Mother: Leauetta P. Hill	Name of Father: Andrew Jackson Simmons	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: pw pw Penny L. Wing	Date Filed: April 17, 1961

FORM BH 56067 12-7-60

APR 18 1961

297-206.006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D061-347

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Patricia Ann Bixby
2. Date Of Birth: (month) Nov. (day) 6 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Lorenzo Vernon Bixby
7. State or Country of Father's Birth: Blackfoot, Bingham County, Idaho

MOTHER

8. Full Maiden Name of Mother: Blanche Frances Carbury
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Patricia Ann Hamilton
11. Present Address of Registrant: 6820 N. Stafford Ave. Apt. F.

NOTARY (Seal)

Subscribed and sworn to before me on: April 8 1961
12. Signature of Notary: Harry D Mosby
13. Notary Commission expires: HARRY D. MOSBY, Notary Public My Commission Expires May 16, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	California #13327	Mar.21,1961	child born May 21, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by aunt	Beth Rodgers age 66	Mar.17,1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.6,1910	Bingham County Blackfoot, Idaho	Blanche Frances Carbury	Lorenzo Vernon Bixby

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Prudential Insurance Co.	Dec.7,1953	Nov.30,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.6,1910	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barson
Evidence reviewed by: Penny L. Wing
Date Filed: April 19, 1961

FORM BH 56067

1 copy paid 3-10-61

APR 19 1961

792-223-044-716

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-355

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CORA LUCILLE GIBBS
2. Date of Birth (month) (day) (year): APRIL 23 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: WEISER WASHINGTON
b. City or Town of Birth: WEISER.

FATHER

6. Full Name of Father: CHARLES ANGUS GIBBS
7. State or Country of Father's Birth: ONTARIO CANADA.

MOTHER

8. Full Maiden Name of Mother: ESTHER CHARLOTTE PAWSON
9. State or Country of Mother's Birth: SUTTON NEBRASKA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cora Gibbs Carey
11. Present Address of Registrant: 1076-34 St-Apt 843

NOTARY (Seal)

Subscribed and sworn to before me on: April 13 1961
12. Signature of Notary: Sofia Carrillo
13. Notary Commission expires: January 22 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License Application	Elko County Nevada, R. L. Kane, county clerk	Apr. 4, 1961	June 5, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	-----	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Esther C. Gibbs	Mar. 27, 1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 23, 1910	Washington County Weiser, Idaho	Esther Charlotte Gibbs	Charles A. Gibbs

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
6888 A affidavit of registration	Elko County, Nevada, R.L. Kane County Clerk	Apr. 4, 1961	1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 23, 1910	Weiser, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	April 20, 1961

FORM BH 56067

1-31-61

693-217-002 ~ 363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 368

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Crystal Love Wilburn			2. Date Of Birth (month) (day) (year): March 17- 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Adams	b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Bert Wilburn			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Minnie May Locke			9. State or Country of Mother's Birth: Oregon. Grant -
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Crystal L. O'Dell		11. Present Address of Registrant: 69447 N. Greeley
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1961	12. Signature of Notary: Elizabeth LaDue		13. Notary Commission expires: May 23 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Oregon #1801		Date Issued: Mar.23,1961	Date Orig. Entry: child born June 4, 1931
	Date of Birth: age 21	Birth Place: Council, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: -----	Date Orig. Entry: Dec.2,1936
	Date of Birth: Mar.17,1910	Birth Place: Adams Council, Idaho	Full Name of Mother: Minnie May Locke	Name of Father: Bert Harris Wilburn	
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage	By whom issued and signed: Clark County Washington, Bruce Worthington, Auditor		Date Issued: Mar.24,1961	Date Orig. Entry: May 10, 1930
	Date of Birth: age 20	Birth Place: Adams Co, Idaho	Full Name of Mother: Minnie Locke	Name of Father: Bert Wilburn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Penny L. Wing	April 27, 1961

FORM BH 56067

1 copy paid #13304 3-14-61

APR 27

256-22X1028-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-482

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Lou Knobel			2. Date Of Birth (month) March (day) 24 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: John Knobel Jr.			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Maude Martha Handy			9. State or Country of Mother's Birth: Missiouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Lou Knobel		11. Present Address of Registrant: Melba Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 1961	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding records Rebecca Assembly	By whom issued and signed: Carolyn J. Hancock, Secretary	Date Issued: June 1, 1961	Date Orig. Entry: April 9, 1946
	Date of Birth: March 24, 1910	Birth Place: -------	Full Name of Mother: ----------	Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 51	By whom issued and signed: Gertrude Adams	Date Issued: 6-1-61	Date Orig. Entry: ------
	Date of Birth: March 24, 1910	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Maude Martha Handy	Name of Father: John Knobel Jr.
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: On file in Idaho # 389119	Date Issued: -----	Date Orig. Entry: April 18, 1944
	Date of Birth: Age 34	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: ---------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	June 1, 1961

K

FORM BH 56067

JUN 2 1963

OCT 6 1972

DELAYED CERTIFICATE OF BIRTH

1. Name of Person	Mary Lou Knobel	2. Date of Birth	March 24 1910
3. Color or Race	White	4. Sex	Female
5. Place of Birth	Kootenai	6. City or Town of Birth	Coeur d'Alene
7. Name of Father	John Knobel Jr.	8. State or Country of Father's Birth	Nebraska
9. Full Name of Mother	Maude Martha Handy	10. State or Country of Mother's Birth	Missouri
11. Present Address of Registrant			
12. Notary Commission Expires			

APPLICANT - DO NOT WRITE BELOW THIS LINE

Supporting Record	Statement regarding records Rebecca Assembly	Date Issued and Signed: Carolyn J. Hancock, Secretary	Date Issued: June 1, 1951	Date Orig. Entry: April 9, 1945
	Date of Birth: March 24, 1910	Birth Place: -------	Full Name of Mother: ----------	Name of Father: -------
Supporting Record	Type of Document: Affidavit by Aunt Age 51	By whom Issued and Signed: Gertrude Adams	Date Issued: 6-1-61	Date Orig. Entry: ------
	Date of Birth: March 24, 1910	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Maude Martha Handy	Name of Father: John Knobel Jr.
Supporting Record	Type of Document: Own childs birth certificate	By whom Issued and Signed: On file in Idaho # 389119	Date Issued: -----	Date Orig. Entry: April 18, 1944
	Date of Birth: Age 54	Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: ----------	Name of Father: ----------

Qualifying Information

Registrar's Certificate (Seal): I hereby certify that the prior birth certificate has been found in the Division of Vital Statistics for this registrant and that the accompanying entries as has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar	Evidence reviewed by	Date Filed
[illegible] W. Benson	Elaine Coy	June 1, 1951

Form [illegible]

294-212-016-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-484

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Belle Bruesch		2. Date Of Birth (month) 10 (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Almo a. County: Cassia b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: John Jacob Bruesch		7. State or Country of Father's Birth: New Mexico
MOTHER	8. Full Maiden Name of Mother: Ida Durfee		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada B. Whitaker	11. Present Address of Registrant: R # 1, Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 19 59	12. Signature of Notary: [signature]	13. Notary Commission expires: January 4, 1963 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: University of Idaho Moscow, Idaho	Date issued: 8-21-56	Date Orig. Entry: Jan. 18, 1932
	Date of Birth: Oct. 12, 1910 / Birth Place: Almo, Idaho	Full Name of Mother: ---	Name of Father: J. J. Bruesch	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Mutual Life Ins.Co.	Date issued: 11-20-39	Date Orig. Entry: Nov. 20, 1939
	Date of Birth: Oct. 12, 1910 / Birth Place: Almo, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: affidavit by parents	By whom issued and signed: J. J. Bruesch Ida Durfee Bruesch	Date issued: May 29,1961	Date Orig. Entry: ----
	Date of Birth: Oct.12,1910 / Birth Place: Cassia County Almo, Idaho	Full Name of Mother: Ida Durfee	Name of Father: J. J. Bruesch	

QUALIFYING INFORMATION: own child's birth certificate, Idaho #435968: age 36 as of child's birth, March 19, 1947; birthplace-Almo, Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	nr Penny L. Wing	June 2, 1961

FORM BH 56067

JUN 2 1961

MAR 21 1972

APR 1 1975

759408.026-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 489

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clyde Lindsay Geisler
2. Date Of Birth (month) (day) (year): November 8 - 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Annis Jefferson
b. City or Town of Birth: Annis

FATHER

6. Full Name of Father: Peter Robert Geisler
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Ellen Elizabeth Lindsay
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clyde Lindsay Geisler
11. Present Address of Registrant: Geisler

NOTARY (Seal)

Subscribed and sworn to before me on: March 15, 1961
12. Signature of Notary: David Lee Jr.
13. Notary Commission expires: Jan. 2, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #229909	----	child born Jan.1,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Annis, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Annis Ward, Rigby Stake, E.J.Lewis, clerk	---	blessed Jan.11,1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.8,1910	Annis, Idaho	Ellen E. Lindsay	Peter R. Geesler

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by father	Peter R. Geisler	Mar.28,1961	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.8,1910	Annis, Idaho	----	Peter R. Geisler

QUALIFYING INFORMATION

March 15, ~~1961~~ 1961.
I am the father of the above named registrant and the above statistics is correct and accurate.
Peter R Geisler

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	pw Penny L. Wing	June 5, 1961

FORM BH 56067

JUN 5 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth	Month, Day, Year
	3. Color or Race	4. Sex	5. Place of Birth, Accounty	6. Place of Birth
FATHER	6. Full Name of Father	7. Date of Country of Father's Birth	
MOTHER	8. Full Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	Signature of Notary	12. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
	Date of Birth	Full Name of Mother	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Date of Father	
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
	Date of Birth	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
	Date of Birth	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION	March 15, 1961. I am the father of the above named registrant and the above statistics is correct and accurate.			

VERIFICATION OF CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] record.

Signature	Evidence Reviewed by	Date Filed
[signature]	[signature]	June 5, 1961

713-20S-1036-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 493

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lorene Walker Packer
2. Date Of Birth (month) (day) (year): July 5 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Riverdale Oneida
b. City or Town of Birth: Riverdale Idaho

FATHER

6. Full Name of Father: Delbert Meacham Packer.
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mable R Walker
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lorene W. Powell
11. Present Address of Registrant: 130 West Gould, Pocatello

NOTARY (Seal)

Subscribed and sworn to before me on: May 29 1961

12. Signature of Notary: [signature]
13. Notary Commission expires: Sept. 4, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance policy application	Idaho Mutual Benefit Assn.	----	Sept. 11, 1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 5, 1910 / Riverdale, Idaho	----	----	
SUPPORTING RECORD 2.	affidavit by mother	Mabel R. Packer	May 29, 1961	-----
	July 5, 1910 / Riverdale, Idaho	Mabel R. Walker	Delbert M. Packer	
SUPPORTING RECORD 3.	own childs birth certificate	Idaho #387220	-----	child born Feb. 22, 1944
	age 33 / Riverdale, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	pw Penny L. Wing	June 5, 1961

FORM BH 56067

3-23-60 one copy paid #00130

JUN 6 1961

457-114-028-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-494

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence William Megquier		2. Date Of Birth (month) July (day) 14 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenia; b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: Charles William Megquier		7. State or Country of Father's Birth: Maine
MOTHER	8. Full Maiden Name of Mother: Annie Ida Giles		9. State or Country of Mother's Birth: Maine
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence William Megquier	11. Present Address of Registrant: Independence, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 2nd December 1958	12. Signature of Notary: Roy J. Rice Jr.	13. Notary Commission expires: Feb. 7 1960

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Annie I. Megquier	Date issued: June 2,1961	Date Orig. Entry: ----
	Date of Birth: July 14,1910	Birth Place: Coeur d'Alene,Ida. Kootenai Co.	Full Name of Mother: Annie I. Megquier	Name of Father: Charles William Megquier
SUPPORTING RECORD 2.	Type of Document: Insurance policy application	By whom issued and signed: New York Life Insurance Co.	Date issued: ----	Date Orig. Entry: June 25,1931
	Date of Birth: July 14 1910	Birth Place: Coeur d'Alene,Ida.	Full Name of Mother: Anna Megquier	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #218521	Date issued: ----	Date Orig. Entry: child born Oct.2,1933
	Date of Birth: age 23	Birth Place: Coeur d'Alene,Ida.	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	June 6, 1961

FORM BH 56067

JUN 6 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Decl-[illegible]

PERSON WHOSE BIRTH IS BEING REGISTERED	1. Full Name of Birth: Lawrence William Megquier	2. Date of Birth (month) (day) (year): July 14 1910
	3. Color or Race: White	4. Sex: Male
	5. Place of Birth: Kootenai	6. Birthplace of Birth: Coeur d'Alene
FATHER	7. Full Name of Father: Charles William Megquier	8. State or Country of Father's Birth: Idaho
MOTHER	9. Full Maiden Name of Mother: Annie Ida Giles	10. State or Country of Mother's Birth: Idaho
AFFIDAVIT	11. Declaration: I declare that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]
	13. Signature of Notary: [illegible]	14. Present Address of Registrant: Independence, Oregon
	15. Sworn and sworn to before me: [illegible]	16. Notary Commission Expires: Feb. 7 to 60

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit of mother	By whom issued and signed: Annie I. Megquier	Date Issued: June 2, 1961
	Date of Birth: July 14, 1910	Birth Place: Coeur d'Alene, Idaho; Kootenai Co.	Full Name of Mother: Annie I. Megquier
	Name of Father: Charles William Megquier		
SUPPORTING RECORD 2.	Type of Document: Insurance policy application	By whom issued and signed: New York Life Insurance Co.	Date Issued: ----
	Date of Birth: July 14, 1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Anna Megquier
	Name of Father: ----		
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #[illegible]	Date Issued: ----
	Date of Birth: age 23	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----
	Name of Father: ----		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Date)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Penn L. Wing	June 6, 1961

FORM [illegible]

595208-025-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 507

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Christine Eva Vinecore		2. Date Of Birth (month) 6 (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Orofino b. City or Town of Birth: Orofino Idaho
FATHER	6. Full Name of Father: Edgar R. Vinecore		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Fannie May Baker		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys E. Webb	11. Present Address of Registrant: E8622 Knox Spokane Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: 24th May 1961	12. Signature of Notary: C. E. Bronson	13. Notary Commission expires: 8-22 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital records		By whom issued and signed: St. Joseph's Hospital, Lewiston Mae Austin, Medical Records	Date Issued: Mar. 22, 1961	Date Orig. Entry: admitted Sept. 28, 1929
	Date of Birth: June 8, 1910	Birth Place: Orofino, Idaho	Full Name of Mother: Fannie Baker	Name of Father: Edward Vinecore	
SUPPORTING RECORD 2.	Type of Document: insurance policy application		By whom issued and signed: Sun Life Assurance Co.	Date Issued: -----	Date Orig. Entry: Oct. 21, 1952
	Date of Birth: June 8, 1910	Birth Place: Orofino, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: own childs hospital birth certificate		By whom issued and signed: St. Joseph's Hospital, Lewiston Sister M. Cataldo, Supt.	Date Issued: May 29, 1939	Date Orig. Entry: child born May 29, 1939
	Date of Birth: June 8, 1910	Birth Place: Orofino, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bronson	Penny L. Wing	June 13, 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 515

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elmer Evard Dawson
2. Date of Birth (month) (day) (year): June 16 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Morton Bonner
b. City or Town of Birth: Morton

FATHER

6. Full Name of Father: James Marion Dawson
7. State or Country of Father's Birth: Lincoln County Kansas

MOTHER

8. Full Maiden Name of Mother: Mary Agnes Brockway
9. State or Country of Mother's Birth: Astoria, Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmer E Dawson
11. Present Address of Registrant: Weiser, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 12th June 1961
12. Signature of Notary: Fronie B. Jordan
13. Notary Commission expires: May 10th 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #420184	------	child born May 13,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 35	Morton, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Discharge Paper	Civilian Conservation Corps, H.C.Moore,Capt.Inf-Res.	Mar.25,1935	enrolled Apr.25,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 23	Morton, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by uncle	William Dawson age 62	May 16,1961	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 16, 1910	Bonner County Morton, Idaho	Mary Agnes Brockway	James Marion Dawson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing	June 15, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 15 1961

713-210-014-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 553

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN MARIE PATTEN	2. Date Of Birth (month) February (day) 10 (year) 1910	
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: Allen Melvin Patten	7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Effie Irene Solomon	9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Marie Patten Cotton	11. Present Address of Registrant: 535 N. Frazier Florence, Colo
NOTARY (Seal)	Subscribed and sworn to before me on: June 1 19 61	12. Signature of Notary: Nellie Mae Robert	13. Notary Commission expires: August 12 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Birth Record	By whom issued and signed: Canyon County, Idaho, S. S. Foote, Clerk of Dist.Crt.	Date issued: Apr.26,1961	Date Orig. Entry: shortly after birth
	Date of Birth: Feb.10,1910; Birth Place: Canyon County Caldwell, Idaho	Full Name of Mother: Effie Solomon	Name of Father: Allen Patten	
SUPPORTING RECORD 2.	Type of Document: insurance policy application	By whom issued and signed: Reserve Life Insurance Co.	Date issued: ----	Date Orig. Entry: Jan. 6,1955
	Date of Birth: Feb.10,1910; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: E. Irene Patten	Date issued: Mar.14,1961	Date Orig. Entry: ----
	Date of Birth: Feb.10,1910; Birth Place: Canyon County Caldwell, Idaho	Full Name of Mother: E. Irene Patten	Name of Father: Allen Melvin Patten	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw Penny L. Wing	June 30, 1961

FORM BH 56067 1 copy DA #15464

JUN 30 1961

249-21 10 42-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. de 61-573

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle May Smith			2. Date of Birth (month) (day) (year): April - 12 - 1910
	3. Color or Race: Caucasian	4. Sex: female	5. Place of Birth a. County: Buhl, Idaho Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Henry Newton Smith			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Kathryn Elizabeth Rose			9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle May Smith Pearce		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1961	12. Signature of Notary: C. J. Marburger		13. Notary Commission expires: December 13, 1964 P.O. Box 1665 Las Vegas Nevada

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: age 63 Affidavit by person present	By whom issued and signed: Troy Leland Smith	Date Issued: March 10, 1961	Date Orig. Entry: --------
	Date of Birth: April 12, 1910 / Birth Place: Buhl, Idaho	Full Name of Mother: Kathryn Elizabeth Smith	Name of Father: Henry Newston Smith	
SUPPORTING RECORD 2.	Type of Document: Social Security record	By whom issued and signed: Federal Security Agency	Date Issued: August, 1949	Date Orig. Entry: 12-11-36
	Date of Birth: April 12, 1910 / Birth Place: Buhl, Idaho	Full Name of Mother: Katherine Rose	Name of Father: Henry Newton Smith	
SUPPORTING RECORD 3.	Type of Document: Marriage license application	By whom issued and signed: State of Nevada, Lloyd Payne	Date Issued: December 14, 1942	Date Orig. Entry: December 14, 1942
	Date of Birth: Age 32 / Birth Place: ----	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	July 7, 1961

FORM BH 56067

JUL 7 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

843-226-014-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 585

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILMA LOISE HUTSELL
2. Date of Birth: July 26, 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: E R. Hutsell
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Minnie Sutton
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma Loise Hutsell Johnson
11. Present Address of Registrant: 1140 C Ave., Lake Oswego, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on July 11th 1961

12. Signature of Notary: Lorraine M. Kelly
13. Notary Commission expires: My Commission Expires Aug. 25, 1964 Notary for Oregon

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	County Birth Record	Canyon County Idaho, S. S. Foote, Clerk	June 8, 1961	shortley after birth
	Date of Birth July 26, 1910 / **Birth Place** Caldwell, Idaho	**Full Name of Mother** Minnie Sutton	**Name of Father** R. R. Hutsell	
SUPPORTING RECORD 2.	affidavit by mother	Minnie F. Dixson	Aug. 1, 1952	----
	Date of Birth July 26, 1910 / **Birth Place** Caldwell, Idaho	**Full Name of Mother** Minnie F. Dixson	**Name of Father** ----	
SUPPORTING RECORD 3.	insurance policy	Aetna Life Insurance Co.	Jan. 1, 1947	Jan. 1, 1947
	Date of Birth 1910 / **Birth Place** ----	**Full Name of Mother** ----	**Name of Father** ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	July 14, 1961

FORM BH 56067

JUL 14 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JOHNSON

236-218003-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 630

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ORRA ELVIRA BLOXHAM			2. Date of Birth: (month) MARCH (day) 18, (year) 1910	
	3. Color or Race: WH	4. Sex: F	5. Place of Birth a. County: DOWNEY BANNOCK	b. City or Town of Birth: DOWNEY	IDAHO
FATHER	6. Full Name of Father: ERASTUS ZACHARIA BLOXHAM			7. State or Country of Father's Birth: DOWNEY, IDAHO, U.S.A	
MOTHER	8. Full Maiden Name of Mother: SARAH MAY WAKLEY			9. State or Country of Mother's Birth: DOWNEY, IDAHO, U.S.A	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orra E. Jacobs		11. Present Address of Registrant: 870 East 11th North MOUNTAIN HOME, IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: 7/24/61 19___	12. Signature of Notary: E E Jacobs		13. Notary Commission expires: March 25th 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #196923		Date Issued: -----	Date Orig. Entry: child born Nov. 28, 1951
	Date of Birth: age 21	Birth Place: Downey, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Sarah May Bloxham		Date Issued: July 14, 1961	Date Orig. Entry: -----
	Date of Birth: Mar.18,1910	Birth Place: Downey, Idaho	Full Name of Mother: Sarah May Wakley	Name of Father: Erastus Zacharia Bloxham	
SUPPORTING RECORD 3.	Type of Document: Notification of Personnel Action	By whom issued and signed: Dept. of Air Force, Bruce E. Vaughan, Civilian Personnell		Date Issued: Apr.13,1951	Date Orig. Entry: Apr.13,1951
	Date of Birth: Mar.18,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	August 1, 1961

FORM BH 56067

7-13-61

DELAYED CERTIFICATE OF BIRTH

AUG 1 1961

318-229-035-969

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-651

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPHINE JULIA LAYES		2. Date Of Birth (month) December (day) 29 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Arrow Junction (mail Juliaetta)
FATHER	6. Full Name of Father: Jacob Frank Layes		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Josephine Roza Soumar		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine Julia Layes Wyman	11. Present Address of Registrant: Culdesac, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1961	12. Signature of Notary: Lynne M. Slake	13. Notary Commission expires: April 10 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth cert.	By whom issued and signed: on file Idaho #50-3364	Date Issued: March 28, 1961	Date Orig. Entry: child born March 16, 1950
	Date of Birth: age 39	Birth Place: Arrow Junction, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt-Age 74	By whom issued and signed: Mary Soumar Pavel	Date Issued: March 16, 1961	Date Orig. Entry: --
	Date of Birth: Dec. 29, 1910	Birth Place: Arrow Junction, Nez Perce co, Idaho	Full Name of Mother: Josephine Roza Soumar Layes	Name of Father: Jacob Frank Layes
SUPPORTING RECORD 3.	Type of Document: U. S. Census Record	By whom issued and signed: U.S. Department of Commerce Washington 25, D.C.	Date Issued: July 10, 1961	Date Orig. Entry: Census of Jan 1, 1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: Photocopy of own child's birth certificate, Division of Vital, Statistics, State of Arizona gives age as 34 and birthplace as Arrow Junction, Idaho. Child born Oct 23, 1945

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	August 9, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 9 1961

REGISTRANT	1. Registrant's Full Name at Birth: [illegible]		2. Date of Birth: [illegible]
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Nez Perce
			6. Birth or Town of Birth: Arrow Junction (Nez Perce)
FATHER	7. Full Name of Father: Jacob Frank Layes		8. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Josephine Roza Soumar		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Personal Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Mother	13. Notary Commission Expires

SUPPORTING RECORD 1	Type of Document: Certified copy of own child's birth cert.	By Whom Issued and Signed: Ben File Idaho 450-3854	Date Issued: March 28, 1961 / Date Orig. Entry: Jan 16, 1950
	Date of Birth: Dec. 29, 1910	Birth Place: Arrow Junction, Nez Perce co, Idaho	Name of Father: Jacob Frank Layes
SUPPORTING RECORD 2	Type of Document: Affidavit by Aunt-Age 76	By whom Issued and Signed: Mary Soumar Lavel	Date Issued: March 16, 1961 / Date Orig. Entry: —
	Date of Birth: Dec. 29, 1910	Birth Place: Arrow Junction, Nez Perce co, Idaho	Full Name of Mother: Josephine Roza Soumar Layes / Name of Father: Jacob Frank Layes
SUPPORTING RECORD 3	Type of Document: U. S. Census Record	By whom Issued and Signed: U. S. Department of Commerce Washington 25, D.C.	Date Issued: July 10, 1961 / Date Orig. Entry: Census of Jan 1, 1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: — / Name of Father: —

QUALIFYING INFORMATION: Photocopy of own child's birth certificate, Division of Vital Statistics, State of Arizona gives age as 34 and birthplace as Arrow Junction, Idaho. Child born Oct 23, 1945

CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documents, evidence has been reviewed, which qualifies the facts as set forth in the foregoing sentence.

State Registrar	Date Issued by	Date Filed
W. E. [illegible]	Jacob H. Foltz	August 9, 1961

YAYES

WYMAN

BLAKE + GIVENS

593-101-035-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 688

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Raymond Nichols			2. Date of Birth (month) January (day) 1, (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: NezPerce, (now Lewis)	b. City or Town of Birth: 3½ miles North of Vollmer, now (Ilo) Craigmont
FATHER	6. Full Name of Father: Fred Nichols			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Nettie Lee Miller			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Raymond Nichols		11. Present Address of Registrant: Reubens, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 10, 1961	12. Signature of Notary: [signature]		13. Notary Commission expires: October 17, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Jan. 28, 1947
	Date of Birth: Jan.1,1910 / Birth Place: Lewis County Craigmont, Idaho	Full Name of Mother: Nettie Lee Miller	Name of Father: Fred Nichols	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #231650	Date Issued: -----	Date Orig. Entry: child born Apr. 6, 1935
	Date of Birth: age 25 / Birth Place: Ilo, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: Aug.11,1947	Date Orig. Entry: July 31, 1947
	Date of Birth: Jan.1,1910 / Birth Place: Craigmont, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Aug.17,1961

FORM BH 56067

AUG 18 196

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

655224-029-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 695

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Selma Fenimore
2. Date Of Birth: (month) June (day) 24 (year) 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County Latah; b. City or Town of Birth: Potlatch

FATHER

6. Full Name of Father: Edward Marvel Fenimore
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Edna May Fessenden
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Selma Fenimore
11. Present Address of Registrant: Castle Rock, Washington

NOTARY (Seal)

Subscribed and sworn to before me on July 14 19 61

12. Signature of Notary: Alice Gleason
13. Notary Commission expires: June 9 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by aunt	Dolly Burton age 73	Aug.2,1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 24, 1910	Latah Potlatch, Idaho	Edna May Fessenden	Edward M. Fenimore

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Wash.Record #147,Reg.#575	Aug.14,1961	child born July 31, 1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22	Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage Return	Cowlitz County Washington Sarah Ivie, Auditor	Aug.9,1961	Sept.27,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 17	Idaho	Edna Sinclair	Edward Fenimore

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Aug. 22, 1961

FORM BH 56067

7-12-61

AUG 22 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

PROPOSED NAME	1. Registrant's Full Name at Birth: [illegible] Fenimore	2. Date of Birth: June 24 1910	
Registrant	3. Sex: F	4. Place of Birth: [illegible]	5. Type of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible] Fenimore	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	9. Here to [illegible] upon oath that the [illegible] are true to the best of [illegible] and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
[illegible]	Subscribed and sworn to before me of: July 14 [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: June [illegible]

AFFIDAVIT OF NOTARY PERSON THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Aug. [illegible] 1961 / Date Orig. Entry: ----
	Date of Birth: [illegible] / Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Aug. [illegible] 1961 / Date Orig. Entry: [illegible]
	Date of Birth: [illegible] / Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Aug. [illegible] 1961 / Date Orig. Entry: [illegible]
	Date of Birth: [illegible] / Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
ADDITIONAL INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which adequately attests the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Aug. [illegible]

7-12-61

154-122-014-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-717

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ellis Alpha Andersen
2. Date Of Birth: (month) August (day) 22 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Canyon — Parma

FATHER

6. Full Name of Father: Hans Christian Andersen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Julie Sophie Andersen
9. State or Country of Mother's Birth: Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ellis Alpa Andersen
11. Present Address of Registrant: 7424 Wilshire Drive, Boise, Ida

NOTARY (Seal)

Subscribed and sworn to before me on August 29 1961

12. Signature of Notary: Erma L Dvorak
13. Notary Commission expires: June 20 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Marchus B. Hitchrock	6-27-53	6-27-53

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 22, 1910	Parma, Idaho	Julia Sofia Andersen	Hans Christian Andersen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Northern Life Insurance Co.	June 1, 1927	June 1, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 22, 1910	Parma, Idaho	Julia Andersen	Hans Andersen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister age 69	Ostella Andersen Brown	12-30-60	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 22, 1910	Parma, Idaho	Julie Sophie Andersen	Hans Christian Andersen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	August 29, 1961

FORM BH 56067

AUG 30 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

CHILD	3. Name of child (First, middle, last)			4. Date of birth (Month, day, year)	
	Julia Sophie Andersen			August 22, 1920	
	5. Color or race	6. Sex	7. Place of birth (City, county, state)		
	White	Female	Idaho	Cherry	
PARENTS	8. Full name of father			9. Birthplace of father (State or country)	
	Hans Christian Andersen			Denmark	
MOTHER	10. Full maiden name of mother			11. Birthplace of mother (State or country)	
	Sophie Bornie Andersen			Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		Signature of Registrant	12. Present Address of Registrant	
				Twin Falls, Twin Falls, Idaho	
NOTARY PUBLIC	Subscribed and sworn to before me on (Month, day, year)		13. Signature of Notary	14. Notary Commission expires	
	August 29 1961				
SUPPORTING DOCUMENTS	15. Type of Document		16. Name and Address of Custodian of Record		17. Date Issued (Month, day, year)
	Certificate of Baptism		Mrs. C. E. Nicholson		6-27-39
	18. Name of Father (First, middle, last)				
	Hans Christian Andersen				
	19. Maiden Name of Mother				
	Julia Sophie Andersen				
	20. Name of Hospital or Institution (If not in hospital, give street address)				21. Date Filed (Month, day, year)
	August 22, Twin Falls, Idaho				June 5, 1947
	22. Type of Delivery		23. Name of Attendant		24. Address
	Ingrance Policy				
	25. Date Signed		26. Name of Informant		27. Relationship
	August 22,		Julia Andersen		Hans Andersen
	28. Type of Evidence		29. When Signed and Sworn To		30. Date Filed (Month, day, year)
	Affidavit by sister age 69		Ostella Andersen Brown		12-30-50
	31. Name and Address of Person		32. Relationship		33. Name of Father
	Julia Sophie Andersen		Twin Falls, Idaho		Hans Christian Andersen
CERTIFICATION	I hereby certify that the above statements are true, complete and correct to the best of my knowledge and belief and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing affidavit.				
	34. Signature of Registrar		Evidence received by		Date Filed
	W. W. Benson		Elaine Cox		August 29, 1961

796-226-037-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 720

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Irene Groves		2. Date Of Birth (month) 8 (day) 26 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Bruneau
FATHER	6. Full Name of Father: Ross Groves		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Cora Ethel Keefer		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Elsberry	11. Present Address of Registrant: El Cerrito, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 10 19 61	12. Signature of Notary: Elmer Garibaldi	13. Notary Commission expires: November 15 19 62	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy Application	By whom issued and signed: Royal Neighbors of America	Date Issued: May 28, 1930	Date Orig. Entry: May 22, 1930
	Date of Birth: Aug. 26, 1910	Birth Place: Owyhee County Bruneau, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: July 31, 1961	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 9	Birth Place: Idaho	Full Name of Mother: Cora E. Groves	Name of Father: Ross J. Groves
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Cora E. Groves	Date Issued: Aug. 26, 1961	Date Orig. Entry: -----
	Date of Birth: Aug. 26, 1910	Birth Place: Bruneau, Idaho	Full Name of Mother: Cora Groves	Name of Father: Ross Groves
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw pw Penny L. Wing	Aug. 30, 1961 pw

FORM BH 56067 NM

AUG 30 1961

Elsberry

157-218025 555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 721

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Alvina Angell
2. Date Of Birth: (month) Feb. (day) 18 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Cottonwood

FATHER

6. Full Name of Father: Willis Harvey Angell
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Grace Fleena Evett
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Grace Crotts
11. Present Address of Registrant: 663 Richfond Ave. Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 5th 1961

12. Signature of Notary: Jeanne E. Sharp
13. Notary Commission expires: Jan. 20 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding employment records	Union Pacific Railroad Co.	May 29,1961	employed Apr.12,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.18,1910	----	- - - -	- - - -

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #182161	-----	child born June 24,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 20	Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by sister	Emma L. Scheel age 64	Aug.26,1961	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.18,1910	Cottonwood,Idaho	Grace F. Evett Angell	Willis Harvey Angell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	pw Penny L. Wing	Aug.30,1961

FORM BH 5606?

5-2-1961 Idaho #182615

AUG 30 1961

796-22-7102A-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 755

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOIS VIVIAN GROVES			2. Date of Birth (month) DEC. (day) 27 (year) 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: GOODING. IDA.	b. City or Town of Birth: GOODING. IDA.
FATHER	6. Full Name of Father: CLARENCE FREDERICK GROVES			7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: EDITH PEARL HAZELITT			9. State or Country of Mother's Birth: MICHIGAN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Vivian Hyde		11. Present Address of Registrant: 140 N. SEVENTH ST. ANN ARBOR MICH.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 5 19 61	12. Signature of Notary: Notary Public, Washtenaw Co., Mich. My Commission Expires Feb. 19, 1962		My commission expires 19 62

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: Edith Pearl Groves	Date Issued: Sept.8,1961	Date Orig. Entry: ----
	Date of Birth: Dec.27,1910 / Birth Place: Gooding,Idaho	Full Name of Mother: Edith Pearl Groves	Name of Father: Clarence Frederick Groves	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Wayne County,Mich.E.B.O'Hara	Date Issued: ----	Date Orig. Entry: Feb. 8,1934
	Date of Birth: age 23 / Birth Place: Idaho	Full Name of Mother: Pearl Hazelitt	Name of Father: Clarence Groves	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy application	By whom issued and signed: John Hancock Mutual Life	Date Issued: ----	Date Orig. Entry: Feb.24,1933
	Date of Birth: Dec.27,1910 / Birth Place: Gooding, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barnard	Evidence reviewed by: Penny L. Wing		Date Filed: Sept. 12, 1961

FORM BH 56067

8-21-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 12 1968

296-212 1002-437

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-773
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie Naomi Brooks
2. Date of Birth (month) (day) (year): September 12th. 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Adams
b. City or Town of Birth: Fruitvale

FATHER

6. Full Name of Father: Fred Brooks
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Lydia Lois McGuire
9. State or Country of Mother's Birth: Dayton, Webster County Iowa.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: J. Naomi Brooks
11. Present Address of Registrant: 207 Union St. Cherokee Iowa.

NOTARY (Seal)

Subscribed and sworn to before me on: August 21st. 1961
12. Signature of Notary: M. A. Miller
13. Notary Commission expires: July 4th. 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Lydia Brooks Leeds	Apr.17,1956	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.12 1910	Adams County Fruitvale, Idaho	Lydia Brooks Leeds	Fred Brooks

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	-----	Oct.27,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.12, 1910	Adams County Fruitvalle, Idaho	Lydia Lois McGuire	Fred E. Brooks

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	M. A. Miller, Notary Public	Sept.13, 1961	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.12, 1912	----	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Sept. 19, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 19 1961

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: [illegible]
	3. Sex: [illegible]	4. Place of Birth: [illegible] County
	5. City or Town of Birth: Fruitvale	
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: New York
MOTHER	8. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible], Winter County Iowa
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible] Union St. [illegible] Iowa
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: July [illegible]

SUPPORTING RECORD 1	Type of Document: affidavit by mother	By whom issued and signed: Lydia Brooks Leeds	Date Issued: Apr. 17, 1955	Date Orig. Entry: -----
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father:	
Class				
SUPPORTING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Oct. 27, 1950
	Date of Birth: Sept. 12, 1950	Full Name of Mother: Lydia Lois Watkins	Name of Father: Fred M. Brooks	
Class				
SUPPORTING RECORD 3	Type of Document: Family Record	By whom issued and signed: M. L. Miller, Notary Public	Date Issued: Sept. 12, 1961	Date Orig. Entry: Obviously old
	Date of Birth: Sept. 12, 1950	Full Name of Mother: -----	Name of Father: -----	
Class				
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Statement.			
	State Registrar: [signature]	Evidence reviewed by: Jenny L. King	Date Filed: Sept. 19, 1961	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

295-207-014-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 782

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geraldine Ione Kreider		2. Date Of Birth (month) (day) (year): Nov. 7 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Wilder, Ida Canyon; b. City or Town of Birth: Wilder, Idaho
FATHER	6. Full Name of Father: Willis Weston Kreider		7. State or Country of Father's Birth: Wenoa, Illinois
MOTHER	8. Full Maiden Name of Mother: Gladys Belle Stone		9. State or Country of Mother's Birth: Emporia, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geraldine Ione Kreider Hickok	11. Present Address of Registrant: Wilder, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1961	12. Signature of Notary: Erwin J. Blood	13. Notary Commission expires: 12/15 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #237542	Date Issued: ------	Date Orig. Entry: child born Oct.15,1935
	Date of Birth: age 24	Birth Place: Wilder, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family	By whom issued and signed: Elmer C. Look age 76	Date Issued: Aug.29,1961	Date Orig. Entry: ----
	Date of Birth: Nov.7,1910	Birth Place: Wilder, Idaho	Full Name of Mother: Gladys Belle Kreider	Name of Father: Willis Weston Kreider
SUPPORTING RECORD 3.	Type of Document: statement regarding lodge records	By whom issued and signed: Charity Rebekah Lodge #75, Marion B. Mitchell, Rec.Sec.	Date Issued: Nov.2,1959	Date Orig. Entry: Feb.16,1944
	Date of Birth: Nov.7,1910	Birth Place: Wilder, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Sept. 21, 1961

FORM BH 56067

SEP 27 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF TEXAS

367-212.006-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 802

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Cox
2. Date Of Birth: (month) Nov (day) 12 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Shelley Idaho Bingham; b. City or Town of Birth Jamestown Ward Shelley Idaho

FATHER

6. Full Name of Father: Levi Ashton Cox
7. State or Country of Father's Birth: Utah ~~Hooper~~ Franklin Idaho

MOTHER

8. Full Maiden Name of Mother: Elnora Arave Cox
9. State or Country of Mother's Birth: Utah Hooper

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Dora Cox Holm
11. Present Address of Registrant: RT #3 Box 146 Idaho Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 28 1961
12. Signature of Notary: Mary Durham Adams
13. Notary Commission expires: 3/1 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	age 24	Shelley, Idaho	Idaho #230509	-----	-----	-----	child born Feb.10,1935
SUPPORTING RECORD 2.	affidavit by mother	Nov.12,1910	Bingham County Shelley, Idaho	Elnora Arave Cox	Elnora Arave	Sept.16, 1961	Levi Ashton Cox	----
SUPPORTING RECORD 3.	Church Membership Record	Nov.12,1910	Jamestown, Idaho	LDS Church, Salt Lake City Ella D. Jack, Custodian	Elnora Arave	May 3, 1961	Levi Cox	baptized July 5, 1919

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Sept.28,1961

FORM BH 56067

1 copy paid #13626. 3-21-61

SEP 28 1981

813-129-022-339

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-806
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irvin Lemuel Hathaway
2. Date of Birth (month) (day) (year): October 29 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Chester

FATHER

6. Full Name of Father: Daniel James Hathaway
7. State or Country of Father's Birth: No. Ogden, Weber Co. Utah

MOTHER

8. Full Maiden Name of Mother: Jerusha Ann Clifford
9. State or Country of Mother's Birth: No. Ogden, Weber Co. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irvin Hathaway
11. Present Address of Registrant: St. Anthony Idaho

NOTARY (Seal)

Subscribed and sworn to before me on January 10, 1957
12. Signature of Notary: Robert Smith
13. Notary Commission expires: Febuary 2 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class*_____	Certificate of Blessing	October 29, 1910	Chester, Fremont County, Idaho	L.B.S. Church records Chester Ward	Ann Clifford	2-5-11	2-5-11	Dan Hathaway
SUPPORTING RECORD 2. Class_____	Certificate of Ordination to office of Deacon	October 29, 1910	Chester, Fremont County, Idaho	L.D.S. Church record, Alfred Winters	Anna Clifford	-2-25-24	2-25-24	D. J. Hathaway
SUPPORTING RECORD 3. Class_____	Patriarchal Blessing	October 29, 1910	Chester, Fremont County, Idaho	W. R. Humphryes	Annie Jerusha Clifford	11-14-49	11-14-49	Daniel James Hathaway

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	September 28, 196

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 29 1997

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's Full Name at Birth	2. Date of Birth
3. Color or Race 4. Sex	5. Place of Birth (County)
6. Father's Full Name	
7. Mother's Maiden Name	
8. Date Filed by Registrar	9. Signature of Registrar
10. Number Immediately Preceding	

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

11. Signature of Applicant 12. Present Address of Applicant

13. Relationship to Registrant

14. Delayed Certificate Issued

SUPPORTING RECORD 1

Type of Document: Certificate of Baptism

Date of Birth: October 29, 1951 Birth Place: Chester, Fremont County, Idaho

By whom Issued and Signed: U.S. Church records Chester Ward

Full Name of Mother: Anna Mildred Jeppesen

Maiden Name of Mother: Anna Mildred Hathaway

Date Issued: 2-5-11 Date Orig. Entry: 2-5-11

SUPPORTING RECORD 2

Type of Document: Certificate of Ordination to Office of Deacon

Date of Birth: October 29, 1951 Birth Place: Chester, Fremont County, Idaho

By whom Issued and Signed: L.D.S. Church records, Alfred Winters

Full Name of Mother: Anna Mildred Hathaway

Maiden Name of Mother: A. M. Hathaway

Date Issued: 2-25-24 Date Orig. Entry:

SUPPORTING RECORD 3

Type of Document: Certificate of Blessing

Date of Birth: October 29, 1951 Birth Place: Chester, Fremont County, Idaho

By whom Issued and Signed: W. R. Humphreys

Full Name of Mother: Annie Jeresia Olsen Hathaway

Maiden Name of Mother: Daniel James Hathaway

Date Issued: 11-14-49 Date Orig. Entry: 11-14-49

ADDITIONAL INFORMATION

AFFIDAVIT 1

I hereby certify that no prior birth certificate has been filed, and that the information in this certificate is true to the best of my knowledge and belief.

Signature of Registrant

AFFIDAVIT 2

I hereby certify that no prior birth certificate has been filed, and that the information in this certificate is true to the best of my knowledge and belief.

Signature of Registrant

CERTIFICATION

I hereby certify that the above is a true copy of the record on file in this office.

Date Issued: September 29, 1997

Evidence Reviewed by

Signature of Registrar

867-107-003-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 824

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Julius Elmer Hopkins
2. Date of Birth: (month) May (day) 7, (year) 1910
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: Pocatello; b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Julius Wilbur Hopkins
7. State or Country of Father's Birth: Reidsville, North Carolina

MOTHER

8. Full Maiden Name of Mother: Tenie Lee Chandler
9. State or Country of Mother's Birth: Omega, Halifax County, Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julius Elmer Hopkins
11. Present Address of Registrant: 106 South 13 -Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 29th 19 61
12. Signature of Notary: John C. Fisher
13. Notary Commission expires: 7-4-65 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #267932	July 5,1961	child born June 12, 1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 28, / Pocatello,Idaho	----	----	
SUPPORTING RECORD 2.	Marriage Record	By whom issued and signed: Gem County, Idaho Lilian M. Campbell,recorder	Date Issued: July 27, 1935	Date Orig. Entry: July 27,1935
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 25 / ----	----	----	
SUPPORTING RECORD 3.	Insurance Policy	Beneficial Life Insurance Co.	Apr.9,1923	Apr. 5, 1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 7,1910 / Pocatello, Idaho	Tenie C. Hopkins	Julius Wilber Hopkins	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Oct. 3, 1961

FORM BH 56067

4-13-61

OCT 6 1961

APR 19 1974

S33-122 019-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oscar Wilson Ellis		2. Date Of Birth (month) January (day) 22 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Custer; b. City or Town of Birth: Ellis
FATHER	6. Full Name of Father: Wilson Pelton Ellis		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elda Lish		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar W Ellis	11. Present Address of Registrant: Box 999 Salmon, Idaho
NOTARY (Seal) 1-10-63	Subscribed and sworn to before me on: Sept. 28 19 61	12. Signature of Notary: Paul Raymond	13. Notary Commission expires: 1-10 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Honorable Discharge Paper	By whom issued and signed: U.S.Army,C.R.Edgar,Capt.	Date issued: Feb.21,1944	Date Orig. Entry: inducted Mar.7.1942
	Date of Birth: age 32 1/12; Birth Place: Ellis, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: -----	Date issued: -----	Date Orig. Entry: June 4,1918
	Date of Birth: age 8; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: Wilson Pelton Ellis	Date issued: Oct. 4,1961	Date Orig. Entry: ----
	Date of Birth: Jan.22,1910; Birth Place: Custer Ellis, Idaho	Full Name of Mother: Elda Ellis	Name of Father: Wilson P. Ellis	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. [illegible]	pw Penny L. Wing	Oct. 6, 1961

FORM BH 56067

1 copy for V. A. 9-12-61

OCT 6 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

281-204-029-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-841
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DOROTHY MAE SHAHAN
2. Date of Birth (month) (day) (year): MAY 4 1910
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth — a. County: LATAH
b. City or Town of Birth: FREEZE IDAHO

FATHER

6. Full Name of Father: JOHN ALBERT RUEBEN SHAHAN
7. State or Country of Father's Birth: HURDLAND MISSOURI

MOTHER

8. Full Maiden Name of Mother: LENA (M) PARRISH
9. State or Country of Mother's Birth: QUINCY ILLINOIS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy M. Manicke
11. Present Address of Registrant: 1704 E Harrison SEATTLE. WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: February 24 1961
12. Signature of Notary: Melvin J. Aleogen
13. Notary Commission expires: January 21 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: own childs birth certificate
By whom issued and signed: Washington #6733
Date Issued: July 20, 1948
Date Orig. Entry: child born July 21,1943
Class*
Date of Birth: age 33
Birth Place: Freeze, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 2.

Type of Document: Insurance Policy
By whom issued and signed: Supreme Forest Woodmen Circle
Date Issued: ---
Date Orig. Entry: July 16,1938
Class
Date of Birth: age 28
Birth Place: ----
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Family Record
By whom issued and signed: Merlen J. Moore, Notary Public
Date Issued: Oct.4,1961
Date Orig. Entry: obviously old
Class
Date of Birth: May 4,1910
Birth Place: Freeze, Idaho
Full Name of Mother: Lena Shahan
Name of Father: John Albert Shahan

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barson
Evidence reviewed by: pw Penny L. Wing
Date Filed: Oct. 6, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

OCT 6 1961

DECEASED

696-230-022-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 850

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RETA MINERVA FIFE	2. Date Of Birth (month) May (day) 30, (year) 1910
	3. Color or Race: WHITE; 4. Sex: female; 5. Place of Birth a. County: Grant Ward, Fremont	b. City or Town of Birth
FATHER	6. Full Name of Father: Seth Fife	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Baron	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reta M. F. Mauchley; 11. Present Address of Registrant: 1521 West 6235 South Murray 7, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 12 Aug 1961	12. Signature of Notary: Hugh C. Bryant; 13. Notary Commission expires: Mar. 22 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth certificate	By whom issued and signed: LDS Church, Grant Ward, Joseph F. Smith, Historian	Date Issued: Sept. 18, 1961	Date Orig. Entry: recorded July 3, 1910
	Date of Birth: May 30, 1910; Birth Place: Fremont Grant, Idaho	Full Name of Mother: Mary E. Baron	Name of Father: Seth Fife	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Mary Ellen Fife	Date Issued: Sept. 23, 1961	Date Orig. Entry: -----
	Date of Birth: May 30, 1910; Birth Place: Grant, Idaho	Full Name of Mother: Mary Ellen Fife	Name of Father: Seth Fife	
SUPPORTING RECORD 3.	Type of Document: insurance policy schedule	By whom issued and signed: Metropolitan Life Insurance	Date Issued: Aug. 1, 1948	Date Orig. Entry: Aug. 1, 1948
	Date of Birth: age next birth 39; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Oct. 11, 1961

FORM BH 56067 [illegible] 9-7-61

OCT 11 1961

266-212-014-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 851

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE MARIE BOOR		2. Date of Birth: (month) June (day) 12 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Fruitland
FATHER	6. Full Name of Father: James Harrison Boor		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Nancy Lovica Horton		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Arney	11. Present Address of Registrant: 605 Liberty Ashland Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: October 9 1961	12. Signature of Notary: Annabelle Harmon	13. Notary Commission expires: Sept 14 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: James H. Boor	Date Issued: June 9,1961	Date Orig. Entry: ------
	Date of Birth: June 12, 1910 / Birth Place: Canyon County Fruitland, Idaho	Full Name of Mother: Nancy Lovica Horton	Name of Father: James Harrison Boor	
SUPPORTING RECORD 2.	Type of Document: insurance policy application	By whom issued and signed: Fidelity and Deposit Co.	Date Issued: ----	Date Orig. Entry: Dec. 2,1918
	Date of Birth: June 12, 1910 / Birth Place: ----	Full Name of Mother: Nancy L. Boor	Name of Father: James H. Boor	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Mar.5,1959	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 9 / Birth Place: Idaho	Full Name of Mother: Nancy Boor	Name of Father: J. H. Boor	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Boor	Evidence reviewed by: pw Penny L. Wing	Date Filed: Oct. 11, 1961

FORM BH 56067

OCT 11 1961

168-208-040-261

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 856

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Leola Otelia Johnson		2. Date of Birth (month) May (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Mullan Idaho
FATHER	6. Full Name of Father: Carl O. Johnson		7. State or Country of Father's Birth: Dalsland - Sweden
MOTHER	8. Full Maiden Name of Mother: Anna Elizabeth Swanson		9. State or Country of Mother's Birth: Lerdals - Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret L. Ware	11. Present Address of Registrant: 2516 N Baldwin Portland Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 9-21 1961	12. Signature of Notary: Bernice Starr	13. Notary Commission expires: 11-11 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #175882	Date issued: Sept. 7, 1956	Date Orig. Entry: child born Apr. 25, 1929
	Date of Birth: age 19	Birth Place: Mullan, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Lutheran Church	Date issued: ----	Date Orig. Entry: baptized 1911
	Date of Birth: May 8, 1910	Birth Place: Mullan, Idaho	Full Name of Mother: Anna Elisabeth Swanson	Name of Father: Carl O. Johnson	
SUPPORTING RECORD 3.	Type of Document: insurance policy schedule		By whom issued and signed: Metropolitan Life Insurance	Date issued: Mar. 16, 1925	Date Orig. Entry: Mar. 16, 1925
	Date of Birth: age next birth. 15	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Oct. 16, 1961

FORM BH 56067

8-4-61

OCT 25 1961

155124-004-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 904

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Andy Anthony Jensen
2. Date Of Birth: October 24 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Anthony O. Jensen
7. State or Country of Father's Birth: Montpelier, Idaho

MOTHER

8. Full Maiden Name of Mother: Anna Cecilia Lindberg
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Andy Anthony Jensen
11. Present Address of Registrant: 581 West 7400 South Bountiful, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: October 28, 1961
12. Signature of Notary: O. F. Arnold
13. Notary Commission expires: January 10, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	affidavit by friend of family	Josephine Driver age 87	June 1, 1961	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.24,1910 / Bear Lake County Montpelier, Idaho	Anna Cecilia Lindberg	Anthony O. Jensen	
SUPPORTING RECORD 2.	Census Record	Bureau of the Census	Sept.8,1961	Apr. 1, 1930
	age 19 / Idaho	Anna C. Jensen	-----	
SUPPORTING RECORD 3.	School Record of Age	Montpelier High School H. M. Phillips. Principal	Mar.7,1961	Sept. 1917
	Oct.24,1910 / ----	----	----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Penny L. Wing
Date Filed: Oct. 31, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 31 1980

566-122-001-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-909

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dale Ervin Voorhees			2. Date of Birth (month) (day) (year): March 22 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Meridian Ada	b. City or Town of Birth: Meridian Idaho
FATHER	6. Full Name of Father: John Ervin Voorhees			7. State or Country of Father's Birth: Missouri - Putnam County
MOTHER	8. Full Maiden Name of Mother: Helen Edith Dunkin			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dale Ervin Voorhees		11. Present Address of Registrant: 5100 Overland Rd. Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 31 1961	12. Signature of Notary: Alice C Elmer		13. Notary Commission expires: February 7 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Modern Woodmen of America #3507066		Date Issued: 9-19-32	Date Orig. Entry: 3-12-28
	Date of Birth: March 22, 1910	Birth Place: Meridian, Idaho	Full Name of Mother: ---	Name of Father: John E. Voorhees	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt age 84	By whom issued and signed: Helen Walt Masterson		Date Issued: 10-31-61	Date Orig. Entry: --
	Date of Birth: March 22, 1910	Birth Place: 19 Meridian, Idaho	Full Name of Mother: Helen Edith Dunkin	Name of Father: John Ervin Voorhees	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: file # 341443.		Date Issued: ---	Date Orig. Entry: 2-24-42
	Date of Birth: Age 31	Birth Place: Meridian, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	October 31, 1961

FORM BH 56067

NOV 1 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 61-909

REGISTRANT (Person whose Birth is being Registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): March 22 1910
	3. Color or Race: [illegible] 4. Sex: [illegible] 5. Place of Birth: Meridian 6. County: [illegible]	Mailing Address: Meridian [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible] County
MOTHER	8. Full Maiden Name of Mother: Helen Edith Dunkin	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. Declare upon oath that the above [illegible] are true to the [illegible] and belief.	10. Signature of Registrant: [illegible] 11. Present Address of Registrant: [illegible]
NOTARY	11. Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible] 13. Notary Commission expires: [illegible]

NOTARY PUBLIC

SUPPORTING RECORD 1	Type of Document: Insurance Policy	By whom issued and signed: Modern Woodmen of America #3507065	Date Issued: 9-19-32 Date Orig. Entry: 3-12-25
	Date of Birth: March 22, 1910 Birth Place: Meridian, Idaho	Full Name of Mother: ---	Name of Father: John E. Voorhees
SUPPORTING RECORD 2	Type of Document: Affidavit by Aunt age 94	By whom issued and signed: Helen Walt Masterson	Date Issued: 10-31-61 Date Orig. Entry: --
	Date of Birth: March 22, 19 Birth Place: Meridian, Idaho	Full Name of Mother: Helen Edith Dunkin	Name of Father: John Ervin Voorhees
SUPPORTING RECORD 3	Type of Document: Own childs birth certificate	By whom issued and signed: file # 341443.	Date Issued: --- Date Orig. Entry: 2-24-42
	Date of Birth: Age 31 Birth Place: Meridian, Idaho	Full Name of Mother: -----	Name of Father: ------
ORIGINAL INFORMATION			

CERTIFICATE (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	October 31, 1961

864.215-1023-559

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-910

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Perul Virginia Youtsler			2. Date Of Birth (month) June (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sweet / Gem	b. City or Town of Birth: Sweet, Idaho
FATHER	6. Full Name of Father: Samuel T. Youtsler			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Etta Julia Neibaur			9. State or Country of Mother's Birth: Paris, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Perul Virginia Youtsler (Voorhees)		11. Present Address of Registrant: 5100 overland Rd. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 31 1961	12. Signature of Notary: Alice C Elmer		13. Notary Commission expires: February 7 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birthcertificate		By whom issued and signed: File # 341443	Date Issued: ------	Date Orig. Entry: 2-24-42
	Date of Birth: Age 31	Birth Place: Sweet, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 78		By whom issued and signed: Etta J. Winston	Date Issued: -------	Date Orig. Entry: November 15, 1961
	Date of Birth: June 15, 1910	Birth Place: Sweet, Idaho	Full Name of Mother: Etta Julia Neibaur	Name of Father: Samuel T. Youtsler	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Modern Woodmen of America # 122798	Date Issued: 1-31-34	Date Orig. Entry: January 31, 1934
	Date of Birth: June 15, 1910	Birth Place: Sweet, Idaho	Full Name of Mother: -------	Name of Father: -----	

QUALIFYING INFORMATION

Church record gives date of birth as June 15, 1910. Father as Samuel T. Youtsler mother as Etta Neibaur Youtsler. by Mrs. Elvina M. Schultz of St. Michael's Cathedral. it also gives place of birth as Sweet, Idaho. Dated 12-13-42.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	November 6, 1961

FORM BH 56067

NOV 1 1961

NOV 7 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible] 61-910

REPORT	1. Registrant's Full Name at Birth: [illegible] Youtsler	1. Date of Birth (month) June (day) 15 (year) [illegible]
Person whose birth is being registered	2. Color or Name: White	3. Place of Birth: Sweet, Idaho; County: Gem
		4. City or Town of Birth: Sweet, Idaho
FATHER	5. Full Name of Father: Samuel T. Youtsler	5. State or Country of Father's Birth: Kissouri
MOTHER	6. Full Maiden Name of Mother: Etta Julia Neibaur	6. State or Country of Mother's Birth: Paris, Idaho
AFFIDAVIT	7. Hereby declare under oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY	12. Subscribed and sworn to before me on: [illegible] 1961	13. Signature of Notary: [illegible]
		14. Notary Commission expires: [illegible] 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: birthcertificate	By whom issued and signed: File # 341443	Date Issued: ------	Date Orig. Entry: 2-24-42
	Date of Birth: Age 31	Birth Place: Sweet, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2	Type of Document: Affidavit by mother age 78	By whom issued and signed: Etta J. Winston	Date Issued: ------	Date Orig. Entry: November 15, 1951
	Date of Birth: June 15, 1910	Birth Place: Sweet, Idaho	Full Name of Mother: Etta Julia [illegible]	Name of Father: Samuel T. Youtsler
SUPPORTING RECORD 3	Type of Document: Insurance Policy	By whom issued and signed: Modern Woodmen of America # 122798	Date Issued: 1-31-34	Date Orig. Entry: January 31, 1934
	Date of Birth: June 15, 1910	Birth Place: Sweet, Idaho	Full Name of Mother: -------	Name of Father: ------

QUALIFYING INFORMATION: Church record gives date of birth as June 15, 1910. Father as Samuel T. Youtsler mother is Etta Neibaur Youtsler. by Mrs. Elvina M. Schultz of St. Michael's Cathedral. It also gives place of birth as Sweet, Idaho. Dated 12-13-42.

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	[illegible] 1961

693-110-035-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 915

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Garnett Wilson
2. Date Of Birth: (month) October (day) 10 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Arrow mail Juliaetta

FATHER

6. Full Name of Father: David Marion Wilson
7. State or Country of Father's Birth: Virginia

MOTHER

8. Full Maiden Name of Mother: Sallie Amelia Baugh
9. State or Country of Mother's Birth: Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Garnett Wilson
11. Present Address of Registrant: 2611 4th Ave. North, Lewiston

NOTARY (Seal)

Subscribed and sworn to before me on: October 30 19 61
12. Signature of Notary: Coral Fridley
13. Notary Commission expires: December 7 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #234247	------	child born July 3, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Idaho	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	------	Sept. 19, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 10, 1910	Nez Perce Arrow, Idaho	Sallie Amelia Baugh	David Marion Wilson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal record	Rev. E. F. Olt, Pastor	-----	baptized Mar. 12, 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 10, 1910	Idaho Arrow, Junction	Sallie Wilson	D. M. Wilson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Nov. 1, 1961

FORM BH 56067

NOV 1 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

312-213-035-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 943

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel August Taber			2. Date Of Birth: (month) August (day) 13 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Winchester Nez Perce	b. City or Town of Birth: Winchester	
FATHER	6. Full Name of Father: Lester E. Taber			7. State or Country of Father's Birth: Lahtah, Idaho	
MOTHER	8. Full Maiden Name of Mother: Minnie Grey Groseclose			9. State or Country of Mother's Birth: Blan County, Old Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel August Brocke		11. Present Address of Registrant: 1103 University Clarkston Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25, 1961	12. Signature of Notary: R L Goodnow		13. Notary Commission expires: Dec. 22, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Lester E. Taber	Date Issued: Sept.21,1961	Date Orig. Entry: ~~Aug.~~
	Date of Birth: Aug.13,1910 / Birth Place: Nez Perce Co. Winchester,Idaho	Full Name of Mother: Minnie Grey Groseclose	Name of Father: Lester E. Taber	
SUPPORTING RECORD 2.	Type of Document: Lodge Application	By whom issued and signed: Rebekah Lodge #125,Clarkston Ruth Unruh, Sec'y	Date Issued: ----	Date Orig. Entry: Apr.12,1938
	Date of Birth: Aug.13,1910 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage Return	By whom issued and signed: Asotin County,Wash, Toinette Habershan, Auditor	Date Issued: Nov.3,1961	Date Orig. Entry: Aug.26,1931
	Date of Birth: age 21 / Birth Place: Winchester,Idaho	Full Name of Mother: Minie G. Groseclose	Name of Father: Lister E. Taber	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	pw Penny L.Wing	Nov. 8, 1961

FORM BH 56067

9-14-61

NOV 9 1961

Taber

REGISTRAR	1. Name of Birth: Macel August Taber	2. Date of Birth: August 13 1912	
3. Sex of Race: White	4. Sex: F	5. Place of Birth: Winchester	6. County: Nez Perce
		7. City or Town of Birth: Winchester	
FATHER	8. Name of Father: Lester E. Taber	9. State or Country of Father's Birth: Lahtah, Idaho	
MOTHER	10. Maiden Name of Mother: Minnie Grey Grosscloss	11. State or Country of Mother's Birth: Plan County, Old Virginia	
AFFIDAVIT	12. Signature of Registrant	13. Present Address of Registrant	
NOTARY	14. Signature of Notary	15. Notary Commission Expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	[illegible]		
	[illegible]	[illegible]		
	[illegible]	[illegible]		
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	Full Name of Mother	Name of Father	
	[illegible]			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	[illegible]	Full Name of Mother	Name of Father	
	[illegible]	[illegible]	[illegible]	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

845-203-003-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 971

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY FRANCES HUNT			2. Date of Birth (month) May (day) 3 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Inkom	
FATHER	6. Full Name of Father: William Sherman Hunt			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Hall			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary W Ratting	11. Present Address of Registrant: 2467 Edgemont	
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 1961		12. Signature of Notary: Marion E. Westphal	13. Notary Commission expires: September 22 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License #435149		By whom issued and signed: Wayne County, Michigan Ehnrr B. O'Hara, Co. Clerk	Date Issued: Apr.21,1934	Date Orig. Entry: Apr.21,1934
	Date of Birth: age 23	Birth Place: Idaho	Full Name of Mother: Mary Hall	Name of Father: William Hunt	
SUPPORTING RECORD 2.	Type of Document: Transcript of Credits		By whom issued and signed: Idaho State College, Anna Capellen Nunn, Registrar	Date Issued: -----	Date Orig. Entry: matriculated Sept. 1927
	Date of Birth: May 3, 1910	Birth Place: Inkom, Idaho	Full Name of Mother: Mary E. Hunt	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt		By whom issued and signed: Florence M. Hall age 84	Date Issued: Nov.6,1961	Date Orig. Entry: ----
	Date of Birth: May 3,1910	Birth Place: Inkom, Idaho	Full Name of Mother: Mary Elizabeth Hall	Name of Father: William Sherman Hunt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Nov. 16, 1961

FORM BH 56067

[redacted]

NOV 17 1961

766-107-026-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 974

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: POOLE, RULON CLARK			2. Date Of Birth (month) OCT (day) 7 (year) 1910	
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: MENAN, Jefferson	b. City or Town of Birth: MENAN, IDAHO	
FATHER	6. Full Name of Father: POOLE, MILBURN BENTON			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: CLARK, DELLA			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Rulon C Poole	11. Present Address of Registrant: LIMA, MONTANA	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 14 1961		12. Signature of Notary: C. L. Calvert	13. Notary Commission expires: Dec. 7 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination		By whom issued and signed: LDS Church, Menan Ward, George M. Larsen, clerk	Date Issued: Dec.17,1922	Date Orig. Entry: ordained Dec. 17, 1922
	Date of Birth: Oct.7,1910	Birth Place: Jefferson Menan, Idaho	Full Name of Mother: Dila Clark	Name of Father: Milburn B. Poole	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church, Menan Ward, Wm. S. Barrett, Bishop	Date Issued: Sept.1,1919	Date Orig. Entry: baptized July 5, 1919
	Date of Birth: Oct.7,1910	Birth Place: Jefferson Menan, Idaho	Full Name of Mother: Dila Clark	Name of Father: Milburn Poole	
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle		By whom issued and signed: Charles A. Clark age 77	Date Issued: ----	Date Orig. Entry: ----
	Date of Birth: Oct.7,1910	Birth Place: Menan, Idaho	Full Name of Mother: Della Clark Poole	Name of Father: Milburn Benton Poole	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Nov. 17, 1961

FORM BH 56067

2-18-69 one copy paid #20565

NOV 17 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year)	
	3. Sex: [illegible]	4. Place of Birth (county): [illegible]	5. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true as the [illegible]	10. Signature of Registrant	11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary	13. Notary Commission expires [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which presentation the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM [illegible]

699230 004-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 975

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anna Frances Wire
2. Date Of Birth: (month) Nov (day) 30 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Gooding
b. City or Town of Birth: Gooding

FATHER

6. Full Name of Father: Frank Alvin Wire
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Hazel Ethel Titherington
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anna Shockley
11. Present Address of Registrant: 3330 14th Riverside California

NOTARY (Seal)

Subscribed and sworn to before me on: July 3, 1957
12. Signature of Notary: W H Holcomb
13. Notary Commission expires: Jan 30 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Hazel E. Wiederman	4-9-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 30, 1910	Gooding, Idaho	Hazel Ethel Titherington	Frank Alvin Wire

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Anaheim Union High School		Oct. 18, 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 30, 1910	---	Mrs. H. Wire	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	California #33-048743	Nov.13,1961	child born July 31, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Bauman	nr Penny L. Wing	Nov. 17, 1961

FORM BH 56067

NOV 17 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registration No. Name of Birth		Date of Birth (Month) (Day) (Year)
Person whose birth is being registered	2. Sex of Person	3. Place of Birth (County)	4. City or Town of Birth
FATHER	5. Full Name of Father		6. State or Country of Father's Birth
MOTHER	7. Full Name of Mother		8. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	9. Signature of Registrant	10. Present Address of Registrant
PLACE	Subscribed and sworn to before me	11. Signature of Notary	12. Notary Commission expires

EVIDENCE OF NOTARIAL FILING

SUBSCRIBING RECORD	Type of Document: Affidavit by Mother	By whom issued and signed: Hazel M. Wiedeman	Date Issued: [illegible]	Date Orig. Entry
	Date of Birth: 1910	Birth Place: Gooding, Idaho	Full Name of Mother: Hazel Ethel Titherington	Name of Father: Frank [illegible]
SUPPORTING RECORD	Type of Document: School Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFICATION				

CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that the necessary evidence has been reviewed, which must satisfy the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

386-21-9025-547

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 976

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Belle Thompson		2. Date of Birth (month) 3 (day) 19 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grangeville, Ida. Idaho	b. City or Town of Birth: Grangeville, Idaho
FATHER	6. Full Name of Father: William Wiley Thompson		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Cora Alice Edgington		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Belle Tifer	11. Present Address of Registrant: Caldwell, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 22 1961	12. Signature of Notary: L. M. Hewett	13. Notary Commission expires: May 20 - 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt at least 12 years older	By whom issued and signed: Louella Hezeltine	Date Issued: -------	Date Orig. Entry: 9-22-61	
	Date of Birth: March 19, 1910	Birth Place: Grangeville, Idaho	Full Name of Mother: Cora Alice Edington	Name of Father: William Wiley Thompson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Oregon, F. Herbert Cowell, Registrar	Date Issued: April 11, 1945	Date Orig. Entry: November 5, 1944	
	Date of Birth: Age 34	Birth Place: Grangeville, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital records	By whom issued and signed: St. Luke's Hospital, Linda K. Leach, Med. Rec. Clerk	Date Issued: Nov. 14, 1961	Date Orig. Entry: Apr. 21, 1952	
	Date of Birth: age 42	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	ec Penny L. Wing	Nov. 17, 1961

FORM BH 56062

8-23-61

NOV 17 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth	2. Date of Birth	
	3. Date of Birth	4. Place of Birth	
FATHER	5. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Property Owned of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

APPLICATION — TO BE WRITTEN FROM DIRECTIONS

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt at least 12 years older	By whom Issued and Signed: Louella Hezeltine	Date Issued: -------	Date Orig. Entry: 9-22-61
	Date of Birth: March 19, 1910	Birth Place: Grangeville, Idaho	Full Name of Mother: Cora Alice Edington	Name of Father: William Wiley Thompson
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom Issued and Signed: State of Oregon, F. Herbert Cowell, Registrar	Date Issued: April 11, 1945	Date Orig. Entry: November 5, 1944
	Date of Birth: Age 34	Birth Place: Grangeville, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom Issued and Signed: St. [illegible]	Date Issued: [illegible]	Date Orig. Entry: Apr. 21, 1952
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

CERTIFICATION

Registrant [illegible] that documentary evidence has been reviewed [illegible]

State Registrar | Evidence reviewed by | Date Filed

691-206-038-794

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 991

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Evelyn Frazier
2. Date of Birth: (month) Aug. (day) 6 (year) 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Payette
b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: Thomas Henry Frazier
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Bessie Jane Giddings
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Frazier Winterton
11. Present Address of Registrant: Cashmere Wash

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 25 1961
12. Signature of Notary: J. Leon LaVigne
13. Notary Commission expires: July 24 1963

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #159548	[illegible], 1961	child born Feb.4,1928
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	age 17	Idaho	-----	-----
SUPPORTING RECORD 2.	Bible Record	J. Leon LaVigre, Notary Pub.	Oct.11,1961	obviously old
	Aug.6,1910	Payette, Idaho	~~Bessie~~	-----
SUPPORTING RECORD 3.	affidavit by friend of family	Lillian E. Young age 69	Oct.18,1961	-----
	Aug.6,1910	Payette, Idaho	Bessie Jane Giddings	Thomas Henry Frazier

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: pw Penny L. Wing
Date Filed: Nov. 24, 1961

FORM BH 56067 8-22-61 1copy paid#19788

NOV 27 1961

385-21-1025-791

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 996
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Thenon
2. Date Of Birth (month) (day) (year): Nov. 17 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kooskia
b. City or Town of Birth: Kooskia

FATHER

6. Full Name of Father: Edward Carl Thenon
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Roxie Gray
9. State or Country of Mother's Birth: Idahp

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby T. Mason
11. Present Address of Registrant: 13007 Des Moines Way South

NOTARY (Seal)

Subscribed and sworn to before me on: November 25, 1961
12. Signature of Notary: Bob W. Mills
13. Notary Commission expires: October 12, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	statement regarding school records	Lewis-Clark Normal School H.Marshall Curtis, Registrar	Nov.13,1961	entered Sept. 1928
Class*	Date of Birth: Nov.17,1910	Birth Place: Kooskia, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Census Record	Bureau of the Census	Oct.13,1961	Jan.1,1920
Class	Date of Birth: age 9	Birth Place: Idaho	Full Name of Mother: Roxy Thenon	Name of Father: Edward Thenon
SUPPORTING RECORD 3.	statement regarding insurance records	The Prudential Insurance Co. Frederick H.Grove,Sec.	Sept.22, 1954	June 12,1941
Class	Date of Birth: Nov.17,1910	Birth Place: Idaho	Full Name of Mother: Roxey Gray	Name of Father: Edward Thenon

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	Nov. 27, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 27 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ruby Thenon	2. Date of Birth (month) (day) (year): Nov. 17 1910	
	3. Color or Race: White; a. Sex: F	4. Place of Birth: Kooskia; a. County: Idaho; b. City or Town of Birth: Kooskia	
FATHER	5. Full Name of Father: Edward Carl Thenon	7. State or Country of Father's Birth: Michigan	
	6. Full Maiden Name of Mother: Roxie Gray	8. State or Country of Mother's Birth: Idaho	
PARTICIPANT	9. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1607 Des Moines Way South
	Subscribed and sworn to before me on [illegible] 19 [illegible]	12. Signature of Notary: [signature]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

RECORD 1	Type of Document: Statement regarding school records	By whom issued and signed: Lewis-Clark Normal School, W. Marshall Curtis, Registrar	Date Issued: Nov. 17, 1960	Date Orig. Entry: Sept. 1960
Class*	Date of Birth: Nov. 17, 1920; Birth Place: Kooskia, Idaho	Full Name of Mother: -----	Name of Father: -----	
RECORD 2	Type of Document: Genuine Record	By whom issued and signed: Bureau of the Venture	Date Issued: Oct. 17, 1961	Date Orig. Entry: Jan. 1, 1960
Class	Date of Birth: Age 9; Birth Place: Idaho	Full Name of Mother: Roxie Thenon	Name of Father: Edward Thenon	
SUPPORTING RECORD 3	Type of Document: statement regarding insurance records	By whom issued and signed: The Prudential Insurance Co. Freedom, N. Grove, Ses.	Date Issued: Sept. 22, 1964	Date Orig. Entry: June 10, 1964
Class	Date of Birth: Nov. 17, 1920; Birth Place: Idaho	Full Name of Mother: Roxey Gray	Name of Father: Edward Thenon	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Jerry L. Wing	Nov. 27, 1961

*Class A Records are those made and issued before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least 5 years old.

415-113-036-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter S. Daniels		2. Date Of Birth (month) Nov. (day) 13 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Malad, Idaho - Oneida; b. City or Town of Birth: Malad, Idaho
FATHER	6. Full Name of Father: Walter M. Daniels		7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Alice Thews Daniels		9. State or Country of Mother's Birth: Malad Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter S. Daniels	11. Present Address of Registrant: 1120 S. Maple
NOTARY (Seal)	Subscribed and sworn to before me on: November 29 1961	12. Signature of Notary: Mildred H. Myzatka	13. Notary Commission expires: Feb. 4th 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Alice Thews Daniels	Date Issued: Nov.29,1961	Date Orig. Entry: ----
	Date of Birth: Nov.13,1910 / Birth Place: Malad, Idaho	Full Name of Mother: Alice Thews	Name of Father: Walter M. Daniels	
SUPPORTING RECORD 2.	Type of Document: insurance policy application	By whom issued and signed: Mutual Benefit Life Insurance	Date Issued: ----	Date Orig. Entry: May 6,1941
	Date of Birth: Nov.13,1910 / Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Honorable Dischard paper	By whom issued and signed: U.S.ArmyHarvey D.Taylor,Lt.	Date Issued: Dec.26,1945	Date Orig. Entry: inducted Aug.18,1943
	Date of Birth: Nov.13,1910 / Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: December 1, 1961

FORM BH 56067

11-20-61 1 copy paid

DEC 1 1961

652-208-036-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1015

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Muriel Westfall		2. Date Of Birth (month) (day) (year): November 8, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Stone, Oneida — b. City or Town of Birth: Stone, Idaho
FATHER	6. Full Name of Father: Jacob Granville Westfall		7. State or Country of Father's Birth: Gilmer County, W. Va.
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Beckett		9. State or Country of Mother's Birth: Gilmer County, W. Va.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Muriel Nibling	11. Present Address of Registrant: Route #1, Belpre, Ohio
NOTARY (Seal)	Subscribed and sworn to before me on: May 22, 19 61	12. Signature of Notary: B. F. Hill	13. Notary Commission expires: Nov. 18 19 70.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Jacob G. Westfall	Date Issued: Dec. 30, 1958	Date Orig. Entry: -----
	Date of Birth: Nov. 8, 1910 — Birth Place: Oneida County Stone, Idaho	Full Name of Mother: Mary E. Beckett	Name of Father: Jacob G. Westfall	
SUPPORTING RECORD 2.	Type of Document: employment record	By whom issued and signed: L.G. Stout, Asst. American Viscose Corp.	Date Issued: Oct. 31, 1961	Date Orig. Entry: employed Oct. 29, 1928
	Date of Birth: Nov. 8, 1910 — Birth Place: Idaho	Full Name of Mother: Mary Ellen Beckett	Name of Father: Jacob G. Westfall	
SUPPORTING RECORD 3.	Type of Document: Insurance policy	By whom issued and signed: Prudential Insurance Co.	Date Issued: -----	Date Orig. Entry: Apr. 11, 1956
	Date of Birth: Nov. 8, 1910 — Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Dec. 5, 1961

FORM BH 56067

1 copy paid, Rec. #12011

2-8-61

DEC 5 1961

Wiblin

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name at Birth: Marie Mortal Westfall	2. Date of Birth: Month: Day: Year: Wember 8, 1910	
(Person whose birth is being registered)	3. Color or Race of Birth: White Female Stone, Oneida	4. Place of Birth: Boise, Idaho	
FATHER	5. Full Name of Father: Jacob Granville Westfall	7. State or Country of Father's Birth: Gilmer County, W. Va.	
MOTHER	6. Full Maiden Name of Mother: Mary Allen Beckett	8. State or Country of Mother's Birth: Gilmer County, W. Va.	
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Route #1, Belpre, Ohio
NOTARY	Subscribed and sworn to before me on: May 22, 1961	12. Signature of Notary	13. Notary Commission expires:

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Jacob [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
CERTIFICATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Chief Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Dec. 5, 1961

FORM SH 8808 — Recorded, Rec. #12011 — 2-5-61

663-212-027-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MAXINE A. WOLFE			2. Date Of Birth: (month) August (day) 12 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lincoln(now) Jerome	b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Maurice Vincent Wolfe			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Adelaide Myers			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ✓ Maxine A. Stanley		11. Present Address of Registrant: 404 E. Main Street Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 7 1961	12. Signature of Notary: J. Shirley		13. Notary Commission expires: Nov 1 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social security record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Feb.13,1943
	Date of Birth: Aug.12,1910 / Birth Place: Jerome, Idaho	Full Name of Mother: Adeline Meyers	Name of Father: Maurice V. Wolfe	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #433533	Date Issued: Oct.31,1961	Date Orig. Entry: child born Mar. 9,1947
	Date of Birth: age 36 / Birth Place: Jerome, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by parents	By whom issued and signed: Maurice Vincent Wolfe Adelaide Wolfe	Date Issued: Oct.30,1961	Date Orig. Entry: ------
	Date of Birth: Aug.12,1910 / Birth Place: Jerome, Idaho	Full Name of Mother: Adelaide Myers	Name of Father: Maurice Vincent Wolfe	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 11, 1961

FORM BH 56067

DEC 12 1961

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: MAXINE A. WOLFE	2. Date of Birth (month) August (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Lincoln (now) Jerome; a. County: Jerome; b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Maurice Vincent Wolfe	7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Adelaide Myers	9. State or Country of Mother's Birth: Iowa	
APPLICANT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 404 E. Main Street, Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: [signature]	12. Signature of Notary: [signature]	13. Notary Commission expires: [illegible]

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Feb. [illegible], 1961
	Date of Birth: Aug. 1, 1910	Birth Place: Jerome, Idaho	Full name of Mother: Adelaide Myers	Name of Father: Maurice V. Wolfe
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible], Idaho	Full name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: Maurice Vincent Wolfe, Adelaide Wolfe	Date Issued: [illegible]	Date Orig. Entry: ----
	Date of Birth: Aug. 12, 1910	Birth Place: Jerome, Idaho	Full name of Mother: Adelaide Myers	Name of Father: Maurice Vincent Wolfe

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Verify): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts of set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Henry [illegible]	Dec. [illegible], 1961

Form No. [illegible]

369216-003-044

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1048

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irene Wyvonne Corbett
2. Date Of Birth (month) (day) (year): July 16 - 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello - Idaho

FATHER

6. Full Name of Father: Howard Willard Corbett
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Mayme Hilda Buttke
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Irene H. Munn
11. Present Address of Registrant: 341 So Hayes Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 8 1961
12. Signature of Notary: Hazel Godfrey
13. Notary Commission expires: July 1 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
insurance policy application	Capitol Life Insurance Co.	-----	Jan. 31, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16, 1910	Pocatello, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by aunt	Dorothy E. Buttke Garrett age 68	Dec. 8, 1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16, 1910	Pocatello, Idaho	Mayme Buttke	Howard W. Corbett

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	First Cong. Church, Pocatello	Dec. 2, 1917	baptized Dec. 2, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 16, 1910	Pocatello	Mayme Corbett	H. W. Corbett

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 12, 1961

FORM BH 56067

11-16-61

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 12 1961

315-22A-014-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1054

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernice Irene Cannon
2. Date of Birth: (month) June (day) 24th (year) 1910
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Parma

FATHER

6. Full Name of Father: Howard Timpthy Cannon
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Rosetta Bayer
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernice Dooms
11. Present Address of Registrant: P. O. Box 276 Wilder, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: October 18th 1961
12. Signature of Notary: Ernest Anderson
13. Notary Commission expires: February 11, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	-----	July 9, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 24, 1910	Parma, Idaho	Rosetta Bayer	Howard Timothy Cannon

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	Idaho #279011	Sept. 26, 1961	child born Apr. 9, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 28	Parma, Idaho	------	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Idaho Mutual Benefit Assn.	July 31, 1950	July 24, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 24, 1910	Parma, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 12, 1961

FORM BH 56067

9-27-61

DEC 13 1961

689-21 81022-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1061

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Whitmore			2. Date Of Birth (month) Nov. (day) 18 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Farnum, Idaho	
FATHER	6. Full Name of Father: David Henry Whitmore			7. State or Country of Father's Birth: Shenandoah Valley, Va.	
MOTHER	8. Full Maiden Name of Mother: Pearl Luzean Myers			9. State or Country of Mother's Birth: Lancaster Co., Penn.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucille Whitmore	11. Present Address of Registrant: RFD #1 Box 952 Prineville, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 14 1961		12. Signature of Notary: Pauline F. McGaughey	13. Notary Commission expires: Jan. 3, 1963 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family		By whom issued and signed: Elizabeth W. Clinger age 60	Date Issued: Sept. 22, 1961	Date Orig. Entry: ----
	Date of Birth: Nov. 18, 1910	Birth Place: Fremont County Farnum, Idaho	Full Name of Mother: Pearl Luzean Whitmore	Name of Father: David Henry Whitmore	
SUPPORTING RECORD 2.	Type of Document: Birth Record		By whom issued and signed: H.A. Powell, Crook Co. Ore. Cl.	Date Issued: Nov. 2, 1961	Date Orig. Entry: obviously old
	Date of Birth: Nov. 18, 1910	Birth Place: Fremont Farnum, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding school records		By whom issued and signed: Emery J. Skinner, Co. School Supt. Malheur Co, Oregon	Date Issued: Dec. 1, 1961	Date Orig. Entry: Nov. 9, 1928
	Date of Birth: age 17	Birth Place: ------	Full Name of Mother: -----	Name of Father: Henry Whitmore	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: pw Penny L. Wing	Date Filed: Dec. 15, 1961

FORM BH 56067 8-23-61 1 copy paid rec.#237

DEC 18 1961

115-109-039-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1066

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ANTONE JANKOWSKI
2. Date Of Birth: (month) JUNE (day) 9 (year) 1910
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: AMERICAN FALLS; b. City or Town of Birth: AMERICAN FALLS

FATHER

6. Full Name of Father: LADISLAO JANKOWSKI
7. State or Country of Father's Birth: POLAND

MOTHER

8. Full Maiden Name of Mother: ANTONINA KLIBER
9. State or Country of Mother's Birth: POLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Antone Jankowski
11. Present Address of Registrant: 7586 NEY AVE

NOTARY (Seal)

Subscribed and sworn to before me on: November 14 1961
12. Signature of Notary: George W. Anderson
13. Notary Commission expires: April 17 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own childs birth certificate	California #3800	Nov.29,1961	child born Nov. 29,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 24	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Roman Catholic Church, Poca. C.M.Venhowrn	Nov.4,1961	baptized July 26,1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 9,1910	-----	Antonina Kliber	Ladislao Jankowski

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	John Hancock Life Insurance	Sept.26, 1939	Sept.23,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 9,1910	American Falls,Ida.	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: pw Penny L. Wing
Date Filed: Dec. 18, 1961

FORM BH 56067

DEC 18 1961

291-214-026-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-023

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Martha Brammer			2. Date of Birth (month) March (day) 14 (year) 1910
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Henry Brammer			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Margaret Smith			9. State or Country of Mother's Birth: Maryland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Stagg		11. Present Address of Registrant: 191 West 1st South Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 24 1961	12. Signature of Notary: Selma Heap		13. Notary Commission expires: September 19 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: File No. 420013, Idaho	Date Issued: ----	Date Orig. Entry: Born May 10, 1946	
	Date of Birth: Age: 36	Birth Place: Rigby, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Margaret Brammer	Date Issued: Mar. 3, 1960	Date Orig. Entry: ----	
	Date of Birth: Mar. 14, 1910	Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: Margaret Brammer	Name of Father: Henry Brammer	
SUPPORTING RECORD 3.	Type of Document: Notarized photo copy from page in family Bible	By whom issued and signed: Grant L. Young, Notary Public, Rigby, Idaho	Date Issued: Dec. 11, 1961	Date Orig. Entry: ---	
	Date of Birth: Mar. 14, 1910	Birth Place: Rigby	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: Jan. 10, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

462-705036-244

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Albert Moser			2. Date Of Birth (month) (day) (year): September 5, 1910
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: ONEIDA	b. City or Town of Birth: MALAD Idaho
FATHER	6. Full Name of Father: Ernest Rensel			7. State or Country of Father's Birth: Bern Switzerland
MOTHER	8. Full Maiden Name of Mother: Johanna Kummer			9. State or Country of Mother's Birth: Bern Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Albert Moser		11. Present Address of Registrant: Inkom, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 3 1962	12. Signature of Notary: Grace Ashton		13. Notary Commission expires: 7-20 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Ernest R. Moser	Date Issued: Nov. 1, 1961	Date Orig. Entry: ---
	Date of Birth: Septl 5, 1910	Birth Place: Malad, Idaho	Full Name of Mother: Johanna Moser	Name of Father: Ernest Rensel Moser	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for marriage license		By whom issued and signed: Anna Keefe, Recorder, Bannock County, Idaho	Date Issued: Sept. 16, 1939	Date Orig. Entry: ----
	Date of Birth: Sept. 5, 1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: File No. 293671, Idaho	Date Issued: ----	Date Orig. Entry: Born, May 4, 1940
	Date of Birth: Age: 29	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Shirley Miller	Jan. 12, 1962

FORM BH 56067

1-12-62

JAN 18 1962

769-201016-951

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-042

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melba Gorringe			2. Date Of Birth (month) November (day) 10 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley	Idaho
FATHER	6. Full Name of Father: Edward Victor Gorringe			7. State or Country of Father's Birth: Bountiful, Utah	
MOTHER	8. Full Maiden Name of Mother: Josephine Read			9. State or Country of Mother's Birth: Nephi, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Melba Critchfield	11. Present Address of Registrant: Oakley, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on January 8 19 62		12. Signature of Notary: Earl Whiteley	13. Notary Commission expires: June 19 64	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: File No. 230628, Idaho	Date Issued: ----	Date Orig. Entry: Born Mar. 31, 1935	
	Date of Birth: Age: 24	Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Amanda B. Whiteley	Date Issued: Jan. 8, 1962	Date Orig. Entry: ---	
	Date of Birth: Age: 76 Nov. 10, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: Josephine Reed Gorringe	Name of Father: Edward Victor Gorringe	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: William A Wilson, Ward Clerk L.D.S. Church	Date Issued: Jan. 10, 1962	Date Orig. Entry: Baptized Feb. 2, 1911	
	Date of Birth: Nov. 10, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: Josephine Read	Name of Father: Edward V. Gorringe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: Jan. 15, 1962

FORM BH 56067(C) 9-28-61. 1 Copy paid Rec. # 1818.

JAN 17 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

38863

695-203-028432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Grace Mae Winter		2. Date of Birth (month) 11 (day) 3 (year) 1910	
	3. Color or Race: American/W	4. Sex: F	5. Place of Birth: a. County: Kootenai	b. City or Town of Birth: Gibbs, Idaho
FATHER	6. Full Name of Father: George William Winter		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Pearl Rebecca Alkire		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth M. G. Evjen	11. Present Address of Registrant: 318 S. 11th St. Coeur d'Alene, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 9 1962	12. Signature of Notary: M. V. Riggs	13. Notary Commission expires: June 1, 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified photo copy of page in family Bible	By whom issued and signed: M. V. Riggs, Notary Public Coeur d'Alene, Idaho	Date Issued: Jan. 9, 1962	Date Orig. Entry: ---
	Date of Birth: Nov. 3, 1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Statement regarding membership,	By whom issued and signed: Queen Esther Chapter No. 12, Order of Eastern Star	Date Issued: Jan. 8, 1962	Date Orig. Entry: May 8, 1950
	Date of Birth: Nov. 3, 1910	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: copy of school record	By whom issued and signed: Dalles G. Atr, superintendent of school Dist. 271	Date Issued: ---	Date Orig. Entry: entered school Jan. 1, 1924
	Date of Birth: Nov. 3, 1910	Birth Place: Gibbs, Idaho	Full Name of Mother: Mrs. Pearl Winters	Name of Father: ----

QUALIFYING INFORMATION

Affidavit by cousin, born April 27, 1900. Elizabeth Winter Evjen was born on Nov. 3, ~~1910 at Gibbs, Idaho to Pearl Alkire Winter and George William Winter.~~ Dated Jan. 15, 1962.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Jan. 29, 1962

FORM BH 56067

1-18-62 1-18-62

JAN 29 1962

365-20-002-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-088

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Della Gladys Conner		2. Date of Birth (month) (day) (year): November 10 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Council Adams; b. City or Town of Birth: Council Idaho
FATHER	6. Full Name of Father: Guy Leslie Conner		7. State or Country of Father's Birth: Perry County Iowa
MOTHER	8. Full Maiden Name of Mother: Bessie May Elliott		9. State or Country of Mother's Birth: Grant Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Gladys Widmer	11. Present Address of Registrant: Weiser Idaho Box 816
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1962	12. Signature of Notary: Elizabeth Coulter	13. Notary Commission expires: May 1 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 255421, Idaho	Date Issued: ----	Date Orig. Entry: born May 17, 1937	
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of Marriage statistics	By whom issued and signed: Hazel Emery, County Auditor Stevens County, Washington	Date Issued: Sept. 20, 1961	Date Orig. Entry: married Oct. 21, 1929	
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: Bessie Elliott	Name of Father: Guy Conner	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Bessie May Andrew	Date Issued: Aug. 14, 1961	Date Orig. Entry: -----	
	Date of Birth: Nov. 10, 1910	Birth Place: Council, Idaho	Full Name of Mother: Bessie May Elliott	Name of Father: Guy Leslie Conner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. BENSON	Shirley Miller	Jan. 31, 1962

FORM BH 56067 1 copy paid 4-6-61

JAN 31 1962

DECEASED

1 copy paid 4-6-61

296-110-008-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-089

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Everett Frank Brown			2. Date Of Birth (month) (day) (year): January 10, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise	b. City or Town of Birth: Ola
FATHER	6. Full Name of Father: ---			7. State or Country of Father's Birth: ---
MOTHER	8. Full Maiden Name of Mother: Mary E. Dean (Brown)			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Everett F. Tappan		11. Present Address of Registrant: Hazel, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 15 1962	12. Signature of Notary: Hazel A. Hurlbut		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Court Order of Adoption	By whom issued and signed: E.A.Doud, Probate Judge Bingham County, Idaho	Date Issued: Aug 28, 1915	Date Orig. Entry: Aug 28, 1915
	Date of Birth: Jan. 10, 1910 / Birth Place: ----	Full Name of Mother: Mary E. Dean (Brown)	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Notarized Statement regarding L.D.S. Church Records	By whom issued and signed: Nephi W. Hansen, Howe Branch Pres., L.D.S.Church, Howe, Ida.	Date Issued: ----	Date Orig. Entry: Blessed August 2, 1914
	Date of Birth: January 10, 1910 / Birth Place: Ola, Idaho Gem County	Full Name of Mother: Mary Elizabeth Dean	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Notarized Statement regarding School Records	By whom issued and signed: Glenn A. Smith, Principal Butte High School, Arco, Idaho	Date Issued: Jan 26, 1962	Date Orig. Entry: entered school Sept. 1925
	Date of Birth: Age 15 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	Note: Everett Tappan was legally adopted by Mrs. Mary E. Brown Aug 28,1915. Mr. Frank Brown died in Feb. 1914.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Joyce B. Foltz	Date Filed: January 31,1962

FORM BH 56067

1-23-62

JAN 31 1962

249-221-038-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Seeley Burroughs	2. Date of Birth (month) (day) (year): September 21, 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Payette	b. City or Town of Birth: New Plymouth,
FATHER	6. Full Name of Father: Herbert Seeley Burroughs	7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Mable Maude Corson	9. State or Country of Mother's Birth: Illinoise
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Seeley Lippert; 11. Present Address of Registrant: 720 East Fairmont, Modesto, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: February 23 19 62	12. Signature of Notary: Eula M. Brugger; Eula M. Brugger; 13. Notary Commission expires: October 7 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Herbert Seeley Burroughs	Date Issued: Feb. 23, 1962	Date Orig. Entry: ---
	Date of Birth: Sept. 21, 1910; Birth Place: New Plymouth, Ida. Payette County	Full Name of Mother: Mable Maude Corson Burroughs	Name of Father: Herbert Seeley Burroughs	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File No. 42-106484, Calif.	Date Issued: Jan. 26, 1962	Date Orig. Entry: born Sept. 9, 1942
	Date of Birth: Age: 31; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record	By whom issued and signed: New Plymouth Public Schools Dorothy Bradley, Clerk	Date Issued: ---	Date Orig. Entry: Sept. 7, 1925
	Date of Birth: Sept. 21, 1910; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Feb. 27, 1962

FORM BH 56067 [illegible] 1-9-62

FEB 27 1992

113-22-9-006-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-206

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOTTIE VANETTA JACKSON			2. Date Of Birth (month) January (day) 29 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Basalt Ward, Firth	
FATHER	6. Full Name of Father: George Gibbs Jackson			7. State or Country of Father's Birth: WELLINGTON, NEW ZEALAND	
MOTHER	8. Full Maiden Name of Mother: Lottie Matilda Lyon			9. State or Country of Mother's Birth: WHITNEY, IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Janetta Curtis	11. Present Address of Registrant: Firth Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 18 1961		12. Signature of Notary: James E. Lyon	13. Notary Commission expires: Feb. 1 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Basalt Ward, L. Ivan Jensen, Clerk	Date Issued: Mar.6,1910	Date Orig. Entry: blessed March 6, 1910
	Date of Birth: Jan.29,1910	Birth Place: Bingham County Basalt, Idaho	Full Name of Mother: Lottie Lyon	Name of Father: George Jackson	
SUPPORTING RECORD 2.	Type of Document: statement regarding school record		By whom issued and signed: Wilma Lamont, Deputy Clerk Bingham County, Idaho	Date Issued: Oct. 4, 1961	Date Orig. Entry: 1920-1921
	Date of Birth: Age: 10	Birth Place: ----	Full Name of Mother: ----	Name of Father: George Jackson	
SUPPORTING RECORD 3.	Type of Document: Additional Accidental Death Supplement		By whom issued and signed: Gem State Insurance Co.	Date Issued: ----	Date Orig. Entry: Feb. 4, 1949
	Date of Birth: Age: 39	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: pw Shirley Miller	Date Filed: Mar. 9, 1962

FORM BH 56067

8-14-64

MAR 13 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

1. Name of Person (Person whose birth is being registered)	2. Full name of birth	3. Date of birth (month) (day) (year)	
	[illegible]	January 29 [illegible]	
	4. Color or Race	5. Sex	6. Place of Birth (Address)
	[illegible]	[illegible]	[illegible]
			Bonaparte Hand, [illegible]
FATHER	6. Full name of Father		7. State or Country of Fathers Birth
	[illegible]		WELLINGTON, NEW ZEALAND
MOTHER	8. Full Maiden name of Mother		9. State or Country of Mothers Birth
	[illegible]		WHITNEY, IDAHO
AFFIDAVIT	1. Name of Declarant (Person who owns that the above statements are true to the best of his knowledge and belief)	20. Signature of Registrant	21. Present address of Registrant
		[illegible]	[illegible]
NOTARY (Seal)	22. Sworn and sworn to before me on	23. Signature of Notary	24. Notary Commission expires
	[illegible]	[illegible]	[illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Application of Blending	LDS Church, Basalt Ward, L. [illegible]	Mar. 6, 1910	Mar. 6, 1910
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	Basalt, Idaho	Lottie Icon	George [illegible]
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	----	----	----	[illegible]
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	---	---	---

QUALITY INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

CURTIS

243-2041006-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lavella Oralee Butler		2. Date Of Birth (month) 9 (day) 4 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Ralph Francis Butler		7. State or Country of Father's Birth: Elbert Colorado	
MOTHER	8. Full Maiden Name of Mother: Carrie Lenore Beckley		9. State or Country of Mother's Birth: Delta Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lavella Oralee Butler	11. Present Address of Registrant: 430 May St., Idaho Falls, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 27th 1961	12. Signature of Notary: M E Dalton	13. Notary Commission expires: May 1 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

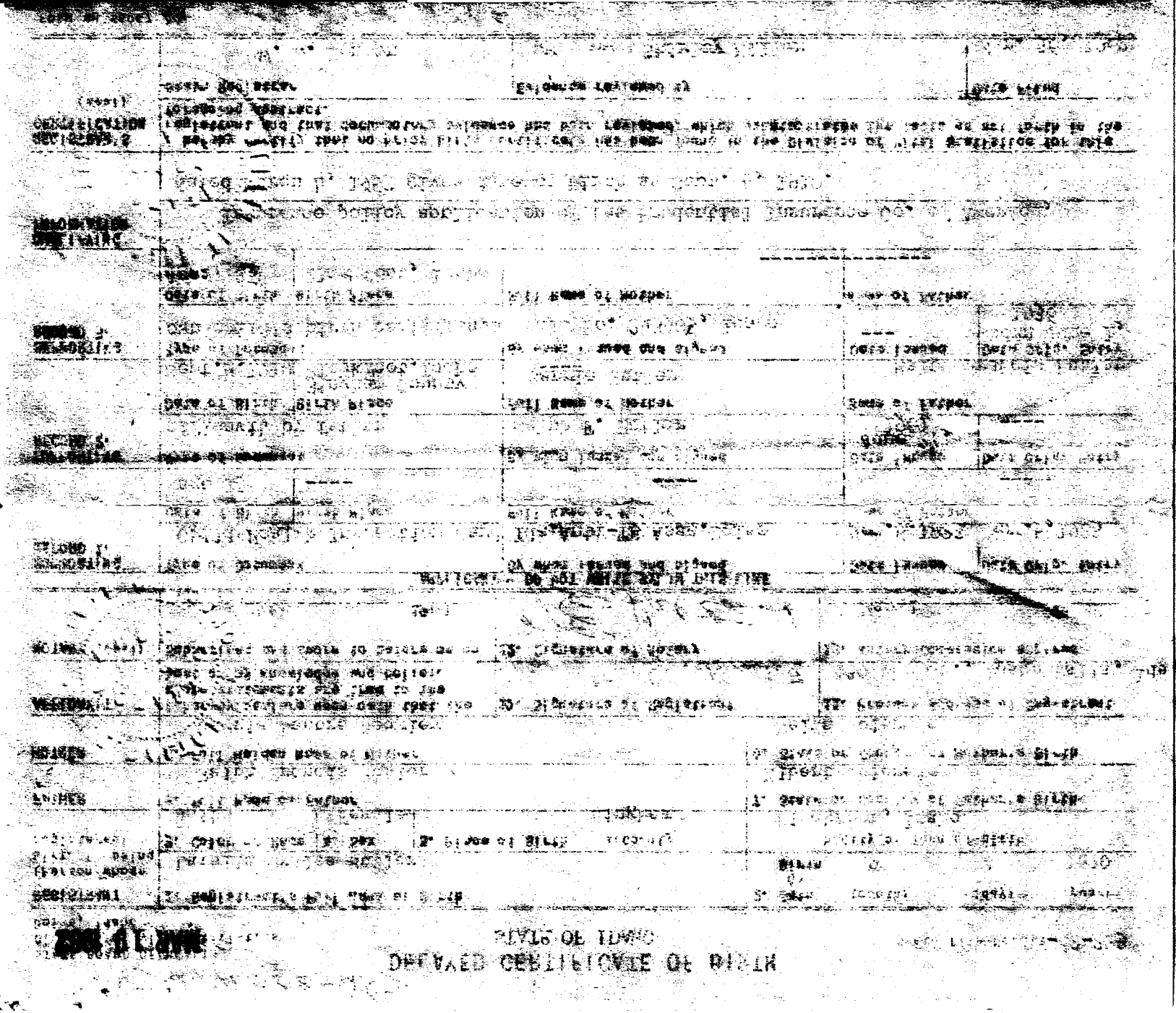
SUPPORTING RECORD 1.	Type of Document: Child Health Inspection Card	By whom issued and signed: Ida. Anti-TB Assn. Boise	Date Issued: Nov. 5, 1923	Date Orig. Entry: Nov. 5, 1923
	Date of Birth: age 13	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Ralph F. Butler	Date Issued: June 27, 1961	Date Orig. Entry: -----
	Date of Birth: Sept. 4, 1910	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Carrie Butler	Name of Father: Ralph Francis Butler
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File No. 243905, Idaho	Date Issued: -----	Date Orig. Entry: born June 1, 1936
	Date of Birth: Age: 25	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION	Insurance policy application of the Prudential Insurance Co. of America dated March 4, 1953 gives date of birth as Sept. 4, 1910.			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw pw Shirley Miller	Mar. 16, 1962

FORM BH 56067 NM



DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 1 1962

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)	
	[illegible]	[illegible]	
	3. Color or Race	4. Sex	5. Place of Birth (county) (city)
	[illegible]	[illegible]	[illegible]
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
	[illegible]	[illegible]	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
	[illegible]	[illegible]	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
	[illegible]	[illegible]	
NOTARY (seal)	12. Signature of Notary	13. Notary Commission Expires	
	[illegible]	[illegible]	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING EXTRACT 1.	Type of Document	By what issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 2.	Type of Document	By what issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]	[illegible]
SUPPORTING RECORD 3.	Type of Document	By what issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	[illegible]
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	[illegible]	[illegible]	[illegible]

SUBSTITUTE INFORMATION

Insurance policy application of the Prudential Insurance Co. of America, dated March 1, 1957 given [illegible] Birth as Sept. 4, 1910.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

693-216-010-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-228

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wendella Elzena Williams
2. Date of Birth: (month) March (day) 16 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Coltman, Bonneville; b. City or Town of Birth: Coltman

FATHER

6. Full Name of Father: Joseph Daniel Williams
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Althea Maria Howick (signature of mother: Althea H. Williams)
9. State or Country of Mother's Birth: Granger, Salt Lake Co. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wendella W. Rasor
11. Present Address of Registrant: 2929 So. 9000 West Magna, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Mar. 14 1962
12. Signature of Notary: Thomas Lowe
13. Notary Commission expires: Jan. 24 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	E. Bauer, Bishop	June 5, 1910	June 5, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 16, 1910	Coltman, Idaho Bingham, County	Althea M. Howick	J. Daniel Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	J. R. Williams, Bishop	---	baptized July 6, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar. 16, 1910	Coltman, Idaho	Maria Howick	Joseph William

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of own child's birth certificate	File No. 1921, Utah	Jan 2, 1953	born June 18, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Mar. 20, 1962

FORM BH 56067 1-31-62

MAR 20 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Date of Birth (Month) (Day) (Year)	4. Place of Birth (County)
	5. Sex	6. City or Town of Birth
FATHER	7. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
	11. Present Address of Registrant	
	Subscribed and sworn to before me on	12. Signature of Notary
	13. Notary Commission expires	

APPLICATION DO NOT WRITE BELOW THIS LINE

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Annexure.

Date Registrar	Evidence Reviewed by	Date Filed

FORM NO. 5A0A7

1-31-62

453 217 1038-113

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-232
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Elaine Melcher
2. Date of Birth (month) June (day) 17 (year) 1910
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County Payette; b. City or Town of Birth Fruitland

FATHER

6. Full Name of Father: Elbert Luke Melcher
7. State or Country of Father's Birth: Castalia, So. Dakota

MOTHER

8. Full Maiden Name of Mother: Florence Lavinia Patheal
9. State or Country of Mother's Birth: Salem, So. Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Elaine Melcher
11. Present Address of Registrant: New Plymouth, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 8 1962
12. Signature of Notary: B. B. Engle
13. Notary Commission expires: Feb 29 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate	File No. De-55-1103, Idaho	Dec. 23, 1955	born Aug. 16, 1942
Class*_____	Date of Birth: Age: 32 / Birth Place: Fruitland, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: American Home Benefit Assoc. Boise, Idaho	Date Issued: -----	Date Orig. Entry: Dec. 3, 1948
Class_____	Date of Birth: June 17, 1910 / Birth Place: -------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt Age: 77	By whom issued and signed: Edith M. Boor	Date Issued: Mar. 20, 1962	Date Orig. Entry: -----
Class_____	Date of Birth: June 17, 1910 / Birth Place: Fruitland, Idaho	Full Name of Mother: Florence L. Patheal Melcher	Name of Father: Elbert Luke Melcher	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Mar. 21, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 21

2. Date of birth

PUBLIC

493-22-5014-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-249

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Opal Inez Miller
2. Date of Birth: (month) July (day) 25, (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Caldwell, Idaho

FATHER

6. Full Name of Father: James Evermont Miller
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Julia Ann Kindred
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Opal Inez Miller Bixby
11. Present Address of Registrant: P.O.Box 202 Oceanside, Oregon.

NOTARY (Seal)

Subscribed and sworn to before me on: March 2nd, 1962
12. Signature of Notary: Leetha Portmann
13. Notary Commission expires: 9/10/ 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of page from family Bible	Robert Schumacher, Clerk Clackamas County, Oregon	Mar. 25, 1959	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 25, 1910	Idaho	Julia A. Kindred	James E. Miller

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of own child's birth certificate	File No. 217, Oregon	Oct. 26, 1944	born Nov. 2, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Caldwell, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by sister, Age: 64	Rachel A. Haworth	Mar. 20, 1962	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 25, 1910	Canyon County Caldwell, Idaho	Julia A. Kindred	James E. Miller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	Mar. 27, 1962

FORM BH 56067 11-1-61

MAR 28 1962

11-1-61

459-207-025-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-253

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET AUGUSTA MARIE MEISNER			2. Date Of Birth (month) (day) (year): FEBRUARY 7, 1910
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: KAMIAH IDAHO	b. City or Town of Birth: KAMIAH
FATHER	6. Full Name of Father: ALBERT CARL AUGUST MEISNER			7. State or Country of Father's Birth: WISCONSIN
MOTHER	8. Full Maiden Name of Mother: MARIE LENTZ			9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret augusta marie Meisner Knight		11. Present Address of Registrant: CORNELIU RT. 1, Box154, OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: WASHINGTON COUNTY-ORE FEBRUARY 25 19 61	12. Signature of Notary: David C. Frost		13. Notary Commission expires: NOTARY PUBLIC FOR OREGO 12-4-64 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister	By whom issued and signed: Ernest John Meisner	Date Issued: Feb.9,1961	Date Orig. Entry: -----
	Date of Birth: Feb.7,1910 / Birth Place: Kamiah, Idaho	Full Name of Mother: Marie Lentz	Name of Father: Albert Carl August Meisner	
SUPPORTING RECORD 2.	Type of Document: marriage license affidavit	By whom issued and signed: Idaho County, Idaho, Henry Telcher, ~~County recorder~~	Date Issued: Feb.19,1962	Date Orig. Entry: Oct. 13, 1928
	Date of Birth: age 28 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for Social Security Account No.	By whom issued and signed: U. S. Treasury Department	Date Issued: -----	Date Orig. Entry: Sept. 10, 1946
	Date of Birth: Feb. 7, 1910 / Birth Place: Kamiah, Idaho	Full Name of Mother: Marie Lentz	Name of Father: Albert Carl Meisner	
QUALIFYING INFORMATION	Schedule of Metropolitan Life Insurance Policy issued Sept. 1, 1943. Age next birthday, 34 years.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: pw Shirley Miller		Date Filed: Mar. 27, 1962

FORM BH 56067

MAR 28 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

David G. Frost, Atty.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: MARGARET AUGUSTA [illegible] WEISNER	2. Date of Birth (month) (day) (year): FEBRUARY 7, 1940	
	3. Color or Race: WHITE	4. Place of Birth: KAMIAH, County: IDAHO	5. Sex: Daily or Sex of Birth: LAMIAH
FATHER	6. Full Name of Father: ALBERT CARL AUGUST WEISNER	7. State or Country of Father's Birth: WISCONSIN	
MOTHER	8. Full Maiden Name of Mother: MARIE [illegible]	9. State or Country of Mother's Birth: WISCONSIN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible] ST. 1, BOX 154, OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] COUNTY-ORE FEBRUARY 2[illegible] 19 6[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission Expires: NOTARY PUBLIC FOR [illegible] 12-[illegible]-61

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible] by [illegible]	By whom issued and signed: [illegible] John [illegible]	Date Issued: Feb. [illegible], 1960	Date Orig. Entry:
	Date of Birth: [illegible]	Full Name of Father:	Name of Father:	
	[illegible]	Marie [illegible]	Albert Carl August Weisner	
SUPPORTING RECORD 2	Type of Document: Marriage License affidavit	By whom issued and signed: [illegible] County, Idaho, [illegible]	Date Issued: Jan. [illegible], 1961	Date Orig. Entry: Feb. [illegible], 1926
	Date of Birth: [illegible]	Birth Place:	Full Name of Father:	Name of Father:
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: Sept. [illegible], 1960
	Date of Birth: [illegible]	Birth Place:	Full Name of Father:	Name of Father:

QUALIFYING INFORMATION

[illegible] Life Insurance Policy issued Sept. [illegible], 1962.

[illegible] birthday, [illegible] years.

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	[illegible]

FORM OF [illegible]

35-28-043-346

272

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-272

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Dagmar Leaf			2. Date of Birth (month) July (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley	b. City or Town of Birth: Norwood Idaho
FATHER	6. Full Name of Father: Andrew Leaf			7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Mary Luoma			9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary D. Johnson		11. Present Address of Registrant: Route 1 McCall Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 5 1962	12. Signature of Notary: Gladys A Shelton		13. Notary Commission expires: March 24 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: File # 258514 in Idaho	Date Issued: ------	Date Orig. Entry: July 25, 1937
	Date of Birth: Age 26	Birth Place: Norwood, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Age 64 Affidavit by neichbor	By whom issued and signed: Fanny J. Heikkola	Date Issued: March 26, 1962	Date Orig. Entry: -----
	Date of Birth: July 28, 1910	Birth Place: Norwood, Idaho	Full Name of Mother: Mary Luma	Name of Father: Andrew Leaf
SUPPORTING RECORD 3.	Type of Document: Idaho State Operators License	By whom issued and signed: State of Idaho	Date Issued: ------	Date Orig. Entry: Expires July 28, 1910
	Date of Birth: July 28, 1910	Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	March 30, 1962

K FORM BH 56067

APR 2 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Type 02-272

813-212-039-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Hall			2. Date Of Birth (month) (day) (year): January 12, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: Between American Falls and Rockland
FATHER	6. Full Name of Father: Andrew Dock Hall			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Shirley Wood			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Hall (Patterson)		11. Present Address of Registrant: 8011 N. Mississippi Ave. Portland, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1962	12. Signature of Notary: Beryl Knoblauch		13. Notary Commission expires: February 25 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: File No. 21, Oregon	Date Issued: Jan. 30, 1962	Date Orig. Entry: born Jan. 20, 1935
	Date of Birth: Age: 25	Birth Place: American Falls, Idaho	Full Name of Mother: ------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: photo copy of application for Social Security Account No.		By whom issued and signed: U.S. Treasury Department	Date Issued: -----	Date Orig. Entry: June 10, 1937
	Date of Birth: Jan. 12, 1910	Birth Place: American Falls, Idaho	Full Name of Mother: Shirley Wood	Name of Father: Andrew Dock Hall	
SUPPORTING RECORD 3.	Type of Document: Employment record Application for employment		By whom issued and signed: Jantzen Knitting Mills	Date Issued: -----	Date Orig. Entry: Mar. 1, 1946
	Date of Birth: Jan. 12, 1910	Birth Place: American Falls, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: April 2, 1962

FORM BH 56067

APR 2 1962

241-231-013-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-322

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen G. Small			2. Date Of Birth: (month) Dec. (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Camas Prairie / Camas	b. City or Town of Birth: Camas Prairie
FATHER	6. Full Name of Father: Charles Corolus Small			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Mary Louisa Williams			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen G. O'Sullivan		11. Present Address of Registrant: 1809 Appleton, Apt. 7 Long Beach 2, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1962	12. Signature of Notary: Raymond A. Baeday		13. Notary's Commission expires: RAYMOND A. BALDAUF Notary Public State of California - Principal Office, Los Angeles County My Commission Expires Feb 16, 1966 1510 East Seventh Str. Long Beach 13, Calif.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, 13 years older	By whom issued and signed: Bessie M. McCarrol	Date Issued: Mar. 28, 1962	Date Orig. Entry: ------
	Date of Birth: Dec. 31, 1910 / Birth Place: Camas Prairie, Idaho	Full Name of Mother: Mary Small	Name of Father: Charles Small	
SUPPORTING RECORD 2.	Type of Document: application for employment	By whom issued and signed: Associated Telephone Co. Ltd.	Date Issued: ---	Date Orig. Entry: Jan. 4, 1937
	Date of Birth: Dec. 31, 1910 / Birth Place: Camas Prairie, Idaho	Full Name of Mother: Mary Williams	Name of Father: Charles C. Small	
SUPPORTING RECORD 3.	Type of Document: statement pertaining to insurance record	By whom issued and signed: Ross-Loos Medical Group	Date Issued: Mar. 5, 1962	Date Orig. Entry: Feb. 25, 1948
	Date of Birth: Dec. 1910 / Birth Place: -------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 13, 1962

FORM BH 56067 (Copy Pd #9506

2-15-62

APR 16 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECIPIENT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth: Dec. 31 [illegible]	
	3. Place of Birth: [illegible]	4. City or Town of Birth: [illegible]	
FATHER	5. Full Name of Father: Charles [illegible]	6. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Mary Louise Williams	9. State or Country of Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. [illegible]

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
CERTIFICATE INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which does not alter the facts as set forth in the foregoing abstract.		
	Name of Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: April 13, 1962

FORM NO. [illegible]

2-15-62

168-207.003-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-327

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vesta Elizabeth Johnson
2. Date of Birth (month) (day) (year): September 7, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Nels Peter Johnson
7. State or Country of Father's Birth: Brigham City, Utah

MOTHER

8. Full Maiden Name of Mother: Hannah Elizabeth Dalton
9. State or Country of Mother's Birth: Willard, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vesta E. Shaw
11. Present Address of Registrant: 2257 Tyler Avenue, Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: April 3, 1962
12. Signature of Notary: Elayne G. Roberts
13. Notary Commission expires: April 2, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application by mother for membership		By whom issued and signed: Kate L. Gessel, County Reg. Soc. of Daugh. of Utah	Date Issued: ---	Date Orig. Entry: May 2, 1949
	Date of Birth: Sept. 7, 1910	Birth Place: Grace, Idaho	Full Name of Mother: Elizabeth Dalton Johnson Kendall	Name of Father: Nels Peter Johnson	
SUPPORTING RECORD 2.	Type of Document: No. 7417 application for license to marry--certified copy		By whom issued and signed: Lawrence M. Malan, Clerk Weber County, Utah	Date Issued: Mar. 20, 1962	Date Orig. Entry: Sept. 17, 1930
	Date of Birth: Sept. 7, 1910	Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Elizabeth Dalton	Name of Father: Nels P. Johnson	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for marriage license, No. 17250		By whom issued and signed: Lawrence M. Malan, Clerk Weber County, Utah	Date Issued: Mar. 20, 1962	Date Orig. Entry: Dec. 28, 1954
	Date of Birth: Sept. 7, 1910	Birth Place: Grace, Idaho	Full Name of Mother: Hannah Elizabeth Dalton	Name of Father: Nels Peter Johnson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 18, 1962

FORM BH 56067 (Copy) # 9590

2-21-62

APR 18 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Vesta Elizabeth Johnson	2. Date of Birth (month) (day) (year): September 7, 1919
	3. Color of Race: White; 4. Sex: Female; 5. Place of Birth: Bannock; 6. County:	7. City or Town of Birth: Grace
FATHER	8. Full Name: Nels Peter Johnson	7. State or Country of Father's Birth: Brigham City, Utah
MOTHER	9. Full Maiden Name of Mother: Hannah Elizabeth Dalton	9. State or Country of Mother's Birth: Millard, Utah
APPLICATION	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: 2257 Tyler Avenue, Ogden, Utah	
	12. Subscribed and sworn to before me on: April 2, 1962	13. Signature of Notary: [illegible]
	14. Notary Commission expires: April 2, 1965	

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] 1919	Birth Place: Grace, Idaho	Name of Mother: [illegible]	Name of Father: Nels Peter Johnson
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Sept. 17, 1940
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Mother: Elizabeth Dalton	Name of Father: Nels P. Johnson
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Grace, Idaho	Full Name of Mother: Hannah Elizabeth Dalton	Name of Father: Nels Peter Johnson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I do hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	April 18, 1962

2-21-62

815/24/066-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-378

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Lewis Hancock			2. Date Of Birth: (month) April (day) 24 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Benjamin Matthew Hancock			7. State or Country of Father's Birth: Payson, Utah
MOTHER	8. Full Maiden Name of Mother: Emily Grace Bean			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin L. Hancock		11. Present Address of Registrant: 270 East 8th North Spanish Fork, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 5-3- 1962	12. Signature of Notary: Lou Nielsen		13. Notary Commission expires: Feb- 7 1963

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Grace Grover	Date Issued: May 3, 1962	Date Orig. Entry: -----
	Date of Birth: April 24, 1910 / Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Emily Grace Bean	Name of Father: Benjamin Matthew Hancock	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Lorenzo R. Thomas, Bishop	Date Issued: June 6, 1910	Date Orig. Entry: blessed June 5, 1910
	Date of Birth: April 24, 1910 / Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Grace Bean	Name of Father: Benjamin Hancock	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Peter J. Williams, Bishop	Date Issued: -----	Date Orig. Entry: baptized July 6, 1918
	Date of Birth: April 24, 1910 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Grace Bean	Name of Father: Benjamin Hancock	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 8, 1962

FORM BH 56067

5-4-61

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 8 1962

553-209-041-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nanita Nelson			2. Date of Birth (month) Feb (day) 8 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor, Idaho
FATHER	6. Full Name of Father: Henry Thomas Nelson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ellen Christensen			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nanita Nelson Hanna		11. Present Address of Registrant: 1337 E. Lander, Pocatello Ida
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 1960	12. Signature of Notary: Hazel Godfrey		13. Notary Commission expires: July 1 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Ellen Nelson	Date Issued: July 19, 1960	Date Orig. Entry: ------
	Date of Birth: Feb. 8, 1910 / Birth Place: Victor, Idaho Teton County	Full Name of Mother: Ellen Christensen	Name of Father: Henry Thomas Nelson	
SUPPORTING RECORD 2.	Type of Document: statement pertaining to application for employment	By whom issued and signed: Bernice Alexander, Personnel Records, Montgomery Wards	Date Issued: Aug. 9, 1960	Date Orig. Entry: Oct. 15, 1950
	Date of Birth: Feb. 8, 1910 / Birth Place: Victor, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Sarah Devaney, Clerk of the District Court	Date Issued: May 9, 1962	Date Orig. Entry: Nov. 28, 1934
	Date of Birth: Age: 24 / Birth Place: -------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Shirley Miller	May 14, 1962

FORM BH 56067

MAY 15 1962

415221-029-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-62-408

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ione Davis			2. Date of Birth (month) January (day) 21st (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Moscow, Idaho	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Thomas Bridges Davis			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Etta VanBuskirk			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ione Davis		11. Present Address of Registrant: Calumet, Michigan
NOTARY (Seal)	Subscribed and sworn to before me on: May 17, 1962	12. Signature of Notary: Eleanor C. Likovich		13. Notary Commission expires: ELEANOR C. LIKOVICH Notary Public, Houghton Co., Mich. My Commission Expires June 25, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father		By whom issued and signed: Thomas B. Davis	Date Issued: May 11, 1962	Date Orig. Entry: -----
	Date of Birth: Jan. 21, 1910	Birth Place: Moscow, Idaho	Full Name of Mother: Mary E. Davis	Name of Father: Thomas B. Davis	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for marriage license		By whom issued and signed: Edgar W. Norris, Probate Judge	Date Issued: May 11, 1962	Date Orig. Entry: Aug. 9, 1933
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: Mary Van Buskirk	Name of Father: Thomas Davis	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record		By whom issued and signed: Neil E. Van Riper, Ass't Prin. Principal, Trenton Hi School	Date Issued: May 9, 1962	Date Orig. Entry: Sept. 1927 to June 1929
	Date of Birth: Jan. 21, 1910	Birth Place: -------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 21, 1962

FORM BH 56067

Westlake

MAY 21 1962

128-208-036-539

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-414

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mirlie Lawella Ashton			2. Date Of Birth (month) (day) (year): January 8, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Woodruff
FATHER	6. Full Name of Father: Hyrum Ashton			7. State or Country of Father's Birth: Wellsville Cache Co. Utah
MOTHER	8. Full Maiden Name of Mother: Emma Elias			9. State or Country of Mother's Birth: Pembroke Shire South Wales
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mirlie Lawella Ashton mc		11. Present Address of Registrant: 2232 Quincy, Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 1962	12. Signature of Notary: Oreta N. Wescott		13. Notary Commission expires: June 30th 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, age: 71	By whom issued and signed: Mary E. Jones		Date Issued: Jan. 8, 1962	Date Orig. Entry: --
	Date of Birth: Jan. 8, 1910	Birth Place: Oneida County Woodruff, Idaho	Full Name of Mother: Emma Elias	Name of Father: Hyrum Ashton	
SUPPORTING RECORD 2.	Type of Document: copy of church record	By whom issued and signed: L.D.S. CHURCH, Salt Lake City, Utah		Date Issued: Jan. 16, 1962	Date Orig. Entry: May 1, 1910
	Date of Birth: Jan. 8, 1910	Birth Place: Oneida, County Woodruff, Idaho	Full Name of Mother: Emma Elias	Name of Father: Hyrum Ashton	
SUPPORTING RECORD 3.	Type of Document: statement pertaining to baptism record	By whom issued and signed: Membership Record Dept. LDS Church, Salt Lake City		Date Issued: April 30, 1958	Date Orig. Entry: baptized May 3, 1910
	Date of Birth: Jan. 8, 1910	Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	May 22, 1962

FORM BH 56067

2-16-62

DELAYED CERTIFICATE OF BIRTH

MAY 29 1962

APR 2 8 2002

293-118-028 4A3

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-139

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey James Kildea			2. Date of Birth (month) (day) (year): September 18 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Charles Henry Kildea			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Mary Jane Dutton			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey James Kildea		11. Present Address of Registrant: c/o Patrick M. Kildea 6618 Rayburn Road Bethesda, Maryland.
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1962	12. Signature of Notary: Helen V. Allen		13. Notary Commission expires: My Commission Expires May 14, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notice of Separation from U. S. Naval Service, Copy	By whom issued and signed: John J. Noone, Jr. Lieut. USNR	Date Issued: Nov. 2, 1945	Date Orig. Entry: Inducted Jan. 13, 1943	
	Date of Birth: Sept. 18, 1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Anthony J. Korgl, Asst. Pastor St. Thomas Church, Coeurd'Alene	Date Issued: Dec. 5, 1939	Date Orig. Entry: Baptized Oct. 10, 1910	
	Date of Birth: Sept. 18, 1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary J. Dutton	Name of Father: Charles Henry Kildra	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth, age: 67	By whom issued and signed: Sister M. Nazarene Smith	Date Issued: May 22, 1962	Date Orig. Entry: -- ---	
	Date of Birth: Sept. 18, 1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary Jane Dutton	Name of Father: Charles Henry Kildea	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Barron	sm Shirley Miller	May 29, 1962

FORM BH 56067 11-13-61

MAY 29 1962

168-20-3102 9-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62- 477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mattie Christina Johnson			2. Date of Birth (month) (day) (year): September 3, 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy	
FATHER	6. Full Name of Father: Simon H. Johnson			7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Lela Mae Bailey			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mattie C. Johnson Olson		11. Present Address of Registrant: Deary, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 9- 1962	12. Signature of Notary: L. Boche		13. Notary Commission expires: August 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Lela Mae Johnson		Date Issued: April 8, 1955	Date Orig. Entry: -----
	Date of Birth: Sept. 3, 1910	Birth Place: Troy, Idaho Latah County	Full Name of Mother: Lela Mae Johnson	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: statement regarding lodge record	By whom issued and signed: Dorothy Stevens, Secy, Morning Star Rebekah Lodge No. 68		Date Issued: May 16, 1962	Date Orig. Entry: May 8, 1947
	Date of Birth: Sept. 3, 1910	Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of Family Bible	By whom issued and signed: Orville J. Slette, Notary Public		Date Issued: May 17, 1962	Date Orig. Entry: obviously old
	Date of Birth: Sept. 3, 1910	Birth Place: Troy, Idaho	Full Name of Mother: Lela Mae Johnson	Name of Father: Simon H. Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: smsm Shirley Miller	Date Filed: June 11, 1962

FORM BH 56067

JUN 12 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]
	3. Date of Place	4. Sex	5. Place of Birth	6. Birth Place
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICATION TO [illegible]

SUPPORTING RECORD 1	Date of Document: [illegible]	1. Name Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: ----
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Date of Document: [illegible]	2. Name Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Date of Document: [illegible]	3. Name Issued and Signed: Orville J. [illegible], Notary Public	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Father: [illegible]	
QUALIFYING INFORMATION				

STATEMENT OF CERTIFICATION (Seal): A Recency certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 11, 1962

FORM [illegible]

446-12 1016-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-482

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: *David Rulon Durfee*			2. Date Of Birth: (month) *April* (day) *12* (year) *1910*	
	3. Color or Race: *White*	4. Sex: *Male*	5. Place of Birth a. County: *Idaho* *Cassia*	b. City or Town of Birth: *Almo*	
FATHER	6. Full Name of Father: *Lorenzo Durfee*			7. State or Country of Father's Birth: *Utah*	
MOTHER	8. Full Maiden Name of Mother: *Anna Abbey Bruesch*			9. State or Country of Mother's Birth: *New Mexico*	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: David Rulon Durfee	11. Present Address of Registrant: 7160 SW Scholls Ferry Rd. Beaverton, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1962		12. Signature of Notary: R. J. Harper	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires June 12, 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 76		By whom issued and signed: Anna A. Durfee	Date Issued: ------	Date Orig. Entry: May 29, 1962
	Date of Birth: April 12, 1910	Birth Place: Almo, Cassia County, Idaho	Full Name of Mother: Anna Abbey Bruesch	Name of Father: Lorenzo Durfee	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Equitable Life Assurance Society #GN10, 766, 928	Date Issued: October 1, 1938	Date Orig. Entry: October 1, 1938
	Date of Birth: April 12, 1910	Birth Place: Almo, Idaho	Full Name of Mother: Anna A. Durfee	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Personnel Security Questionnaire		By whom issued and signed: U.S.A. Budget Bureau	Date Issued: 1943	Date Orig. Entry: 1943
	Date of Birth: April 12, 1910	Birth Place: Almo, Cassia Co. Idaho	Full Name of Mother: Anna Abbey Bruesch Durfee	Name of Father: Lorenzo, Durfee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	June 14, 1962

FORM BH 56067

1-22-62

JUN 14 1962

...LIZED CERTIFICATE OF BIRTH
STATE OF IDAHO

...ld	...nion	...urtes	
2. Date of Birth (Month, Day, Year)	3. Place of Birth (County)		4. Sex
April 12	Idaho	Cassia	Male
5. Full Name of Father			6. State or Country of Birth
Lorenzo Burtee			Utah
7. Full Maiden Name of Mother			8. State or Country of Birth
Anna Agnes Bruneck			Germany

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

9. Signature of Informant

10. Signature of Witness

11. Address of Informant

Jerome, Idaho

12. Signature and title of person making this certification

Mrs. Nicholas Perry Rd.
Secretary, Oregon

13. Agency issuing copies

Bureau of Vital Statistics
Boise, Idaho

14. Date Filed

JUN 14 1962

15. Signature of Local Registrar

Anna A. Burtee

16. Date Issued

JUN 14 1962

AFFIDAVIT TO SECURE DELAYED REGISTRATION OF BIRTH

(To be executed before a notary public or other officer authorized to administer oaths)

1. Name of Person to be Registered (First, Middle, Last)			2. Sex
April 12	Lorenzo Burtee		Male
3. Date of Birth (Month, Day, Year)	4. Place of Birth (City, County, State)		5. Present Residence
April 12, 1910	Jerome, Idaho		Jerome, Idaho
6. Name of Father			7. Birthplace of Father
Lorenzo Burtee			Utah
8. Maiden Name of Mother			9. Birthplace of Mother
Anna Agnes Bruneck			Germany

I, Lorenzo Burtee, being first duly sworn, depose and say that the facts stated above are true to the best of my knowledge and belief.

10. Signature of Affiant

Lorenzo Burtee

11. Address of Affiant

Jerome, Idaho

Subscribed and sworn to before me on

12. Signature of Notary

Anna A. Burtee

13. Official Capacity of Notary

Notary Public

14. My Commission Expires (Month, Day, Year)

AFFIDAVIT OF WITNESS TO BIRTH

(To be executed before a notary public or other officer authorized to administer oaths)

1. Name of Person Whose Birth is to be Registered (First, Middle, Last)			2. Sex
April 12	Lorenzo Burtee		Male
3. Date of Birth (Month, Day, Year)	4. Place of Birth (City, County, State)		5. Present Residence
April 12, 1910	Jerome, Idaho		Jerome, Idaho
6. Name of Father			7. Birthplace of Father
Lorenzo Burtee			Utah
8. Maiden Name of Mother			9. Birthplace of Mother
Anna Agnes Bruneck			Germany

I, Mrs. Lorenzo Burtee, being first duly sworn, depose and say that I was present at the birth of the person named above; that I have personal knowledge of the facts stated above; and that documentary evidence not in my possession does not exist or cannot be obtained.

10. Signature of Witness

Mrs. Lorenzo Burtee

11. Address of Witness

Jerome, Idaho

12. Date Signed

June 14, 1962

AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF BIRTH

(To be executed before a notary public or other officer authorized to administer oaths)

1. Name of Person to be Registered (First, Middle, Last)			2. Sex
April 12	Lorenzo Burtee		Male
3. Date of Birth (Month, Day, Year)	4. Place of Birth (City, County, State)		5. Present Residence
April 12, 1910	Jerome, Idaho		Jerome, Idaho
6. Name of Father			7. Birthplace of Father
Lorenzo Burtee			Utah
8. Maiden Name of Mother			9. Birthplace of Mother
Anna Agnes Bruneck			Germany

I, Mrs. Lorenzo Burtee, being first duly sworn, depose and say that I am personally acquainted with the facts concerning the birth of the person named above; that I have personal knowledge of the facts stated above; and that documentary evidence not in my possession does not exist or cannot be obtained.

10. Signature of Person Having Knowledge

Mrs. Lorenzo Burtee

11. Address of Person Having Knowledge

Jerome, Idaho

12. Date Signed

June 14, 1962

AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF BIRTH

(To be executed before a notary public or other officer authorized to administer oaths)

1. Name of Person to be Registered (First, Middle, Last)			2. Sex
April 12	Lorenzo Burtee		Male
3. Date of Birth (Month, Day, Year)	4. Place of Birth (City, County, State)		5. Present Residence
April 12, 1910	Jerome, Idaho		Jerome, Idaho
6. Name of Father			7. Birthplace of Father
Lorenzo Burtee			Utah
8. Maiden Name of Mother			9. Birthplace of Mother
Anna Agnes Bruneck			Germany

I, Mrs. Lorenzo Burtee, being first duly sworn, depose and say that I am personally acquainted with the facts concerning the birth of the person named above; that I have personal knowledge of the facts stated above; and that documentary evidence not in my possession does not exist or cannot be obtained.

10. Signature of Person Having Knowledge

Mrs. Lorenzo Burtee

11. Address of Person Having Knowledge

Jerome, Idaho

12. Date Signed

June 14, 1962

593-224-010-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-502

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleanore Nickerson			2. Date of Birth: (month) January (day) 24 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Emery Nickerson			7. State or Country of Father's Birth: Grantsville, Utah	
MOTHER	8. Full Maiden Name of Mother: Louise DeRome			9. State or Country of Mother's Birth: Chicago, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eleanore Bailey	11. Present Address of Registrant: Firth, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 19 June 1962		12. Signature of Notary: V. F. Hootton	13. Notary Commission expires: June 1 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance		By whom issued and signed: Gem State Mutual Life	Date Issued: Mar. 3, 1938	Date Orig. Entry: Feb. 23, 1938
	Date of Birth: Jan. 24, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: File No. 208455, Idaho	Date Issued: ----	Date Orig. Entry: child born Nov. 18, 1932
	Date of Birth: Age: 22	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle, age: 66		By whom issued and signed: Lorin Nickerson	Date Issued: June 23, 1962	Date Orig. Entry: ----
	Date of Birth: Jan. 24, 1910	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Louise DeRome	Name of Father: Emery Nickerson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sm Shirley Miller	June 26, 1962

FORM BH 56067

5-11-62 1 copy paid

JUN 26 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

Stock Filed: 100-62-502

REGISTRANT

Person whose birth is being registered

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth: January 24, 1962
3. Color or Race: White
4. Place of Birth: Idaho Falls
5. County: Bonneville
6. City or Town of Birth: [illegible]

FATHER

7. Full Name of Father: [illegible]
8. Birth or Country of Father's Birth: Bonneville, Utah

MOTHER

9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: [illegible]

OFFICIALLY

Hereby declare upon date that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: [illegible]
12. Present Address of Registrant: [illegible]
13. Signature of Notary: [illegible]
14. Notary Commission expires: [illegible]

APPLICATION

Type of Bonds: [illegible] Insurance
By Whom Issued and Signed: [illegible] State Mutual Life
Date Issued: Mar. 3, [illegible]
Date Orig. Entry: Feb. 23, [illegible]

Date of Birth: [illegible]
Date of Mother: [illegible]

CERTIFICATE

Type of Bonds: [illegible] Birth certificate
By Whom Issued and Signed: [illegible]
Date Issued: [illegible]
Date of Birth: [illegible]
Date of Mother: [illegible]

SUPPLEMENTAL RECORDS

Type of Bonds: [illegible]
By Whom Issued and Signed: [illegible]
Date Issued: June 23, [illegible]
Date Orig. Entry: [illegible]

Date of Birth: Jan. 24, 1962
Birth Place: Idaho Falls, Idaho
Full Name of Mother: [illegible]
Name of Father: [illegible]

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for that registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: June 26, 1962

FORM NO. [illegible]

5-11-62 1 copy paid

638204.025-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-512

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie May Flynn			2. Date of Birth (month) (day) (year): Jan. 4 1910	
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Stites Idaho	b. City or Town of Birth: Stites, Idaho	
FATHER	6. Full Name of Father: Frederick Emery Flynn			7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Lydia May Swineheart			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant	11. Present Address of Registrant: Stites, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 27 1962		12. Signature of Notary: Shirley S. Flynn	13. Notary Commission expires: Apr 29 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Lydia Flynn McNeil	Date Issued: Oct. 28, 1960	Date Orig. Entry: -----
	Date of Birth: Jan. 4, 1910	Birth Place: Stites, Idaho	Full Name of Mother: Lydia Flynn	Name of Father: Frederick Emery Flynn	
SUPPORTING RECORD 2.	Type of Document: statement pertaining to hospital record		By whom issued and signed: General Hospital, Grangeville Idaho	Date Issued: Feb. 4, 1961	Date Orig. Entry: admitted Sept. 2, 1955
	Date of Birth: Jan. 4, 1910	Birth Place: --------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage statistics		By whom issued and signed: R. Woody, County Recorder Garfield Co., Washington	Date Issued: June 19, 1962	Date Orig. Entry: Oct. 6, 1932
	Date of Birth: Age: 22	Birth Place: Stites, Idaho	Full Name of Mother: Lydia Swineheart	Name of Father: F. E. Flynn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: June 28, 1962

FORM BH 56067 10-3-60

JUN 28 1982

APR 29 1982

613-206-044-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-522

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Opal Alberta Watkins		2. Date Of Birth (month) February (day) 6 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Elias Watkins		7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Carrie May Allen		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal A. Harding	11. Present Address of Registrant: 1533- Porter Drive Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 3 1962	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn. #N42960-8	Date Issued: -------	Date Orig. Entry: July 20, 1950
	Date of Birth: February 6, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: -------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Geneology Sheet	By whom issued and signed: Opal A. Harding	Date Issued: March 25, 1957	Date Orig. Entry: March 25, 1957
	Date of Birth: February 6, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Carrie May Allen	Name of Father: Elias Watkins
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing	By whom issued and signed: Albert Muhlestein	Date Issued: 12-16-56	Date Orig. Entry: 12-16-56
	Date of Birth: February 6, 1910	Birth Place: Weiser, Washington Idaho	Full Name of Mother: Carrie Allen	Name of Father: Elias Watkins
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	July 3, 1962

FORM BH 56067

JUL 3 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: Goal Alberta Watkins	2. Date of Birth: February 6, 1910	
	3. Place of Birth: White / 4. Sex: Female / 5. Place of Birth: Washington	6. City or Town of Birth: Weiser	
FATHER	6. Full Name of Father: Elias Watkins	7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Name of Mother: Carrie Ray Allen	9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on 19	12. Signature of Notary: [signature]	13. Notary Commission expires: [illegible] 19

APPROVED — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn. [illegible]	Date Issued: ----	Date Orig. Entry: July 20, 1958
	Date of Birth: February 6, 1910 / Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2	Type of Document: Genealog/Sheet	By whom issued and signed: Goal A. Harding	Date Issued: March 25, 1957	Date Orig. Entry: March 25, 1957
	Date of Birth: February 6, 1910 / Birth Place: Weiser, Idaho	Full Name of Mother: Carrie Ray Allen	Name of Father: Elias Watkins	
SUPPORTING RECORD 3	Type of Document: Fairfarchal Blessing	By whom issued and signed: Albert Kuhlestein	Date Issued: 12-16-58	Date Orig. Entry: 12-16-58
	Date of Birth: February 6, 1910 / Birth Place: Weiser, Washington, Idaho	Full Name of Mother: Carrie Allen	Name of Father: Elias Watkins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (see 1)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	July 3, 1962

Form of Seal

239-201-022-314

(Be sure the information is complete and accurate)

State File No. De62-523
Local Reg. No.
Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED JUN 25 1962 Bureau of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton Farnum
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Murray b. COUNTY Utah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Utah
d. STREET ADDRESS (If rural, give location) 155 East Verre

3. CHILD'S NAME (Type or print) a. (First) Merle b. (Middle) c. (Last) Strong

4. SEX Female
5a. THIS BIRTH SINGLE [✓] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [✓] 3RD [ ]
6. DATE OF BIRTH (Month) October (Day) 1 (Year) 1910

FATHER OF CHILD

7. FULL NAME a. (First) Herbert b. (Middle) Jo c. (Last) Strong
8. COLOR OR RACE White
9. AGE (At time of this birth) 40 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town) Lansing Iowa
11a. USUAL OCCUPATION Interior Decorator
11b. KIND OF BUSINESS OR INDUSTRY Decorator

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Martha b. (Middle) Maude c. (Last) Lautensock
13. COLOR OR RACE White
14. AGE (At time of this birth) 22 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town) Salt Lake Utah
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? None
c. How many children were still born (born dead after 20 weeks pregnancy)? None
17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE E. L. Hargis
18b. ATTENDANT AT BIRTH M. D. [ ] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS Ashton Idaho
18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG. June 25, 1962
20. REGISTRAR'S SIGNATURE W. W. Benson
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS
22b. WEIGHT AT BIRTH LBS. OZS.
23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]
Approximate date

Name prophylactic used to prevent Ophthalmia Neonatorum JUL 28 2016

Form DPH-48001

L. 5 16 62

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUL 5 1962

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

295-210-042-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-536

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sierer, Ina Elizabeth		2. Date Of Birth: (month) May (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: (near) Filer
FATHER	6. Full Name of Father: Sierer, Daniel Christ		7. State or Country of Father's Birth: Ada County, Ohio, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Sierer, Bertha Aurora Bertch		9. State or Country of Mother's Birth: Iowa, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ina E. Howard	11. Present Address of Registrant: 151 2nd Ave East, Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 3 1962	12. Signature of Notary: [signature]	13. Notary Commission expires: April 10 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Court Order Of Adoption	By whom issued and signed: Probate Court, Twin Falls County, Idaho	Date Issued: -----	Date Orig. Entry: Aug. 6, 1946
	Date of Birth: Age: 36	Birth Place: -------	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: The Mutual Life Insurance Company of New York	Date Issued: -----	Date Orig. Entry: Nov. 22, 1924
	Date of Birth: May 10, 1910	Birth Place: Filer, Idaho	Full Name of Mother: Bertha Sierer	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Bertha Aurora Bertch Sierer	Date Issued: July 3, 1962	Date Orig. Entry: -------
	Date of Birth: May 10, 1910	Birth Place: Filer, Idaho Twin Falls County	Full Name of Mother: Bertha Aurora Bertch Sierer	Name of Father: Daniel Christ Sierer
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: July 11, 1962

FORM BH 56067

1 copy paid 6-12-62

JUL 12 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

No. 62-[illegible]

Registrant	1. Name of Birth: Sierer, Ina Elizabeth	2. Date of Birth: May 10 1910	
Person where birth is being registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Twin Falls
	6. Name of Father: Sierer, Daniel Christ	7. State or Country of Father's Birth: Ada County, Ohio, U.S.A.	
Father	8. Name of Mother: Sierer, Bertha Aurora Bertch	9. State or Country of Mother's Birth: Iowa, U.S.A.	
Mother	10. Person and address of Registrant: Ina Elizabeth Sierer, Twin Falls, Idaho	11. Present Address of Registrant: 154 2nd Ave East, Twin Falls, Idaho	
Notary Seal	12. Signature of Notary: [illegible]	13. Signature of Registrant: [illegible]	

APPLICANT: DO NOT WRITE BELOW THIS LINE

Supporting Record 1	Type of Document: Certified copy of Court Order Probate Court, Twin Falls County, Idaho	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Aug. 6, 1960
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----
Supporting Record 2	Type of Document: Application for Insurance	By whom issued and signed: The Mutual Life Insurance Company of New York	Date Issued: ----	Date Orig. Entry: Nov. 27, 1924
	Date of Birth: May 10, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Bertha Sierer	Name of Father: ----
Supporting Record 3	Type of Document: Certificate by mother	By whom issued and signed: Bertha Aurora Bertch Sierer	Date Issued: [illegible]	Date Orig. Entry: ----
	Date of Birth: May 10, 1910	Birth Place: Twin Falls County	Full Name of Mother: Bertha Aurora Bertch Sierer	Name of Father: Daniel Christ Sierer

Qualifying Information

Registrar's Certification (seal)

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	July 11, 1962

1 copy paid 6-12-62

719-118-1036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-545

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edwin Tolman Garner
2. Date Of Birth (month) (day) (year): March 18 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Preston, Oneida
b. City or Town of Birth: Preston, Idaho

FATHER

6. Full Name of Father: William Henry Garner
7. State or Country of Father's Birth: North Ogden, Weber County, Utah

MOTHER

8. Full Maiden Name of Mother: Mary Emma Tolman
9. State or Country of Mother's Birth: Rush Valley, Tooele Co., Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edwin Tolman Garner
11. Present Address of Registrant: #813 Adams Ave., Ogden, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: July 11, 1962 19___

12. Signature of Notary: Mary Hooper Ogden, Utah
13. Notary Commission expires: July 21, 1962 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: affidavit by sister, 10 years older
By whom issued and signed: Viola May Garner Barnes
Date Issued: July 11, 1962
Date Orig. Entry: -----
Date of Birth: Mar. 18, 1910
Birth Place: Preston, Idaho
Full Name of Mother: Mary Emma Tolman
Name of Father: William Henry Garner

SUPPORTING RECORD 2.

Type of Document: Employe's Service Certificate Denver & RioGrande RR Co.
By whom issued and signed: D. G. Cunningham, Master Mechanic
Date Issued: -----
Date Orig. Entry: May 23, 1940
Date of Birth: Mar. 18, 1910
Birth Place: -----
Full Name of Mother: ----------
Name of Father: ----------

SUPPORTING RECORD 3.

Type of Document: Certificate of Blessing
By whom issued and signed: Henry Rogers, Bishop
Date Issued: June 28, 1910
Date Orig. Entry: blessed June 5, 1910
Date of Birth: Mar. 18, 1910
Birth Place: Preston, Idaho Oneida County
Full Name of Mother: Mary Emma Tolman
Name of Father: Wm. H. Garner

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Shirley Miller
Date Filed: July 16, 1962

FORM BH 56067

6-13-62

JUL 24 1962

814-121-003-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-556

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Theodore Rich Hadley
2. Date Of Birth (month) (day) (year): August 21, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Oxford Bannock
6. b. City or Town of Birth: Oxford Idaho

FATHER

7. Full Name of Father: Rich Hadley
8. State or Country of Father's Birth: Swan Lake, Idaho

MOTHER

9. Full Maiden Name of Mother: Lillie Victoria Fisher
10. State or Country of Mother's Birth: Oxford Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Signature of Registrant: Theodore Rich Hadley
12. Present Address of Registrant: Hazelton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 26th day of March 1962

13. Signature of Notary: [illegible]
14. Notary Commission expires: Feb. 20, 1966

APPLICANT DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	File No. 7525, Idaho	-----	born June 9, 1953
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 42 / Idaho	----------	----------	
SUPPORTING RECORD 2.	affidavit by father	Rich Hadley	July 16, 1962	-----
	Aug. 21, 1910 / Oxford, Idaho Bannock County	Lillie Victoria Fisher	Rich Hadley	
SUPPORTING RECORD 3.	Certificate of Blessing	Jimmy H. Christopherson Bishop	Nov. 6, 1910	blessed Nov. 10, 1910
	Aug. 21, 1910 / Oxford, Idaho Bannock County	Lillie Victoria Fisher	Rich Hadley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Jensen

Evidence reviewed by: sm Shirley Miller

Date Filed: July 17, 1962

FORM BH 56067

8-24-61 3-61

JUL 18 1962

Hadley

29-111-001-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-590

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Oswald Breckon			2. Date Of Birth (month) (day) (year): December 11, 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Richard David Breckon			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Eva Kate Plant			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John O. Breckon		11. Present Address of Registrant: 402 Oriente St San Francisco 24, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: 28th Day of July 1962	12. Signature of Notary: John P. Perry		13. Notary Commission expires: JOHN P. PERRY, ~~My Commission Expires July 21, 1964~~ 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding church record	By whom issued and signed: Bishop Douglas R. Phippen		Date Issued: Aug. 7, 1942	Date Orig. Entry: baptized July 13, 1921
	Date of Birth: Dec. 11, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Eva Kate Plant(Breckon)	Name of Father: Richard D. Breckon	
SUPPORTING RECORD 2.	Type of Document: Application for insurance	By whom issued and signed: Beneficial Life Insurance Co.		Date Issued: ----	Date Orig. Entry: Mar. 14, 1938
	Date of Birth: Dec. 11, 1910	Birth Place: Boise, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to the Holy Priesthood	By whom issued and signed: Mark Christiansen, Ward Clerk		Date Issued: June 21, 1931	Date Orig. Entry: June 21, 1931
	Date of Birth: Dec. 11, 1910	Birth Place: Boisek Idaho	Full Name of Mother: Eva Kate Plant	Name of Father: Richard D. Breckon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Bergan	Evidence reviewed by: Shirley Miller	Date Filed: August 1, 1962

FORM BH 56067

AUG 1 1962

DELAYED CERTIFICATE OF BIRTH

615/141044-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-591

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Paul Favre			2. Date Of Birth (month) (day) (year): October 14, 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth: Idaho, a. County: Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: Louis John Francis Favre			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Margie Lucinda Sipe			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: F. P. Favre		11. Present Address of Registrant: 7916 N. Kellogg, Portland, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: July 18, 19 62	12. Signature of Notary: Patty J. Schiro		13. Notary Commission expires: Dec. 19, 19 62

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Margie Lucinda Favre	Date Issued: July 3, 1962	Date Orig. Entry: -----
	Date of Birth: Oct. 14, 1910 / Birth Place: Cambridge, Idaho Washington Co.	Full Name of Mother: Margie Lucinda Sipe	Name of Father: Louis John Francis Favre	
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D. C.	Date Issued: Feb. 7, 1962	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 9 / Birth Place: Idaho	Full Name of Mother: Marjorie Favre	Name of Father: Louis J. F. Favre	
SUPPORTING RECORD 3.	Type of Document: Applicant Identifaction Card for Veteran	By whom issued and signed: Department of Labor; U.S. Employment Service	Date Issued: -----	Date Orig. Entry: Jan. 7, 1947
	Date of Birth: Oct. 14, 1910 / Birth Place: -----	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: August 2, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

AUG 2 1962

449-28-041-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-617

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Margaret Durtschi		2. Date of Birth (month) January (day) 28 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Driggs Idaho
FATHER	6. Full Name of Father: Edward Durtschi		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Muetzenberg		9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Margaret Durtschi	11. Present Address of Registrant: 520 - West Young Pocatello Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 28th 1962	12. Signature of Notary: E. R. Lundgren	13. Notary Commission expires: Sept 9th 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: Equitable Life Assurance Society	Date Issued: ------	Date Orig. Entry: Aug. 28, 1925	
	Date of Birth: Jan. 28, 1910	Birth Place: Driggs, Idaho Teton County	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle, age: 86	By whom issued and signed: Rudolph Kaufman	Date Issued: Aug. 2, 1962	Date Orig. Entry: -----	
	Date of Birth: Jan. 28, 1910	Birth Place: Driggs, Idaho	Full Name of Mother: Elizabeth Muetzenberg	Name of Father: Edward Durtschi	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Blanch B. Taylor, Deputy Clerk	Date Issued: Aug. 7, 1962	Date Orig. Entry: may 29, 1935	
	Date of Birth: Jan. 28, 1910	Birth Place: Driggs, Idaho	Full Name of Mother: Elizabeth Muetzenbog	Name of Father: Edward Durtschi	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: August 13, 1962

FORM BH 56067 7-11-62

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 13 1982

316-212-021-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-618

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CARRIE CAFFERTY			2. Date of Birth (month) August (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Fairview	
FATHER	6. Full Name of Father: WALTER DECKER CAFFERTY			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: CLARINDA ANN ALLEN			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carrie C Wilson		11. Present Address of Registrant: 523 SE Clatsop St.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 27 1962	12. Signature of Notary: Madge E. Steinandt		13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 27, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: Beneficial Life Insurance Company	Date Issued: -----	Date Orig. Entry: Oct. 9, 1940	
	Date of Birth: Aug. 12, 1910	Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Clarinda Ann Cafferty	Date Issued: July 27, 1962	Date Orig. Entry: -----	
	Date of Birth: Aug. 12, 1910	Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: Clarinda Ann Allen	Name of Father: Walter Decker Cafferty	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital record	By whom issued and signed: Winnifred J. Lyons, Clerk Portland General Hospital	Date Issued: Aug. 10, 1962	Date Orig. Entry: Dec. 9, 1956	
	Date of Birth: Aug. 12, 1910	Birth Place: -----	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W H Barson	sm Shirley Miller	August 13, 1962

FORM BH 56067 — 1 copy paid — 7-11-62 — 7-31-62

AUG 13 1962

695-201036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62- 672

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Mae Finis			2. Date Of Birth (month) September (day) 1st, (year) 1910.
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: American Falls, Oneida now Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: John Henry Finis			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Matilda Wilken			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Mae Finis		11. Present Address of Registrant: American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 30, 1962.	12. Signature of Notary: K. R. Loofbourrow Residing at American Falls, Idaho.		13. Notary Commission expires: January 3d, 1963.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: John Henry Finis	Date Issued: Aug.30, 1962	Date Orig. Entry: ---
	Date of Birth: Sept. 1, 1910 / Birth Place: American Falls, Idaho	Full Name of Mother: Matilda Wilken	Name of Father: John Henry Finis	
SUPPORTING RECORD 2.	Type of Document: application for insurance	By whom issued and signed: United Benefit Life Insurance Company	Date Issued: ---	Date Orig. Entry: Nov. 28, 1949
	Date of Birth: Sept. 1, 1910 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Kansas City Life Insurance Compnay	Date Issued: ---	Date Orig. Entry: July 14, 1939
	Date of Birth: Sept. 1, 1910 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: September 4, 1962

FORM BH 56067 7-18-62

SEP 5 1962

69K-228-010-985

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-748

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna May Widrick			2. Date Of Birth (month) June (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Charles Widrick			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Ionia Rhea			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Widrick Hall		11. Present Address of Registrant: 236 Andover Street
NOTARY (Seal)	Subscribed and sworn to before me on: October 1, 1962	12. Signature of Notary: Charles J. Lenihan		13. Notary Commission expires: April 9, 1966 Ball.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister, Age: 72		By whom issued and signed: Leona B. Washburn	Date Issued: July 26, 1962	Date Orig. Entry: --
	Date of Birth: June 28, 1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Ionia Rhea	Name of Father: Charles Widrick	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Lawrence, Massachusetts Book 24 Page 53	Date Issued: Oct. 1, 1962	Date Orig. Entry: child born Jan. 29, 1946
	Date of Birth: Age: 35	Birth Place: Idaho Falls, Ida.	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital record; Clover Hill Hospital		By whom issued and signed: Clover Hill Hospital, Lawrence, Massachusetts	Date Issued: Sept. 24, 1962	Date Orig. Entry: Jan. 29, 1945
	Date of Birth: June 28, 1910	Birth Place: Idaho Falls, Ida.	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Bergoon	Evidence reviewed by: Shirley Miller	Date Filed: October 9, 1962

FORM BH 56067 7-20-62

OCT 9 1962

217-102012249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-766

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Willard Baxter			2. Date Of Birth (month) 7 (day) 2 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bernice, Butte	b. City or Town of Birth: Bernice Idaho	
FATHER	6. Full Name of Father: Otto Goodrich Baxter			7. State or Country of Father's Birth: Mercer County Penna.	
MOTHER	8. Full Maiden Name of Mother: Bonnie Alfreda Smith			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J W Baxter		11. Present Address of Registrant: Rt 5 Idaho Falls Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 15 19 62	12. Signature of Notary: [illegible]		13. Notary Commission expires: 8-7- 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application of insurance	By whom issued and signed: Pacific National Life Assurance Company		Date Issued: ---	Date Orig. Entry: Mar. 3, 1953
	Date of Birth: July 7,1910	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Harold L. Christensen, Mission President		Date Issued: Feb.4,1958	Date Orig. Entry: baptized Feb. 1, 1958
	Date of Birth: July 7,1910	Birth Place: Butte County Bernice, Idaho	Full Name of Mother: Bonnie Alfreda Smith	Name of Father: Otto Goodrich Baxter	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #402645, Idaho		Date Issued: Feb.27,1951	Date Orig. Entry: child born Feb. 14, 1945
	Date of Birth: Age 34	Birth Place: Bernice, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	October 18, 1962

FORM BH 56067

OCT 26 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRAR'S (Person whose Birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race / 4. Sex / 5. Place of Birth / 6. County	7. City or Town of Birth
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary / 13. Notary Commission Expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Application of Insurance	By whom issued and signed: Pacific National Life Assurance Company	Date Issued: ---	Date Orig. Entry: Mar. 3, 19[illegible]
	Date of Birth: [illegible] / Birth Place: [illegible]	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible] Christensen, President	Date Issued: Feb. 6, 19[illegible]	Date Orig. Entry: Feb. 1, [illegible]
	Date of Birth: [illegible] / Birth Place: [illegible], Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] / Birth Place: [illegible], Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Sig. Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	October 1[illegible], 19[illegible]

FORM [illegible]

751-207-014-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-774

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Barbara Pearson			2. Date of Birth (month) (day) (year): March 7 1910
	3. Color or Race: cauc.	4. Sex: F.	5. Place of Birth a. County: Canyon County, Idaho	b. City or Town of Birth: Wilder
FATHER	6. Full Name of Father: Clarence Israel Pearson			7. State or Country of Father's Birth: Miami County, Ohio
MOTHER	8. Full Maiden Name of Mother: Flora M. Cole			9. State or Country of Mother's Birth: Red Oak, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: M. Barbara Bastide		11. Present Address of Registrant: 870 E. 10th No. Mountain Home, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 20 1962	12. Signature of Notary: [signature]		13. Notary Commission expires: Jan. 5 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt age: 82	By whom issued and signed: Olive Pearson Watson	Date Issued: Sept. 26, 1962	Date Orig. Entry: --
	Date of Birth: Mar.7,1910 / Birth Place: Canyon County Wilder, Idaho	Full Name of Mother: Flora M. Cole	Name of Father: Clarence Israel Pearson	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File #440148, Idaho	Date Issued: --	Date Orig. Entry: childborn July 16, 1947
	Date of Birth: Age: 37 / Birth Place: Wilder, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of family Bible Record	By whom issued and signed: Fred E. Latimore, Notary Public	Date Issued: Oct. 19, 1962	Date Orig. Entry: obviously old
	Date of Birth: Mar.7,1910 / Birth Place: --	Full Name of Mother: --	Name of Father: -0	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Beacom	Evidence reviewed by: BM Shirley Miller	Date Filed: October 24, 1962

FORM BH 56067

OCT 25 1962

DECEASED

236-207018-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-804

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Marie Scott		2. Date Of Birth (month) March (day) 7 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Ahsahka Clearwater	b. City or Town of Birth: Ahsahka
FATHER	6. Full Name of Father: James Raymond Scott		7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Millie Elizabeth Atteberry		9. State or Country of Mother's Birth: Nebraska Frontier County	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Sarah Marie Middlekauff / Mrs S. Marie Middlekauff	11. Present Address of Registrant: New Meadows Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 8th 1962	12. Signature of Notary: Carl G. Peterson.	13. Notary Commission expires: June 10 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File #232794, Idaho	Date Issued: ---	Date Orig. Entry: child born April 19, 1935	
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: James R. Scott	Date Issued: Nov.1,1962	Date Orig. Entry: --	
	Date of Birth: Mar.7,1910	Birth Place: Ahsahka, Idaho	Full Name of Mother: Millie E. Scott	Name of Father: James R. Scott	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of page from Family Bible	By whom issued and signed: Freida Strong, Notary Public	Date Issued: Nov.1,1962	Date Orig. Entry: obviously old	
	Date of Birth: Mar.7,1910	Birth Place: Ahsahka, Idaho	Full Name of Mother: Millie Elizabeth Scott	Name of Father: James R. Scott	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	November 5, 1962

FORM BH 56067

7-25-62

DEC 3 1962

695211 042 585

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-806

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth MARIE WINGER			2. Date of Birth (month) Nov. (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls (Home)	b. City or Town of Birth: twin Falls.
FATHER	6. Full Name of Father: Harvey H. Winger.			7. State or Country of Father's Birth: Ohio -
MOTHER	8. Full Maiden Name of Mother: MARTHA L. EYER.			9. State or Country of Mother's Birth: PENN.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: * Ruth Winger Gospe		11. Present Address of Registrant: 3402 - Clay st.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 20 — 1962	12. Signature of Notary: Rose K. Sita		13. Notary Commission expires: ROSE K. SITA Commission Expires July 27, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: File #14291, California	Date Issued: Sept. 5, 1962	Date Orig. Entry: child born Oct. 7, 1952
	Date of Birth: Age: 41	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Martha Winger	Date Issued: Sept. 11, 1962	Date Orig. Entry: ---
	Date of Birth: Nov. 11,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Martha Winger	Name of Father: Harvey H. Winger	
SUPPORTING RECORD 3.	Type of Document: statement regarding hospital record;Children's Hospital		By whom issued and signed: Ruth M. Jocksch, Asst. Medical Records Librarian,	Date Issued: Oct. 30, 1962	Date Orig. Entry: admitted Oct. 29, 1949
	Date of Birth: Nov.11,1910	Birth Place: Idaho	Full Name of Mother: Martha Winger	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	November 5,1962

FORM BH 56067

8-30-62

NOV 6 1962

995-23-014-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-820

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Virena Rinard
2. Date of Birth (month) 2 (day) 13 (year) 1910
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Caldwell

FATHER

6. Full Name of Father: Conway H. Rinard
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Erma Lora Carter affirm
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby ~~declare upon oath~~ that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virena Rinard
11. Present Address of Registrant: Sprague River, Ore.

NOTARY (Seal)

Subscribed and ~~sworn~~ affirmed to before me on October 22 1962

12. Signature of Notary: Dale Runnels
13. Notary Commission expires: Feb. 26 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by father	Conway H. Rinard	May 28,1962	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.13,1910	Caldwell, Idaho	Erma Lora Carter Rinard	Conway H. Rinard

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	File #23522[illegible], Idaho	---	child born Aug. 23, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Caldwell, Idaho	--	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application regarding Certification	Klamath County Public Welfare Commission, Klamath Falls, Ore.	Oct.22,1962	Feb. 3, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.13,1910	Caldwell, Idaho	--	--

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	November 8,1962

FORM BH 56067

STATE OF IDAHO

DERIVED CERTIFICATE OF RIGHT

NOV 9 1982

255-109-034-215

STATE BOARD OF HEALTH
~~Division~~ of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-829

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Boyd William Kenaston			2. Date of Birth (month) May (day) 9 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Rupert	
FATHER	6. Full Name of Father: George Ellsworth Kenaston			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Sue Gladys Saviers			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Boyd William Kenaston		11. Present Address of Registrant: 897 North 12th West Street Salt Lake City 16, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: November 10 1962	12. Signature of Notary: Pearl R. Matthews		13. Notary Commission expires: May 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File #270963, Idaho		Date Issued: ---	Date Orig. Entry: child born Aug. 5, 1938
	Date of Birth: Age: 28	Birth Place: Rupert, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: affidavit by aunt, age: 81	By whom issued and signed: Myrtle B. Neyman		Date Issued: Aug. 24, 1962	Date Orig. Entry: --
	Date of Birth: May 9, 1910	Birth Place: Rupert, Idaho	Full Name of Mother: Sue Saviers Kenaston	Name of Father: George Ellsworth Kenaston	
SUPPORTING RECORD 3.	Type of Document: statement regarding school census record	By whom issued and signed: Camden B. Meyer, Sup't of Schools; Minidoka Co. Schools		Date Issued: June 5, 1962	Date Orig. Entry: 1914 to 1934
	Date of Birth: May 9, 1910	Birth Place: Rupert, Idaho	Full Name of Mother: Susie Saviers Kenaston	Name of Father: George E. Kenaston	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: November 16, 1962

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

PERSONAL (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]	
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth (county): [illegible]
			Facility or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]	
	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]	
	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]	

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date filed

449-102.022-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-849

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Owen Durrant			2. Date Of Birth (month) (day) (year): March 2, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: John Theodore Durrant			7. State or Country of Father's Birth: Stoney Stratford England
MOTHER	8. Full Maiden Name of Mother: Eliza Adelgunda Heiner			9. State or Country of Mother's Birth: Morgan Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald O. Durrant		11. Present Address of Registrant: Aberdeen Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 19 1962	12. Signature of Notary: O J Becker		13. Notary Commission expires: Nov. 6, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Bernice R. Harris, Bishop		Date Issued: --	Date Orig. Entry: blessed June 5, 1910
	Date of Birth: Mar.2,1910	Birth Place: Fremont County Salem, Idaho	Full Name of Mother: Eliza Adelgunda Heiner		Name of Father: John Theodore Durrant
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: John Hancock Mutual Life Insurance Company		Date Issued: ---	Date Orig. Entry: April 1, 1957
	Date of Birth: Mar.2,1910	Birth Place: --	Full Name of Mother: --		Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to the Office of Priest	By whom issued and signed: Albert Perry, Bishop		Date Issued: --	Date Orig. Entry: ordained April 12, 1926
	Date of Birth: Mar.2,1910	Birth Place: Fremont County Salum, Idaho	Full Name of Mother: Eliza A. Heiner		Name of Father: Theodore J. Durant
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Beeson	Evidence reviewed by: sm Shirley Miller	Date Filed: November 21,1962

FORM BH 56067

NOV 21 1962

DELAYED CERTIFICATE OF BIRTH

Married

584-229-003-884

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-920

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarice Alberta Nyman		2. Date Of Birth (month) (day) (year): August 29 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Pocatello Idaho Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Albert Nyman		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sylvia Marietta Hymas		9. State or Country of Mother's Birth: Utah
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarice Alberta Nyman	11. Present Address of Registrant: 1305 South 3rd Ave
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 14, 1962	12. Signature of Notary: Leah B. Hallstrom	13. Notary Commission expires: Nov. 25, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: W. J. Prater, Clerk	Date Issued: ---	Date Orig. Entry: baptized Aug. 31, 1918
	Date of Birth: Aug.29,1910 / Birth Place: Bannock County Pocatello, Idaho	Full Name of Mother: Sylvia M. Hymas	Name of Father: Albert Nyman	
SUPPORTING RECORD 2.	Type of Document: certified copy of birth record filed in Bannock County	By whom issued and signed: Sarah Devaney, Clerk	Date Issued: Sept. 12, 1962	Date Orig. Entry: 1910
	Date of Birth: Aug.29,1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Sylvia Hymas	Name of Father: Albert Nyman	
SUPPORTING RECORD 3.	Type of Document: hospital birth certificate of own child; St. Anthony Mercy Hospital, Pocatello, Idaho	By whom issued and signed: Sister Maureen, R.S.M.	Date Issued: ---	Date Orig. Entry: child born Feb. 23, 1953
	Date of Birth: Aug.29,1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	December 17, 1962

FORM BH 56067

8-13-62

DEC 17 1962

386-113-042-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-921

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Perly Thomas			2. Date Of Birth (month) (day) (year): 3- 13 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Castleford, Idaho
FATHER	6. Full Name of Father: David Bowen Thomas			7. State or Country of Father's Birth: Spanish Fork, Utah
MOTHER	8. Full Maiden Name of Mother: Martha Barton Robinson			9. State or Country of Mother's Birth: Wilmington, Del.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward P. Thomas		11. Present Address of Registrant: Hammett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 13, 1962	12. Signature of Notary: W. W. Benson, Buhl, Idaho		13. Notary Commission expires: January 1 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Affidavit for Marriage License	By whom issued and signed: Lincoln Co., Idaho Clekk of the Court		Date Issued: March 5, 1962	Date Orig. Entry: Dec. 9, 1930
	Date of Birth: Age 20	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Age 84 Affidavit by Uncle	By whom issued and signed: John M. Thomas		Date Issued: Dec 13, 1962	Date Orig. Entry: ----
	Date of Birth: March 13, 1910	Birth Place: Castleford, Twin Falls Co., Idaho	Full Name of Mother: Martha Robinson	Name of Father: David Bowen Thomas	
SUPPORTING RECORD 3.	Type of Document: #5737 Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.		Date Issued: /s Dec 5, 1933	Date Orig. Entry: Dec 5, 1933
	Date of Birth: March 13, 1910	Birth Place: Castleford, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Dec 17, 1962

FORM BH 56067

3-6-61

DEC 18 1962

DELAYED CERTIFICATE OF BIRTH

State of Idaho

699-1810-36-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-925

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lymon Marion Wright			2. Date Of Birth (month) (day) (year): September 18, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Riverdale
FATHER	6. Full Name of Father: Lorenzo Mitchel Wright			7. State or Country of Father's Birth: West Jordon, Utah
MOTHER	8. Full Maiden Name of Mother: Sylvia Woolf			9. State or Country of Mother's Birth: Hyde Park, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lymon Marion Wright		11. Present Address of Registrant: Rt. 1, Box 45, Dixon, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: December 13 1962	12. Signature of Notary: W. C. SMITH W. C. Smith		13. Notary Commission expires: March 29 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination to the Office of Deacon	By whom issued and signed: Orville Neely, Ward Clerk	Date Issued: ----	Date Orig. Entry: ordained Jan. 7, 1923
	Date of Birth: Sept. 18, 1910 / Birth Place: Oneida County Riverdale, Idaho	Full Name of Mother: Sylvia Woolf	Name of Father: Lorenzo M. Wright	
SUPPORTING RECORD 2.	Type of Document: affidavit by uncle; age: 80	By whom issued and signed: James Woolf, Jr.	Date Issued: Nov. 27, 1962	Date Orig. Entry: ----
	Date of Birth: Sept. 18, 1910 / Birth Place: Oneida County Riverdale, Idaho	Full Name of Mother: Sylvia Woolf Wright	Name of Father: Lorenzo M. Wright	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination to the Office of Priest	By whom issued and signed: Vernon T. Sharp, Ward Clerk	Date Issued: ---	Date Orig. Entry: ordained May 6, 1928
	Date of Birth: Sept. 18, 1910 / Birth Place: Oneida County Riverdale, Idaho	Full Name of Mother: Sylvia Woolf	Name of Father: Lorenzo M. Wright	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by: sm Shirley Miller		Date Filed: December 19, 1962

FORM BH 56067

DEC 19 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): December 10, [illegible]
	3. Color or Race [illegible] Sex [illegible]	4. Place of Birth [illegible] Oneida	5. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible]
AFFIDAVIT	10. [illegible] are upon oath that the [illegible] are true to the [illegible] knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: Rt. 1, Box 45, Dixon, Calif.
NOTARY	13. [illegible] and [illegible]	14. Signature of Notary: [illegible]	15. Notary Commission expires: March 29 1966

December 13 1962

AFFIDAVIT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	[illegible]	[illegible]	Name of Father: Lorenzo M. [illegible]	
SUPPORTING RECORD B	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Nov. 21, 1962	Date Orig. Entry: ----
	Date of Birth: [illegible] 1930	Birth Place: Oneida [illegible] Riverdale, [illegible]	Full Name of Mother: Sylvia Neeff [illegible]	Name of Father: Lorenzo M. [illegible]
SUPPORTING RECORD C	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: —	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] 1930	Birth Place: Oneida [illegible] Riverdale, [illegible]	Full Name of Mother: Sylvia Neeff	Name of Father: Lorenzo M. [illegible]

CERTIFICATION

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	[illegible]	December 15, 1962

FORM BH 56067

799-210-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-927

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Beatrice Price	2. Date Of Birth (month) (day) (year): Sept. 10, 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Malad City Oneida	b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: Josiah Price	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Beatrice Jones	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Beatrice Price Kelly; 11. Present Address of Registrant: 306 W. Wash. Urbana, Ill.
NOTARY (Seal)	Subscribed and sworn to before me on: October 4 1962	12. Signature of Notary: Muriel Frownfelter; 13. Notary Commission expires: Feb. 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Beatrice Jones Price	Date issued: Aug. 11, 1959	Date Orig. Entry: --
	Date of Birth: Sept. 10, 1910; Birth Place: Malad City, Idaho Oneida County	Full Name of Mother: Beatrice Jones Price	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #43088, Illinois	Date issued: Oct. 2, 1962	Date Orig. Entry: child born Mar. 9, 1945
	Date of Birth: Age: 34; Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance	By whom issued and signed: California State Life Insurance Company	Date issued: ---	Date Orig. Entry: May 28, 1931
	Date of Birth: Sept. 10, 1910; Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: photo copy of school transcript from Southern Idaho College of Education dated September 10, 1953; date of Matriculation Sept. 23, 1929. Date of birth given as Sept. 10, 1910.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	December 19, 1962

FORM BH 56067

DEC 19 1962

Kelly

625-129-040-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon John Oberg			2. Date of Birth (month) (day) (year): May 29, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Mullan
FATHER	6. Full Name of Father: Charles Oberg			7. State or Country of Father's Birth: Stockholm, Sweden
MOTHER	8. Full Maiden Name of Mother: Hilda Marie Anderson			9. State or Country of Mother's Birth: Sundsvall, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon J. Oberg		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: October 1, 1962	12. Signature of Notary: Arnold U. Rumolo		13. Notary Commission expires: September 26, 1966.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #5830, Oregon		Date Issued: Sept. 21, 1962	Date Orig. Entry: child born December 9, 1941
	Date of Birth: Age: 31	Birth Place: Mullan, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: statement regarding insurance application	By whom issued and signed: The Mutual Life Insurance Co.		Date Issued: Sept. 25, 1962	Date Orig. Entry: Nov. 4, 1929
	Date of Birth: May 29, 1910	Birth Place: Mullan, Idaho	Full Name of Mother: Hilda Oberg	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census record	By whom issued and signed: Roger Thomssen, County Clerk		Date Issued: Dec. 24, 1962	Date Orig. Entry: Sept. 1920
	Date of Birth: Age: 10	Birth Place: ---	Full Name of Mother: ----	Name of Father: Charles Oberg	

QUALIFYING INFORMATION

statement regarding lodge record by Enoch B. Carlson, Secretary of South Gate Lodge No. 182.

Dated September 26, 1962 and application made June 5, 1950. Born May 29, 1910 at Mullan, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm sm Shirley Miller	January 2, 1963

FORM BH 56067

JAN 4 1963

413-107-035-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Duncan MacGillivray		2. Date Of Birth (month) Jan. (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho a. County: Nez Perce b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Duncan John MacGillivray		7. State or Country of Father's Birth: Ottawa, Canada
MOTHER	8. Full Maiden Name of Mother: Susan Eva Shaffer		9. State or Country of Mother's Birth: Des Moines, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John D. MacGillivray	11. Present Address of Registrant: Spokane, Wash. W. 1808 Fairway Drive
NOTARY (Seal)	Subscribed and sworn to before me on: December 17 1962	12. Signature of Notary: Paul F. Schiffner	13. Notary Commission expires: Feb 7 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Registrar's No. 47-2418, Washington	Date issued: Nov.29,1962	Date Orig. Entry: child born May 19, 1947
	Date of Birth: Age: 37	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photo copy of application for insurance		By whom issued and signed: The Northwestern Mutual Life Insurance Company	Date issued: ---	Date Orig. Entry: April 12, 1949
	Date of Birth: Jan.7,1910	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record		By whom issued and signed: William C. Sorenson, Superintendent of Schools	Date issued: Dec.27,1962	Date Orig. Entry: May 1, 1918
	Date of Birth: Jan.7,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: D. J. MacGillivray	

QUALIFYING INFORMATION: photo copy of application for social security account number; issued by the U.S. Treasury Department on Dec. 14, 1937. Date of birth given as Jan. 7, 1910; place of birth as Lewiston, Idaho. Mother's name: Susan Eva Schaffer; Father's name: Duncan John-MacGillivray.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	January 8, 1963

orr. corr. on file in Corr. files. FORM BH 56067 (M) 11-29-60. NM

12-[illegible]-62

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 8 1963

NOV 30 1974

719-13-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-033

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Davidson Parkinson			2. Date Of Birth (month) (day) (year): August 31, 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont (now Madison)	b. City or Town of Birth: Rexburg	
FATHER	6. Full Name of Father: Henry Greer Parkinson			7. State or Country of Father's Birth: Wellesville, Utah	
MOTHER	8. Full Maiden Name of Mother: Hannah Arzetta Davidson			9. State or Country of Mother's Birth: Fairview, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Davidson Parkinson		11. Present Address of Registrant: 75 South Center, Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 19 58	12. Signature of Notary: Lay W. Rigby		13. Notary Commission expires: January 24 19 59	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing	By whom issued and signed: Rexburg First Ward LDS Church		Date Issued: 11-6-10	Date Orig. Entry: Nov. 6, 1910
	Date of Birth: Aug. 31, 1910	Birth Place: Fremont Co. Rexburg, Idaho	Full Name of Mother: Arzetta Davidson	Name of Father: Henry G. Parkenson	
SUPPORTING RECORD 2.	Type of Document: (age 67) Affidavit by mother's sister	By whom issued and signed: Mattie D. Bigler		Date Issued: 7-9-58	Date Orig. Entry:
	Date of Birth: Aug. 31, 1910	Birth Place: Fremont (now Madison Co.) Rexburg, Idaho	Full Name of Mother: Hannah Arzetta Davidson Parkinson	Name of Father: Henry Greer Parkinson	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance	By whom issued and signed: Beneficial Life Insurance Co.		Date Issued: -----	Date Orig. Entry: July 6, 1939
	Date of Birth: Aug.31,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	nr Shirley Miller	January 14, 1963

FORM BH 56067

JAN 15 1963

MAR 28 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Person Whose Birth is Being Registered	1. Name of Full Name at Birth: [illegible]	2. Date of Birth: [illegible]	3. Sex: Male
	4. Color or Race: [illegible]	5. Place of Birth: [illegible]	6. City or Town of Birth: [illegible]
FATHER	7. Name of Father: [illegible]	8. State or Country of Father's Birth: [illegible]	
MOTHER	9. Name of Mother: [illegible]	10. State or Country of Mother's Birth: [illegible]	
AFFIDAVIT	11. Mary Clara Lynch Davidson	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: [illegible]
NOTARY	14. Subscribed and sworn to before me on: [illegible] 19 59	15. Signature of Notary: [illegible]	16. Notary Commission expires: January 24 19 59

SUPPORTING RECORD 1	Type of Document: Church Record--Blessing	Name of Person and Signature: [illegible] Ward [illegible] Church	Date Issued: 12-6-10	Date Orig. Entry: Nov. 6, 1910
	Date of Birth: [illegible] 1910	Birth Place: [illegible] Idaho	Name of Father: Henry C. Parkinson	
SUPPORTING RECORD 2	Type of Document: Affidavit by mother's sister (Age 67)	By whom issued and signed: Mattie L. Bigler	Date Issued: 7-9-60	Date Orig. Entry:
	Date of Birth: Aug. 27, 1910	Birth Place: Fremont (now Madison Co.) Idaho	Full Name of Mother: Hannah Arzetta Parkinson	Name of Father: Henry Greer Parkinson
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: January 14, 1963

FORM NO 46063

249-115-003-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Heber Smith		2. Date Of Birth (month) July (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Ernest Heber Smith		7. State or Country of Father's Birth: Thatcher, Idaho
MOTHER	8. Full Maiden Name of Mother: Cecelia Short		9. State or Country of Mother's Birth: Parker, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: G Heber Smith	11. Present Address of Registrant: Grace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: JAN 15 1963 19	12. Signature of Notary: [signature]	13. Notary Commission expires: Sept. 22 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for insurance		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued: ---	Date Orig. Entry: Feb. 24, 1947
	Date of Birth: July 15, 1910	Birth Place: Soda, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: John J. Thomas, Bishop	Date issued: Feb.27,1961	Date Orig. Entry: baptized July 16, 1918
	Date of Birth: July 15, 1910	Birth Place: Soda Springs, Idaho	Full Name of Mother: Celia Short	Name of Father: Earnest H. Smith	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: State File No. 193938, Idaho	Date issued: April 11, 1944	Date Orig. Entry: child born Aug. 31, 1931
	Date of Birth: Age: 21	Birth Place: Soda Springs, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: January 17, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 17 1963

Smith

819-209.044-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-059

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: INEZ GRACE HART
2. Date of Birth (month) (day) (year): March 9 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Washington
b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: James Lincoln Hart
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Mary Jane Cousens
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Inez Grace Stalone
11. Present Address of Registrant: 623 Fresno Ave Chino Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: December 28 19 62

12. Signature of Notary: Beverly A. Hall
13. Notary Commission expires: BEVERLY A. HALL ~~My Commission Expires August 12, 1966~~ 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of school record	By whom issued and signed: Agnes Allan, Clerk	Date Issued: ---	Date Orig. Entry: 1924	
	Date of Birth: Mar.9,1910	Birth Place: -----	Full Name of Mother: J.-----	Name of Father: J. L. Hart	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File #5252, Washington	Date Issued: Nov.15,1962	Date Orig. Entry: child born Oct. 22, 1940	
	Date of Birth: Age: 30	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: certified copy of Certificate of Registry of Marriage	By whom issued and signed: Barbara A McKenna, Deputy Clerk	Date Issued: Jan.15,1963	Date Orig. Entry: June 18, 1954	
	Date of Birth: Age: 44	Birth Place: Idaho	Full Name of Mother: Mary Jane Cousens	Name of Father: James L. Hart	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	January 23, 1963

FORM BH 56067 11-1-62. one copy pd. rec. #18411.

JAN 23 1963

December 28 19 62

386407.037-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-060

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Stanfield Orvel Thompson			2. Date Of Birth (month) July (day) 7 (year) 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Bruneau, Idaho
FATHER	6. Full Name of Father: John William Thompson			7. State or Country of Father's Birth: x Cheney Washington
MOTHER	8. Full Maiden Name of Mother: Nancy Lewis			9. State or Country of Mother's Birth: x Lowel Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Stanfield Orvel Thompson		11. Present Address of Registrant: 629 Broadway, Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: OCT 8 - 1959 19	12. Signature of Notary: K. P. Hamilton		13. Notary Commission expires: 11-6 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for insurance	By whom issued and signed: The Equitable Life Assurance Society of American		Date Issued: ----	Date Orig. Entry: Nov. 9, 1943
	Date of Birth: July 7, 1910	Birth Place: Bruneau, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Nancy Adeline Thompson		Date Issued: Nov. 25, 1959	Date Orig. Entry:
	Date of Birth: July 7, 1910	Birth Place: Bruenau, Idaho	Full Name of Mother: Nancy Adeline Thompson	Name of Father: John William Thompson	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File #259460, Idaho		Date Issued: ---	Date Orig. Entry: child born Sept. 23, 1937
	Date of Birth: Age: 27	Birth Place: Brunnau, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller		Date Filed: January 23, 1963	

FORM BH 56067

JAN 23 1963
MAR 20 1973

386-113-044-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-061

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MACK CONNIE THOMAS		2. Date Of Birth (month) AUG - (day) 13 (year) 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: WEISER IDAHO; b. City or Town of Birth: WEISER IDAHO
FATHER	6. Full Name of Father: WILLIAM K THOMAS		7. State or Country of Father's Birth: Rogersville, Tennessee
MOTHER	8. Full Maiden Name of Mother: FLORENCE LEWIS		9. State or Country of Mother's Birth: Fairview, Ida.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mack Connie Thomas	11. Present Address of Registrant: Worland Wyo
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1963	12. Signature of Notary: Geo C. Cooper	13. Notary Commission expires: 7-26 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: File #188656 Idaho	Date Issued: -----	Date Orig. Entry: child born Feb. 27, 1931
	Date of Birth: Age: 20	Birth Place: Weiser, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: affidavit by father		By whom issued and signed: William K. Thomas	Date Issued: Jan. 18, 1963	Date Orig. Entry: --
	Date of Birth: Aug.13,1910	Birth Place: Weiser, Idaho	Full Name of Mother: Florence Lewis Thomas	Name of Father: William K. Thomas	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance		By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: ---	Date Orig. Entry: Aug. 22, 1946
	Date of Birth: Aug.13,1910	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Shirley Miller	Date Filed: January 23, 1963

FORM BH 56067-

DELAYED CERTIFICATE OF BIRTH

FEB 5 1963

22522 3-035-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Carol Skeels		2. Date of Birth (month) (day) (year): 10 23 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Roy Adolphus Skeels		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Virginia Emma Garby		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn C. Finney	11. Present Address of Registrant: Woodland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 7th 1963	12. Signature of Notary: [illegible]	13. Notary Commission expires: April 29 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: File #242490, Idaho	Date Issued: -----	Date Orig. Entry: child born Feb. 28, 1936
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital record ; St. Joseph's Hospital, Lewiston, Idaho	By whom issued and signed: Sister Mary Cyril, Notary	Date Issued: Jan.17,1963	Date Orig. Entry: April 21, 1938
	Date of Birth: Age: 27	Birth Place: Lewiston, Idaho	Full Name of Mother: Virginia Garby	Name of Father: Roy A. Skeels
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt; age-76	By whom issued and signed: Mrs. Carol G. Andler	Date Issued: Oct.11, 1962	Date Orig. Entry: -----
	Date of Birth: Oct.23,1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Virginia E. Skeels	Name of Father: Roy A. Skeels
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: Shirley Miller	Date Filed: January 31, 1963

FORM BH 56067

1 copy paid 8-18-61

JAN 31 1963

259-219.014-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-092

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sara La Verne Kerrick			2. Date of Birth (month) (day) (year): July 19, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma, Idaho
FATHER	6. Full Name of Father: John Ellsworth Kerrick			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Minnie Elizabeth Cockerline			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sara K. Ford		11. Present Address of Registrant: 1516 Shaw Mtn Rd. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 28 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho file #285592	Date Issued: ------	Date Orig. Entry: Child born Oct. 13, 1939
	Date of Birth: Age 29	Birth Place: Parma, Idaho	Full Name of Mother: -------	Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Certified copy of page from Register of Births Canyon Co.	By whom issued and signed: Lavona Sayre, Deputy Clerk	Date Issued: December 13, 1962	Date Orig. Entry: Child born July 19, 1910
	Date of Birth: July 19, 1910	Birth Place: Canyon County Parma, Idaho	Full Name of Mother: Minnie Cockerline	Name of Father: J. E. Kerrick
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother Age 69	By whom issued and signed: W. E. Kerrick	Date Issued: February 2, 1963	Date Orig. Entry: ----
	Date of Birth: July 19, 1910	Birth Place: Parma, Idaho	Full Name of Mother: Minnie E. Kerrick	Name of Father: John E. Kerrick
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Betty Morris	February 5, 1963

FORM BH 56067

FEB 6, 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed: Dec 3-1962

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Sara La Verne Kerrick	2. Date of Birth (month) July (day) 19 (year) 1910
	3. Color or Race: White; 4. Sex: Female	5. Place of Birth: Canyon; 6. City or Town of Birth: Parma, Idaho
FATHER	7. Full Name of Father: John Ellsworth Kerrick	8. State or Country of Father's Birth: Illinois
MOTHER	9. Full Maiden Name of Mother: Minnie Elizabeth Cockerline	10. State or Country of Mother's Birth: Indiana
AFFIDAVIT	11. Forms declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant:
NOTARY	13. Subscribed and sworn to before me on 19	14. Signature of Notary:
	15. Present Address of Registrant:	16. Notary Commission expires: 19

CERTIFICATE - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho file #285592	Date Issued: ------ / Date Orig. Entry: Child born Oct. 15, 1939
	Age 49 / Parma, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2	Type of Document: Certified copy of page from Register of Births Canyon Co.	By whom issued and signed: Lavona Sayre, Deputy Clerk	Date Issued: December 13, 1962 / Date Orig. Entry: Child born July 19, 1910
	Date of Birth: July 19, 1910 / Place of Birth: Canyon County, Parma, Idaho	Full Name of Mother: Minnie Cockerline	Name of Father: J. E. Kerrick
SUPPORTING RECORD 3	Type of Document: Affidavit by brother Age 69	By whom issued and signed: W. E. Kerrick	Date Issued: February 2, 1963 / Date Orig. Entry: ----
	Date of Birth: July 19, 1910 / Place of Birth: Parma, Idaho	Full Name of Mother: Minnie E. Kerrick	Name of Father: John E. Kerrick

QUALIFYING INFORMATION

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that outside they evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson	Finance reviewed by: bm - Betty Morris	Date Filed: February 5, 1963

FORM OH 20027

693-119.028-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-095

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLIFFORD HERBERT WILCOX			2. Date Of Birth (month) (day) (year): March 19 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Spirit Lake Kootenai	b. City or Town of Birth: Spirit Lake
FATHER	6. Full Name of Father: Herbert Francis Wilcox			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Maybelle Ellastena Hollinger			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Herbert Wilcox		11. Present Address of Registrant: Three Forks, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: November 20 1962	12. Signature of Notary: Donald E. Wilcox		13. Notary Commission expires: May 21 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Maybelle E. Wilcox		Date Issued: Nov. 29, 1962	Date Orig. Entry: --
	Date of Birth: Mar.19,1910	Birth Place: Kootenai County Spirit Lake, Idaho	Full Name of Mother: Maybelle Ellastena Hollinger	Name of Father: Herbert Francis Wilcox	
SUPPORTING RECORD 2.	Type of Document: certified copy of Marriage License; Silver Bow County, Montana	By whom issued and signed: Alice Sullivan, Deputy Clerk		Date Issued: Mar.17,1961	Date Orig. Entry: Sept. 8, 1931
	Date of Birth: Age: 21	Birth Place: Spirit Lake, Idaho	Full Name of Mother: Maybelle E. Hollinger	Name of Father: H. F. Wilcox	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census record.Gallatin County,	By whom issued and signed: Martha Haynes, Supt. of schools		Date Issued: Jan.5,1961	Date Orig. Entry: 1923
	Date of Birth: Mar.19,1910	Birth Place: ------	Full Name of Mother: Maybelle E. Wilcox	Name of Father: Herbert F. Wilcox	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: February 6, 1963

FORM BH 56067

FEB 12 1963

155-211-017-253

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-099
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosemund Violet ~~Payne~~ Jensen		2. Date Of Birth (month) 8 (day) 11 (year) 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: Idaho Clark; b. City or Town of Birth: Kilgore
FATHER	6. Full Name of Father: Chris P Jensen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Anna Dorothy Kelson (Deceased)		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosemund Violet Jensen	11. Present Address of Registrant: Concrete Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 14 1954	12. Signature of Notary: [signature]	13. Notary Commission expires: Nov 24 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for insurance		By whom issued and signed: Northern Life Insurance Co.	Date issued: ----	Date Orig. Entry: Jan. 9, 1945
Class*	Date of Birth: Aug.11,1910	Birth Place: Kilgore, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage return		By whom issued and signed: Arline Buss, Deputy Clerk	Date issued: Jan.30,1963	Date Orig. Entry: Sept. 8, 1928
Class	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: Annie Kelson	Name of Father: Chris Jensen	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Record No. 222, Washington	Date issued: Mar.19,1947	Date Orig. Entry: child born June 6, 1929
Class	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	February 7, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 7 1962

CHILD'S NAME	2. Sex	3. Date of Birth (month, day, year)	
4. Place of Birth (county, city, town)	5. Name of Hospital or Other Place	6. Usual Residence of Mother (if not in hospital)	
7. Mother's Maiden Name	8. Mother's Color or Race	9. Mother's Age at Last Birthday	
10. Mother's Birthplace (State or Foreign Country)	11. Mother's Occupation	12. Mother's Industry	
13. Father's Name	14. Father's Color or Race	15. Father's Age at Last Birthday	
16. Father's Birthplace (State or Foreign Country)	17. Father's Occupation	18. Father's Industry	
19. Number of Previous Children Born Alive to Mother	20. Number of Previous Children Now Living	21. Number of Previous Fetal Deaths	
22. Informant's Name and Address	23. Date Received by Registrar		

I hereby certify that I attended the birth of this child who was born alive at the time and on the date above stated.

24. Signature and Title

25. Address

26. Date Signed

27. Was Birth Attended by Certified Nurse-Midwife?

28. Was Birth Attended by Physician?

29. Was Birth Attended by Other Person?

30. Was Birth Attended by Hospital Staff?

31. Was Birth Attended by Emergency Medical Technician?

32. Was Birth Attended by Ambulance Attendant?

33. Was Birth Attended by Other Person?

34. Was Birth Attended by Hospital Staff?

35. Was Birth Attended by Emergency Medical Technician?

36. Was Birth Attended by Ambulance Attendant?

37. Was Birth Attended by Other Person?

38. Was Birth Attended by Hospital Staff?

39. Was Birth Attended by Emergency Medical Technician?

40. Was Birth Attended by Ambulance Attendant?

41. Was Birth Attended by Other Person?

42. Was Birth Attended by Hospital Staff?

43. Was Birth Attended by Emergency Medical Technician?

44. Was Birth Attended by Ambulance Attendant?

45. Was Birth Attended by Other Person?

46. Was Birth Attended by Hospital Staff?

47. Was Birth Attended by Emergency Medical Technician?

48. Was Birth Attended by Ambulance Attendant?

49. Was Birth Attended by Other Person?

50. Was Birth Attended by Hospital Staff?

51. Was Birth Attended by Emergency Medical Technician?

52. Was Birth Attended by Ambulance Attendant?

53. Was Birth Attended by Other Person?

54. Was Birth Attended by Hospital Staff?

55. Was Birth Attended by Emergency Medical Technician?

56. Was Birth Attended by Ambulance Attendant?

57. Was Birth Attended by Other Person?

58. Was Birth Attended by Hospital Staff?

59. Was Birth Attended by Emergency Medical Technician?

60. Was Birth Attended by Ambulance Attendant?

61. Was Birth Attended by Other Person?

62. Was Birth Attended by Hospital Staff?

63. Was Birth Attended by Emergency Medical Technician?

64. Was Birth Attended by Ambulance Attendant?

65. Was Birth Attended by Other Person?

66. Was Birth Attended by Hospital Staff?

67. Was Birth Attended by Emergency Medical Technician?

68. Was Birth Attended by Ambulance Attendant?

69. Was Birth Attended by Other Person?

70. Was Birth Attended by Hospital Staff?

71. Was Birth Attended by Emergency Medical Technician?

72. Was Birth Attended by Ambulance Attendant?

73. Was Birth Attended by Other Person?

74. Was Birth Attended by Hospital Staff?

75. Was Birth Attended by Emergency Medical Technician?

76. Was Birth Attended by Ambulance Attendant?

77. Was Birth Attended by Other Person?

78. Was Birth Attended by Hospital Staff?

79. Was Birth Attended by Emergency Medical Technician?

80. Was Birth Attended by Ambulance Attendant?

81. Was Birth Attended by Other Person?

82. Was Birth Attended by Hospital Staff?

83. Was Birth Attended by Emergency Medical Technician?

84. Was Birth Attended by Ambulance Attendant?

85. Was Birth Attended by Other Person?

86. Was Birth Attended by Hospital Staff?

87. Was Birth Attended by Emergency Medical Technician?

88. Was Birth Attended by Ambulance Attendant?

89. Was Birth Attended by Other Person?

90. Was Birth Attended by Hospital Staff?

91. Was Birth Attended by Emergency Medical Technician?

92. Was Birth Attended by Ambulance Attendant?

93. Was Birth Attended by Other Person?

94. Was Birth Attended by Hospital Staff?

95. Was Birth Attended by Emergency Medical Technician?

96. Was Birth Attended by Ambulance Attendant?

97. Was Birth Attended by Other Person?

98. Was Birth Attended by Hospital Staff?

99. Was Birth Attended by Emergency Medical Technician?

100. Was Birth Attended by Ambulance Attendant?

391-210-035-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-116

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Ella Craig			2. Date Of Birth (month) 7 (day) 10 (year) 1910	
	3. Color or Race: W	4. Sex: f.	5. Place of Birth: a. County: Nez Perce (mailing address Kendrick	b. City or Town of Birth: Leland Leland, Idaho	
FATHER	6. Full Name of Father: Claude Ernest Craig			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Emma Lee Robbins			9. State or Country of Mother's Birth: Tennesse	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Minnie E. Stout	11. Present Address of Registrant: Lapwai, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 4 1963		12. Signature of Notary: Letha Walters	13. Notary Commission expires: Oct 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: Tri-State Memorial Hospital, Inc. Clarkston, Washington		Date Issued: Sept. 19, 1957	Date Orig. Entry: Aug. 31, 1957
	Date of Birth: July 10, 1910	Birth Place: Kendrick, Idaho	Full Name of Mother: Emma Robbins	Name of Father: Claude Craig	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: File #400536, Idaho		Date Issued: ----	Date Orig. Entry: child born Sept. 6, 1944
	Date of Birth: Age: 34	Birth Place: Leland, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement regarding insurance application ; Great Western Mutual Life Insurance Co.	By whom issued and signed: L.B. Webster, President		Date Issued: Feb. 7, 1963	Date Orig. Entry: April 15, 1937
	Date of Birth: July 10, 1910	Birth Place: Leland, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	February 12, 1963

FORM BH 56067

FEB 12 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Stout

355-207040-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-135

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Patricia Catherine (Keefe) Hoocker			2. Date of Birth (month) (day) (year): March 7 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone Hospital	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: David Nicholas Keefe			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Frances Vanston			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Patricia C. Hoocker		11. Present Address of Registrant: 395 Castano ave, Pasa.
NOTARY (Seal)	Subscribed and sworn to before me on: 12 February 1963	12. Signature of Notary: William Melton Beeson		13. Notary Commission expires: 17 December 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company		Date Issued: ---	Date Orig. Entry: March 31, 1930
	Date of Birth: age next birthday 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Rev. John F. Rafferty,		Date Issued: Feb.4,1963	Date Orig. Entry: baptized Nov. 6, 1910
	Date of Birth: Mar.7,1910	Birth Place: Shoshone, Idaho	Full Name of Mother: Mary Vanston	Name of Father: David Keefe	
SUPPORTING RECORD 3.	Type of Document: certified copy of ~~birth~~ marriage certificate	By whom issued and signed: Ray E. Lee, County Recorder		Date Issued: Feb.4,1963	Date Orig. Entry: June 28, 1935
	Date of Birth: Age: 25	Birth Place: Shoshone, Idaho	Full Name of Mother: Mary F. Vanston	Name of Father: David N. Keefe	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Beeson	Evidence reviewed by: Shirley Miller		Date Filed: February 26, 1963	

FORM BH 56067

8-22-61 1 copy paid # 19853

FEB 26 1963

JAN 30 1964

719-222-014-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Edna Lucile Parsons**			2. Date of Birth (month) **August** (day) **22** (year) **1910**	
	3. Color or Race: **white**	4. Sex: **F**	5. Place of Birth a. County: **Canyon**	b. City or Town of Birth: **Caldwell Idaho**	
FATHER	6. Full Name of Father: **Simon Edward Parsons**			7. State or Country of Father's Birth: **Ohio**	
MOTHER	8. Full Maiden Name of Mother: **Susie Dorothy Newton**			9. State or Country of Mother's Birth: **Colorado**	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucile Parsons	11. Present Address of Registrant: 305½ N. Elm Kellogg, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 25 1963		12. Signature of Notary: Eva Samuels	13. Notary Commission expires: October 23 1967	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father		By whom issued and signed: S. E. Parsons	Date Issued: February 20, 1963	Date Orig. Entry
	Date of Birth: Aug. 22, 1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Susie Dorothy Parsons	Name of Father: Simon Edward Parsons	
SUPPORTING RECORD 2.	Type of Document: School Transcript		By whom issued and signed: D.D. DuSault, Registrar University of Idaho	Date Issued: May 19, 1955	Date Orig. Entry: June 15, 1937
	Date of Birth: Aug. 22, 1910	Birth Place: Caldwell, Idaho	Full Name of Mother: ---	Name of Father: S. Edward Parsons	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of page from Family Bible		By whom issued and signed: Richard L. Riordan, Notary Public	Date Issued: Feb. 20, 1963	Date Orig. Entry: obviously old
	Date of Birth: Aug. 22, 1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Susie D. Newton	Name of Father: S. E. Parsons	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Miller	March 4, 1963

FORM BH 56067

MAR 4 1963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Edna Lucile Parsons	2. Date of Birth (month) (day) (year): August 22 1910
	3. Color or Race: White	4. Place of Birth: Canyon	5. City or Town of Birth: Caldwell Idaho
FATHER	6. Full Name of Father: Simon Edward Parsons	7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Susie Dorothy Newton	9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	12. Subscribed and sworn to before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: S. E. Parsons	Date Issued: [illegible] 1963
	Date of Birth / Birth Place: [illegible] 1910 Caldwell, Idaho	Full Name of Mother: Susie Dorothy Parsons	Name of Father: Simon Edward Parsons
SUPPORTING RECORD 2.	Type of Document: School Superintendent	By whom issued and signed: [illegible]	Date Issued: May [illegible], 1959 / Date Orig. Entry: June 16, 1937
	Date of Birth / Birth Place: [illegible] 1910 Caldwell, Idaho	Full Name of Mother: ---	Name of Father: S. Edward Parsons
SUPPORTING RECORD 3.	Type of Document: Notarized Photo copy of Name from Family Bible	By whom issued and signed: Richard L. Riordan, Notary Public	Date Issued: [illegible] 1963 / Date Orig. Entry: previously old
	Date of Birth / Birth Place: [illegible] 1910 Caldwell, Idaho	Full Name of Mother: Susie D. Newton	Name of Father: S. E. Parsons
QUALIFYING INFORMATION			

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	March 4, 1963

792-17-042-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-184

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Henry Gibson			2. Date of Birth (month) October (day) 17 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Fred Harvard Gibson			7. State or Country of Father's Birth: Audubon County, Iowa
MOTHER	8. Full Maiden Name of Mother: Iva Kate Smith			9. State or Country of Mother's Birth: Mahaska County, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin Henry Gibson		11. Present Address of Registrant: R#2, Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 3-12 1963	12. Signature of Notary: Jane M. Petersen		13. Notary Commission expires 10-10 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Continental Casualty Co. Chicago, Illinoid	Date Issued: Oct 21 1953	Date Orig. Entry: Nov 20, 1953	
	Date of Birth: Oct 17, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #149243	By whom issued and signed: Bankers Reserve Life Co. State of Nebraska	Date Issued: June 29, 1928	Date Orig. Entry: June 18, 1928	
	Date of Birth: Oct 17, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Iva K. Gibson	Name of Father: Fred H. Gibson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth Certificate	By whom issued and signed: on file Idaho #277085	Date Issued: ----	Date Orig. Entry: child born March 5, 1939	
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	March 12, 1963

FORM BH 56067

1 COPY Paid

DEPARTMENT OF PUBLIC HEALTH
STATE OF IDAHO

MAR 12 1963

713-125-040-919

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-193

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Gwen Gates (Gwyn)			2. Date of Birth: (month) Aug. (day) 25 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, or Shoshone	b. City or Town of Birth: q Wardner	
FATHER	6. Full Name of Father: Albert Ira Gates			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Genevieve Leonore Raines			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Gwen Gates (Gwyn)		11. Present Address of Registrant: 1126 Third St., NW., Salem, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: February 23 1963	12. Signature of Notary: Earl Scylton		13. Notary Commission expires: September 18th 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt; more than 10 years older	By whom issued and signed: Gertrude E. Wirt	Date Issued: February 23, 1963	Date Orig. Entry
	Date of Birth: Aug.25,1910 / Birth Place: Wardner, Idaho	Full Name of Mother: Genevieve Leonore Raines Gates	Name of Father: Albert Ira Gates	
SUPPORTING RECORD 2.	Type of Document: Own Baby Book	By whom issued and signed: Family Record	Date Issued: Obviously	Date Orig. Entry: very olde
	Date of Birth: Aug.25,1910 / Birth Place: Wardner, Idaho	Full Name of Mother: Genevieve Leonore Gates	Name of Father: Albert Ira Gates	
SUPPORTING RECORD 3.	Type of Document: statement regarding school records; Superintendent of Marion County, Oregon	By whom issued and signed: Agnes C. Booth, County School	Date Issued: Mar.7,1963	Date Orig. Entry: Dec.13,1916
	Date of Birth: Age: 6 / Birth Place: ----	Full Name of Mother: Mrs. G. Gates	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	March 13, 1963

FORM BH 56067

DELAYED (LATE) DATE OF BIRTH

MAR 13 1969

238-01-035-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-197

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Walter August Scheele
2. Date Of Birth: (month) Oct. (day) 1 (year) 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County NEZ PERCE; b. City or Town of Birth: Leland

FATHER

6. Full Name of Father: Johan Heinrich Fredrick Scheele
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Bertha Anna Harms
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Walter A. Scheele
11. Present Address of Registrant: Rt. 2, Fairfield, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: March 7, 1963
12. Signature of Notary: Stewart Burgess
13. Notary Commission expires: Jan 24, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
application for insurance	Lutheran Brotherhood	-----	June 23, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.1,1910	Leland, Idaho	Bertha Scheele	Fredrick Scheele

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's hospital birth certificate; Deaconess Hospital, Spokane, Washington	Horace Turner, Administrator	----	child born May 25, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.1,1910	Leland, Idaho	------	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Bertha Scheele	March	8, 1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.1,1910	Nez Perce County Leland, Idaho	Bertha Anna Harms Scheele-Johan	Heinrich Fredrick Scheele

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	March 14, 1963

FORM BH 56067

Scheele

MAR 14 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person above Birth is being registered)	1. Registrant's Full Name of Birth: Walter August Scheele	2. Date of Birth: Oct. 1 1910
	3. Color or Race: White	4. Sex: male
	5. Place of Birth: Idaho	6. Family: Nez Perce
	7. City or Town of Birth: Leland	
FATHER	8. Full Name of Father: Johan Heinrich Fredrick Scheele	9. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Martha Anna Marma	9. State or Country of Mother's Birth: Neb raska
AFFIDAVIT	1. Hereby declare upon oath that the above affidavits are true to the best of my knowledge and belief.	2. Signature of Registrant: [signature]
	10. Present Address of Registrant: [illegible]	
NOTARY (Seal)	11. Sworn and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission expires: [illegible]	

PROCEEDINGS DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Lutheran Brotherhood	Date Issued: -----
	Date Orig. Entry: June 28, 1929		
	Date of Birth: Oct. 1, 1910	Birth Place: Leland, Idaho	Full Name of Mother: [illegible]
	Name of Father: [illegible]		
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: -----
	Date Orig. Entry: [illegible]		
	Date of Birth: [illegible]	Birth Place: Leland, Idaho	Full Name of Mother: -----
	Name of Father: -----		
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: March [illegible]
	Date Orig. Entry: [illegible]		
	Date of Birth: Oct. 1, 1910	Birth Place: Nez Perce County, Leland, Idaho	Full Name of Mother: Martha Anna Marma Scheele-Johan Heinrich Fredrick Scheele
	Name of Father: [illegible]		

QUALIFYING INFORMATION

REGISTRATION CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Abstract.

(Signature)	Evidence reviewed by: [illegible]	Date Filed: March 14, 1963

493-207-026-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-199

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Belva Delsie Miller		2. Date Of Birth (month) May (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Garfield Jefferson Idaho; b. City or Town of Birth:
FATHER	6. Full Name of Father: Henry Edwin Miller		7. State or Country of Father's Birth: Weber Co. Utah
MOTHER	8. Full Maiden Name of Mother: Caroline Gneiting		9. State or Country of Mother's Birth: of Bingham Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Belva Delsie Miller (Clark)	11. Present Address of Registrant: Box 131 - R.1 Lorenzo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1963	12. Signature of Notary: [signature]	13. Notary Commission expires: January 26 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: Max C. Thomas, Bishop	Date Issued: Mar. 9, 1963	Date Orig. Entry: baptized July 6, 1918
	Date of Birth: May 7, 1910	Birth Place: Jefferson County Garfield, Idaho	Full Name of Mother: Caroline Gneiting	Name of Father: Henry E. Miller
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: State File #362923, Idaho	Date Issued: ---	Date Orig. Entry: child born Nov. 6, 1942
	Date of Birth: Age: 38	Birth Place: Garfield, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: Hyrum Severson, Bishop	Date Issued: ---	Date Orig. Entry: blessed July 3, 1910
	Date of Birth: May 7, 1910	Birth Place: Garfield, Idaho	Full Name of Mother: Caroline Gneiting	Name of Father: Henry Miller
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Miller	March 14, 1963

FORM BH 56067

Miller

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 14 1963

314-22-1044-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-203

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BONNIE IRENE CAMPBELL			2. Date of Birth (month) (day) (year): JANUARY 24 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO, WASH.	b. City or Town of Birth: WEISER
FATHER	6. Full Name of Father: WALTER MADISON CAMPBELL			7. State or Country of Father's Birth: OREGON
MOTHER	8. Full Maiden Name of Mother: OLIVE HENRYETTA HILLS			9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Bonnie Irene (Campbell) Teague		11. Present Address of Registrant: 6532 N. Congress Ave. Portland 17, Ore.
NOTARY (Seal) SW 45573	Subscribed and sworn to before me on: March 7 1963	12. Signature of Notary: NOTARY PUBLIC FOR OREGON		13. Notary Commission expires: 3-14 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE COMMISSION EXPIRES MAR. 14, 1967

SUPPORTING RECORD 1.	Type of Document: certified copy of Decree for Registration of Birth	By whom issued and signed: Si Cohn, County Clerk		Date Issued: Jan, 9, 1953	Date Orig. Entry: Jan. 7, 1953
	Date of Birth: Jan. 24, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Olive Hills Campbell	Name of Father: Walter Madison Campbell	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Olive H. Campbell		Date Issued: November 5, 1952	Date Orig. Entry:
	Date of Birth: Jan. 24, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Olive H. Campbell	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage License #352801	By whom issued and signed: Wayne County, Michigan		Date Issued: -----	Date Orig. Entry: April 9, 1929
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	March 14, 1963

FORM BH 56067

MAR 15 1963

MAR 21 1963

734-22 5 1038-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-206

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JUNE MARIE PLUGHOFF			2. Date of Birth (month) JUNE (day) 25 (year) 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: NEW PLYMOUTH, PAYETTE COUNTY	b. City or Town of Birth: NEW PLYMOUTH, IDAHO.	
FATHER	6. Full Name of Father: WILLIAM EDISON PLUGHOFF			7. State or Country of Father's Birth: CALIFORNIA	
MOTHER	8. Full Maiden Name of Mother: VALERIA McPHERSON			9. State or Country of Mother's Birth: CALIFORNIA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: June Marie Plughoff	11. Present Address of Registrant: 5422-S. PERRY ST. SPOKANE, WASHINGTON.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 9th 1963		12. Signature of Notary: George Hughlanks	13. Notary Commission expires: June 27 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of Return of Marriage		By whom issued and signed: Fern Masters, Deputy Clerk	Date Issued: Mar. 17, 1961	Date Orig. Entry: July 20, 1938
	Date of Birth: Age: 25	Birth Place: New Plymouth, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Valeria Plughoff	Date Issued: March 9, 1963	Date Orig. Entry:
	Date of Birth: June 25, 1910	Birth Place: Payette County New Plymouth, Idaho	Full Name of Mother: Valeria Plughoff	Name of Father: William Edison Plughoff	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for a social security account no.		By whom issued and signed: U.S. Treasury Department	Date Issued: 0---	Date Orig. Entry: Nov. 24, 1936
	Date of Birth: June 25, 1910	Birth Place: New Plymouth, Idaho	Full Name of Mother: Valeria McPherson	Name of Father: William Edison Plughoff	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Shirley Miller	Date Filed: Mardh 14, 1963

FORM BH 56067

9-29-60

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Name of child (First, middle, last)		2. Date of birth (Month, day, year)	
3. Place of birth (County, city or town)		4. Sex	
5. Name of father		6. Color or race of father	
7. Age of father at time of birth (Years)		8. Birthplace of father (State or country)	
9. Maiden name of mother		10. Color or race of mother	
11. Age of mother at time of birth (Years)		12. Birthplace of mother (State or country)	
13. Number of previous children born to this mother		14. Number of previous children now living	
15. Present address of informant		16. Relationship of informant to child	
17. Name and address of person where birth occurred (If not in hospital)			
18. Attendant at birth (Physician, midwife, other)		19. Address of attendant	
20. Date signed		21. Notary Commission expires	

AFFIDAVIT

STATE OF IDAHO, County of _____, ss.

_____, being first duly sworn on oath deposes and says: That he was present at the birth of the child named above; that the facts stated above are true to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19__.

_____
Notary Public

AFFIDAVIT

STATE OF IDAHO, County of _____, ss.

_____, being first duly sworn on oath deposes and says: That he was present at the birth of the child named above; that the facts stated above are true to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19__.

_____
Notary Public

AFFIDAVIT

STATE OF IDAHO, County of _____, ss.

_____, being first duly sworn on oath deposes and says: That she was present at the birth of the child named above; that the facts stated above are true to the best of her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19__.

_____
Notary Public

AFFIDAVIT

STATE OF IDAHO, County of _____, ss.

_____, being first duly sworn on oath deposes and says: That she was present at the birth of the child named above; that the facts stated above are true to the best of her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19__.

_____
Notary Public

AFFIDAVIT

STATE OF IDAHO, County of _____, ss.

_____, being first duly sworn on oath deposes and says: That he was present at the birth of the child named above; that the facts stated above are true to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19__.

_____
Notary Public

AFFIDAVIT

STATE OF IDAHO, County of _____, ss.

_____, being first duly sworn on oath deposes and says: That she was present at the birth of the child named above; that the facts stated above are true to the best of her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19__.

_____
Notary Public

Evidence Reviewed by	Date Filed

I hereby certify that no prior birth certificate has been found in this Division or vital statistics for this person and that documentary evidence has been reviewed which satisfactorily identifies the facts as set forth in the affidavit.

_____
State Registrar

834-220-020-139

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-212

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: INES YTURRI			2. Date Of Birth (month) Sept. (day) 20 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mountain Home	
FATHER	6. Full Name of Father: Victor Yturri			7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: Cristina Alzola			9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ines Yturri		11. Present Address of Registrant: 4444 Los Feliz Blvd. Los Angeles 27, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1963	12. Signature of Notary: Agnes Johnson		13. Notary Commission expires: AGNES JOHNSON - NOTARY PUBLIC My Commission Expires October 19, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Nicholas V. Hughes, Pastor		Date Issued: Feb. 26, 1963	Date Orig. Entry: baptized Nov. 20, 1910
	Date of Birth: Sept. 20, 1910	Birth Place: Mountain Home, Idaho	Full Name of Mother: Christina Alsola	Name of Father: Victory Yturri	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Cristina Yturri		Date Issued: March 8, 1963	Date Orig. Entry:
	Date of Birth: Sept. 20, 1910	Birth Place: Mountain Home, Idaho	Full Name of Mother: Cristina Alzola	Name of Father: Victor Yturri	
SUPPORTING RECORD 3.	Type of Document: School Record ; Home High School	By whom issued and signed: F. H. Rist, Principal, Mtn.		Date Issued: Feb. 19, 1963	Date Orig. Entry: Sept. 1924
	Date of Birth: Sept. 20, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barson	Evidence reviewed by: Shirley Miller	Date Filed: March 15, 1963

FORM BH 56067

MAR 15 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

Bank

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: INES YTURRI	2. Date of Birth: Sept. 20 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Elmore; Country:	Mountain Home
FATHER	6. Full Name of Father: Victor Yturri	7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Cristina Alzola	9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]
		11. Present [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1963	12. Signature of Notary: [signature]
		13. Notary [illegible]

AFFIDAVIT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Nicholas V. [illegible], Pastor	Date Issued: Feb. 25, 1963; Date Orig. Entry: Sept. 20, 1910
	Date of Birth: [illegible]	Full Name of Mother: Cristina Alzola	Name of Father: Victor Yturri
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Cristina Yturri	Date Issued: March 8, 1963; Date Orig. Entry:
	Date of Birth: [illegible]; Birth Place: Mountain Home, Idaho	Full Name of Mother: Cristina Alzola	Name of Father: Victor Yturri
SUPPORTING RECORD 3.	Type of Document: School Record; Home [illegible] School	By whom issued and signed: [illegible], Principal, [illegible] School	Date Issued: Feb. 25, 1963; Date Orig. Entry: Sept. 1924
	Date of Birth: Sept. 20, 1910; Birth Place: —	Full Name of Mother: —	Name of Father: —

CERTIFICATE OF LEGITIMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been made in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	March 15, 1963

FORM 20 [illegible]

769-18-032-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-213

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Robert Gwinn			2. Date of Birth (month) July (day) 18 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: William Gwinn			7. State or Country of Father's Birth: Idaho, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Ruth Gwinn (Baldwin)			9. State or Country of Mother's Birth: Kansas, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Robert Gwinn	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Mch 11 1963		12. Signature of Notary: Arthur J. Bonn	13. Notary Commission expires: NOTARY PUBLIC OF NEW JERSEY My Commission Expires May 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school record		By whom issued and signed: Luella L. Kinsey, Clerk	Date Issued: June 27, 1962	Date Orig. Entry: May, 1922
	Date of Birth: Age: 11	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record		By whom issued and signed: James McGurrin, County Clerk	Date Issued: Mar. 8, 1963	Date Orig. Entry: Aug. 10, 1940
	Date of Birth: July 18, 1910	Birth Place: Shoshone, IIdaho	Full Name of Mother: Ruth Baldwin	Name of Father: William Robert Gwinn	
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle, age: 66		By whom issued and signed: Charles W. Gwinn	Date Issued: February 28, 1963	Date Orig. Entry:
	Date of Birth: July 18, 1910	Birth Place: Shoshone, Idaho	Full Name of Mother: Ruth Baldwin Gwinn	Name of Father: William R. Gwinn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: March 15, 1963

FORM BH 56067

Twinn

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

MAR 15 1963

REGISTRANT (Person on birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) July (day) 18 (year) 1910	
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth: Lincoln
	6. Birth Place of Father: [illegible]	7. State or Country of Father's Birth: Idaho, U.S.A.	
FATHER	8. Full Name of Father: [illegible]	9. State or Country of Mother's Birth: Kansas, U.S.A.	
MOTHER	9. Full Maiden Name of Mother: [illegible]		
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant:
	Subscribed and sworn to before me on 19	12. Signature of Notary: [illegible]	13. Notary Commission expires: 19

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING EVIDENCE	Type of Document: Sworn Regardless School Record	By whom issued and signed: [illegible]	Date Issued: June 21, 1962	Date Orig. Entry: May, 1922
	Age: 11			
SUPPORTING RECORD 1	Type of Document: Certified copy of [illegible]	By whom issued and signed: [illegible]	Date Issued: Mar. 8, 1963	Date Orig. Entry: [illegible]
	Date of Birth: July 18, 1910	Birth Place: Shoshone, Idaho	Full Name of Mother: [illegible]	Name of Father: William Robert [illegible]
SUPPORTING RECORD 2	Type of Document: Affidavit by uncle, age: [illegible]	By whom issued and signed: Charles M. [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: July 18, 1910	Birth Place: Shoshone, Idaho	Full Name of Mother: Ruth [illegible]	Name of Father: William [illegible]
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE (Seal) I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding abstract.

Date Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: March 19, 1963

FORM SH 50957

864-1210 26-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Lewis Youngstrom			2. Date of Birth (month) (day) (year): February 12, 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Jefferson	b. City or Town of Birth: Menan	
FATHER	6. Full Name of Father: William Youngstrom			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Louisa Watson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ralph Lewis Youngstrom	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: March 18, 1963		12. Signature of Notary: Wayne M. Smith	13. Notary Commission expires: Dec. 5, 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: State File No. 249279, Idaho	Date Issued: ---	Date Orig. Entry: child born Nov. 9, 1936
	Date of Birth: Age: 26	Birth Place: Menan, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Wm. Barrett, Bishop	Date Issued: ---	Date Orig. Entry: baptized June 7, 1919
	Date of Birth: Feb.12,1910	Birth Place: Menan, Idaho	Full Name of Mother: Birdie Watson	Name of Father: Wm. Youngstrom	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth; Age--76		By whom issued and signed: John W. Hart, Jr.	Date Issued: January 30, 1963	Date Orig. Entry:
	Date of Birth: Feb.12,1910	Birth Place: Menan,---	Full Name of Mother: Louisa Youngstrom	Name of Father: William Youngstrom	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson		Evidence reviewed by: sm Shirley Miller	Date Filed: March 19, 1963	

FORM BH 56067

MAR 20 1963

653-220-063-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-265

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tula Virginia Fellis			2. Date Of Birth (month) Feb. (day) 20 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Gust Fellis			7. State or Country of Father's Birth: Piana, Greece	
MOTHER	8. Full Maiden Name of Mother: Demetra Bettas			9. State or Country of Mother's Birth: Agridion, Greece	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia J. Davis		11. Present Address of Registrant: 2007 N.E. Skidmore Portland Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1963	12. Signature of Notary: John D. Davis		13. Notary Commission expires: 4-30th 1965	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Demetra Fellis		Date Issued: January	Date Orig. Entry: 30, 1963
	Date of Birth: Feb.20,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Demetra Fellis	Name of Father: Gust Fellis	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records; Records Librarian;	By whom issued and signed: Ethel Scherzer, Medical Physicians & Surgeons Hospital		Date Issued: Mar. 15,1963	Date Orig. Entry: May 5, 1957
	Date of Birth: Feb.20,1910	Birth Place: ----	Full Name of Mother: ------	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Oregon State File #2016		Date Issued: Jan.22,1963	Date Orig. Entry: June 29, 1935
	Date of Birth: Age: 25	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller		Date Filed: April 3, 1963	

FORM BH 56067

12-20-62

APR 8 1963

959-222-024-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-284

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEELA LUCILLE ZEIGLER			2. Date of Birth (month) AUG. (day) 22 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho GOODING	b. City or Town of Birth: SHOSHONE	
FATHER	6. Full Name of Father: WILLIAM OLEN ZEIGLER			7. State or Country of Father's Birth: PENN.	
MOTHER	8. Full Maiden Name of Mother: ANNIE MAY SAVAGE			9. State or Country of Mother's Birth: WASH.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leela L. Comstock		11. Present Address of Registrant: 1127 Front St Lewiston Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1963	12. Signature of Notary: Hazel Hansen		13. Notary Commission expires: Feb. 16 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family Record		Date Issued: obviously	Date Orig. Entry: old
	Date of Birth: Aug.22,1910	Birth Place: Lincoln County Shoshone, Idaho	Full Name of Mother: Annie M. Zeigler		Name of Father: William Olen Zeigler
SUPPORTING RECORD 2.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.		Date Issued: April 4, 1963	Date Orig. Entry: April 1, 1940
	Date of Birth: Age: 29	Birth Place: Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Annie May Savage Zeigler Comstock		Date Issued: February 28, 1963	Date Orig. Entry:
	Date of Birth: Aug.22,1910	Birth Place: Gooding County Shoshone, Idaho	Full Name of Mother: Annie May Savage Zeigler Comstock		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Shirley Miller	April 15, 1963

FORM BH 56067

APR 23 1963

168-113-003-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN ALFRED BERGER			2. Date Of Birth (month) OCT. (day) 13 (year) 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: POCATELLO, BANNOCK	b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: BERGER, JOHN J.			7. State or Country of Father's Birth: OHIO
MOTHER	8. Full Maiden Name of Mother: JONES, PRUDENCE E.			9. State or Country of Mother's Birth: IL
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Alfred Richard		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 29, 1963	12. Signature of Notary: Glenn E. Greer		13. Notary Commission expires: Sept 22 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Prudence E. Richard	Date Issued: April 29, 1963	Date Orig. Entry: ----
	Date of Birth: Oct. 13, 1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Prudence E. Jones Berger	Name of Father: John J. Berger	
SUPPORTING RECORD 2.	Type of Document: Book 1 Certified copy of County Record of Birth-Page 29	By whom issued and signed: Bannock County Recorder Pocatello, Idaho	Date Issued: June 16 1942	Date Orig. Entry: Oct 13 1910
	Date of Birth: Oct 10, 1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Prudence Jones	Name of Father: John J. Berger	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Court Order of Adoption	By whom issued and signed: Bannock County Probate Court	Date Issued: Dec 15, 1919	Date Orig. Entry: Dec 15, 1919
	Date of Birth: age 9 / Birth Place: ----	Full Name of Mother: Prudence E. Whisler	Name of Father: Robert H. Whisler	

QUALIFYING INFORMATION

Note: John Alfred Berger was legally adopted by Prudence E. and Robert H. Whisler Dec. 19, 1919.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	April 29, 1963

FORM BH 56067

APR 29 1963

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. Dec5-316

REGISTRANT (Person whose birth is being registered)	1. Registration Full Name of Birth	2. Date of Birth (Month) (Day) (Year)	
	3. Color or Race (4. Sex)	5. Place of Birth (Birthplace)	6. Date of Birth (Month) (Day) (Year)
FATHER	8. Full Name of Father	7. Place of Country of Father's Birth	
MOTHER	9. Full Maiden Name of Mother	9. Place of Country of Mother's Birth	
AFFIDAVIT	10. Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
	12. Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Document: Affidavit by Mother	By whom Issued and Signed: Prudence M. Richard	Date Issued: April 29, 1963	Date Orig. Entry: ----
	Date of Birth: Oct. 27, 1910 Place of Birth: Pocatello, Idaho	Full Name of Mother: Prudence M. Jones Berger	Name of Father: John J. Berger	
SUPPORTING RECORD 2	Type of Document: Book 1 Certified copy of County Record of Birth-Page 24	By whom Issued and Signed: Bannock County Recorder Pocatello, Idaho	Date Issued: June 16, 1942	Date Orig. Entry: Oct 15 1910
	Date of Birth: Oct 10, 1910 Place of Birth: Pocatello, Idaho	Full Name of Mother: Prudence Jones	Name of Father: John J. Berger	
SUPPORTING RECORD 3	Type of Document: Certified copy of Court Order of Adoption	By whom Issued and Signed: Bannock County Probate Court	Date Issued: Dec 16, 1912	Date Orig. Entry: Dec 16, 1912
	Date of Birth: Dec 8 Place of Birth: ----	Full Name of Mother: Prudence M. Whisler	Name of Father: Robert M. Whisler	

SUPPORTING INFORMATION: Note: John Alfred Berger was legally adopted by Prudence M. and Robert M. Whisler Dec. 16, 1912.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Signature	Evidence Reviewed by	Date Filed
W. D. Benson	Joyce B. Foltz	April 29, 1963

253-05-1042-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-337

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DAN PAUL KELSAY			2. Date Of Birth (month) JULY (day) 5TH (year) 1910	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: TWIN FALLS, IDAHO	b. City or Town of Birth: TWIN FALLS, IDAHO	
FATHER	6. Full Name of Father: ALFRED C. KELSAY			7. State or Country of Father's Birth: OREGON	
MOTHER	8. Full Maiden Name of Mother: ALICE BELL			9. State or Country of Mother's Birth: NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dan Paul Kelsay		11. Present Address of Registrant: 408 N. SANTA ANA, MODESTO	
NOTARY (Seal)	Subscribed and sworn to before me on: April 29 1963	12. Signature of Notary: Ruth A. Brown		13. Notary Commission expires: May 30 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Application for life insurance	By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: ---	Date Orig. Entry: July 31, 1926	
	Date of Birth: July 5, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own childs' birth certificate	By whom issued and signed: Vol. 31, page 247, California	Date Issued: April 13, 1961	Date Orig. Entry: child born Jan. 12, 1938	
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage certificate	By whom issued and signed: J. L. Mallory, County Recorder of Merced, California	Date Issued: April 26, 1963	Date Orig. Entry: Oct. 1, 1933	
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: Alice Bell	Name of Father: Alfred Kelsay	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 2, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 3 1963

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876-220-063-943

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-338

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Mae Spoor			2. Date of Birth (month) (day) (year): November 20 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Smith Ferry, Valley	b. City or Town of Birth: Smith's Ferry, Idaho
FATHER	6. Full Name of Father: Gideon Spoor			7. State or Country of Father's Birth: Christian County, Illinois
MOTHER	8. Full Maiden Name of Mother: Mabel C. Spoor (Rule)			9. State or Country of Mother's Birth: Christian County, Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Mae Gordon		11. Present Address of Registrant: 315 S. Commercial, Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 24th 1963	12. Signature of Notary: R O M Mahan		13. Notary Commission expires: October 5 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #227093	Date Issued: ---	Date Orig. Entry: child born Nov. 9, 1934	
	Date of Birth: Age: 23	Birth Place: Smiths Ferry,----	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Harold D. White, Bishop	Date Issued: Mar.30,1952	Date Orig. Entry: baptized Mar. 29, 1952	
	Date of Birth: Nov.20,1910	Birth Place: Smiths Ferry,Idaho	Full Name of Mother: Mable Claire Rule	Name of Father: Robert Gideon Spoor	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mabel C. Spoor	Date Issued: April 24, 1963	Date Orig. Entry:	
	Date of Birth: Nov.20,1910	Birth Place: Smiths Ferry,Idaho	Full Name of Mother: Mabel C. Spoor	Name of Father: Gideon Spoor	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	May 3, 1963

FORM BH 56067

MAY 6 1963

APR 20 1973

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD: Spoor

2. DATE OF BIRTH: November 20 1940

3. SEX: Male

4. PLACE OF BIRTH: Bingham

5. COUNTY OF BIRTH: Bingham

6. CITY OR TOWN OF BIRTH: Firth

7. NAME OF FATHER: Spoor

8. RESIDENCE OF FATHER: Firth, Idaho

9. COLOR OR RACE: White

10. AGE AT LAST BIRTHDAY: 29

11. BIRTHPLACE: Illinois

12. OCCUPATION: Farmer

13. NAME OF MOTHER: Mary Jane Spoor

14. RESIDENCE OF MOTHER: Firth, Idaho

15. COLOR OR RACE: White

16. AGE AT LAST BIRTHDAY: 29

17. BIRTHPLACE: Illinois

18. MAIDEN NAME OF MOTHER: Mary Jane Bingham

19. NUMBER OF CHILDREN BORN TO THIS MOTHER: 3

20. NUMBER OF CHILDREN LIVING: 3

21. DATE FILED: May 2, 1963

22. SIGNATURE AND TITLE OF LOCAL REGISTRAR: Mrs. Ruth Spoor

23. DATE SIGNED: May 2, 1963

24. NAME OF PHYSICIAN OR MIDWIFE: Dr. Spoor

25. DATE ATTENDED: November 20, 1940

26. CAUSE OF STILLBIRTH: Live Birth

27. DATE SIGNED: November 20, 1940

28. SIGNATURE AND TITLE OF PHYSICIAN OR MIDWIFE: Dr. Spoor

29. DATE FILED: November 20, 1940

30. SIGNATURE AND TITLE OF LOCAL REGISTRAR: Mrs. Ruth Spoor

31. DATE SIGNED: November 20, 1940

32. NAME OF INFORMANT: Dr. Spoor

33. RESIDENCE OF INFORMANT: Firth, Idaho

34. DATE FILED: November 20, 1940

35. SIGNATURE AND TITLE OF LOCAL REGISTRAR: Mrs. Ruth Spoor

36. DATE SIGNED: November 20, 1940

37. NAME OF CHILD: Spoor

38. DATE OF BIRTH: November 20, 1940

39. SEX: Male

40. PLACE OF BIRTH: Bingham

41. COUNTY OF BIRTH: Bingham

42. CITY OR TOWN OF BIRTH: Firth

43. NAME OF FATHER: Spoor

44. RESIDENCE OF FATHER: Firth, Idaho

45. COLOR OR RACE: White

46. AGE AT LAST BIRTHDAY: 29

47. BIRTHPLACE: Illinois

48. OCCUPATION: Farmer

49. NAME OF MOTHER: Mary Jane Spoor

50. RESIDENCE OF MOTHER: Firth, Idaho

51. COLOR OR RACE: White

52. AGE AT LAST BIRTHDAY: 29

53. BIRTHPLACE: Illinois

54. MAIDEN NAME OF MOTHER: Mary Jane Bingham

55. NUMBER OF CHILDREN BORN TO THIS MOTHER: 3

56. NUMBER OF CHILDREN LIVING: 3

57. DATE FILED: May 2, 1963

58. SIGNATURE AND TITLE OF LOCAL REGISTRAR: Mrs. Ruth Spoor

59. DATE SIGNED: May 2, 1963

60. NAME OF PHYSICIAN OR MIDWIFE: Dr. Spoor

61. DATE ATTENDED: November 20, 1940

62. CAUSE OF STILLBIRTH: Live Birth

63. DATE SIGNED: November 20, 1940

64. SIGNATURE AND TITLE OF PHYSICIAN OR MIDWIFE: Dr. Spoor

65. DATE FILED: November 20, 1940

66. SIGNATURE AND TITLE OF LOCAL REGISTRAR: Mrs. Ruth Spoor

67. DATE SIGNED: November 20, 1940

68. NAME OF INFORMANT: Dr. Spoor

69. RESIDENCE OF INFORMANT: Firth, Idaho

70. DATE FILED: November 20, 1940

71. SIGNATURE AND TITLE OF LOCAL REGISTRAR: Mrs. Ruth Spoor

72. DATE SIGNED: November 20, 1940

799-201-022 855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-346

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Maurine Griggs			2. Date Of Birth: (month) October (day) 1 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Fremont	b. City or Town of Birth: Driggs	
FATHER	6. Full Name of Father: Robert E. Griggs (Robert Elmer Griggs)			7. State or Country of Father's Birth: Salt Lake City, Utah	
MOTHER	8. Full Maiden Name of Mother: Estella Henrie			9. State or Country of Mother's Birth: Georgetown, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Maurine Griggs. Now Lois M. Clark		11. Present Address of Registrant: 4131 Gregory St., Oakland	
NOTARY (Seal)	Subscribed and sworn to before me on: April 30 1963	12. Signature of Notary: J R Cooper		13. Notary Commission expires: October 23, 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for life insurance		By whom issued and signed: Occidental Life insurance Company	Date Issued: ----	Date Orig. Entry: June 1, 1940
	Date of Birth: Oct.1,1910	Birth Place: Driggs, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents		By whom issued and signed: Robt. E. Griggs and Estella Henrie Griggs	Date Issued: May 26,	Date Orig. Entry: 1950
	Date of Birth: Oct.1,1910	Birth Place: Driggs, Idaho	Full Name of Mother: Estella Henrie Griggs	Name of Father: Robert Elmer Griggs	
SUPPORTING RECORD 3.	Type of Document: Church Record		By whom issued and signed: L.D.S. Church, Salt Lake City, Utah	Date Issued: April 15, 1963	Date Orig. Entry: Nov. 6, 1910
	Date of Birth: Oct. 1,1919	Birth Place: Fremont County Driggs, Idaho	Full Name of Mother: Estella Henrie	Name of Father: Robert E. Griggs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Shirley Miller	Date Filed: May 7, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 8 1963

2. Date of birth	Month of	3	1919
3. Color or race	4. Sex	Place of birth (County)	Township
5. Full name of child (Robert Wm. Craigg)			
6. Full maiden name of mother		7. Name or county of Attorney giving affidavit	
8. Name and address of applicant		9. Signature of Deputy Clerk	
10. Signature and seal of notary		11. Notary Commission expires	
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359-116-004-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De063-370

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Otto Leissring			2. Date Of Birth (month) May (day) 16, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Bear Lake	b. City or Town of Birth: Geneva
FATHER	6. Full Name of Father: Carl W. Leissring			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Mary E. Lashbrook			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward O Leissring		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 13, 1963	12. Signature of Notary: W R Cunz		13. Notary Commission expires: May 17 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record L.D.S. Church		By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records	Date issued: Feb. 15, 1962	Date Orig. Entry: blessed Oct. 2, 1910
	Date of Birth: May 16, 1910	Birth Place: Geneva, Idaho	Full Name of Mother: Mary E. Lashbrook	Name of Father: Carl W. Leissring	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for insurance		By whom issued and signed: Beneficial Life Insurance Company	Date issued: ---	Date Orig. Entry: July 6, 1944
	Date of Birth: May 16, 1910	Birth Place: Geneva, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for social security a account no.		By whom issued and signed: U. S. Treasury Department	Date issued: January 21, 1937	Date Orig. Entry
	Date of Birth: May 16, 1910	Birth Place: Bear Lake County Geneva, Idaho	Full Name of Mother: Mary Ellen Lashbrook	Name of Father: Carl William Leissring	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	May 16, 1963

FORM BH 56067

Lissering

MAY 16 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRATION	1. Registrar's Full Name of Birth	2. Date of Birth	
	Ward Otto Lissering	May 15, 1920	
	3. Color or Race	4. Sex	5. Place of Birth	6. County	7. City or Town of Birth
	White	Male	Idaho	Bear Lake	Geneva
FATHER	8. Full Name of Father		9. State or Country of Father's Birth
	Carl M. Lissering		
MOTHER	10. Full Maiden Name of Mother		11. State or Country of Mother's Birth
	Mary L. Leathbrook		
AFFIDAVIT	I hereby declare each and that the statements are true to the best of my knowledge and belief.	12. Signature of Registrant	13. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Name of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Church Record	Wm. L. Leathbrook	May 15, 1920	Dec. 5, 1920
	Date of Birth	Place of Birth	Name of Father	
	May 15, 1920	Geneva, Idaho	Carl M. Lissering	
SUPPORTING RECORD 2	Name of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Copy of application	Bear Lake Insurance Company	---	July 6, 1921
	Date of Birth	Birth Place	Name of Father	
	May 15, 1920	Geneva, Idaho	---	
SUPPORTING RECORD 3	Name of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Copy of application	Bear Lake Insurance Company		January 21, 1921
	Date of Birth	Birth Place	Name of Father	
	May 15, 1920	Geneva, Idaho	Carl M. Lissering	

QUALIFICATE INFORMATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence Reviewed by	Date Filed
		May 16, 1963

386-203-029-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D8-63-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zola Georgianna Thompson		2. Date Of Birth: (month) June (day) 3 (year) 1910	
	3. Color or Race: white	4. Sex:	5. Place of Birth: a. County: Latah or Satah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Ashton I. Thompson		7. State or Country of Father's Birth: (Town) Darlington, Wis.	
MOTHER	8. Full Maiden Name of Mother: Georgianna Russell		9. State or Country of Mother's Birth: (Town) Gratiot, Wis.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joe B. Dougan	11. Present Address of Registrant: 633 Derby Ct. Sunnyvale Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 19, 1963	12. Signature of Notary: Frank G. Mack	13. Notary Commission expires: MAR. 21, 1965	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File # 597, California	Date Issued: Nov.23,1962	Date Orig. Entry: child born April 16, 1942	
	Date of Birth: Age: 31	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage affidavit	By whom issued and signed: Alpha Smith, Deputy	Date Issued: Nov.29,1962	Date Orig. Entry: Oct. 14, 1939	
	Date of Birth: Age: 29	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister age: 63	By whom issued and signed: Helen R. Hart	Date Issued: May 2,	Date Orig. Entry: 1963	
	Date of Birth: June 3, 1910	Birth Place: Moscow, Idaho	Full Name of Mother: Georgianna Russell Thompson	Name of Father: Ashton I. Thompson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beacom	sm Shirley Miller	May 21, 1963

FORM BH 56067

10-25-62

Oregon

MAY 21 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex	5. Place of Birth a. County b. City or Town of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Personal Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Official Title and Address

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: File # 597, California	Date: Nov. [illegible]	Date Orig. Entry: [illegible]
	Date of Birth / Birth Place	Full Name of Father	Name of Father	
SUPPORTING RECORD 2	Type of Document: certified copy of marriage	By whom issued and signed: Alpha Smith, Deputy	Date Issued: Nov. 29, 1962	Date Orig. Entry: Oct. 14, 1959
	Date of Birth / Birth Place: Age: 29	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document: affidavit by sister age: 42	By whom issued and signed: Helen R. [illegible]	Date Issued: May 2, 1963	Date Orig. Entry
	Date of Birth / Birth Place: Age: 2 [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible] L. Thompson	

SUPPORTING RECORD 4

I hereby certify that no prior birth certificate has been issued in the division of vital statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[signature]	[illegible]	May 21, 1963

10-25-62

766-228.025-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-383

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Delora Poole			2. Date Of Birth (month) (day) (year): June 28 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: Albert Joshua Poole			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Elsie Myrtle Smead			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Wm. C. DeVault		11. Present Address of Registrant: Box 192, St. Maries, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 14 19 63	12. Signature of Notary: Thomas C. Morris		13. Notary Commission expires: June 15 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: State File #49-02670, Idaho	Date Issued: Aug. 25, 1955	Date Orig. Entry: child born Mar. 4, 1949
	Date of Birth: Age: 38	Birth Place: Cottonwood, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Elsie M. Poole	Date Issued: November 28, 1962	Date Orig. Entry
	Date of Birth: June 28, 1910	Birth Place: Cottonwood, Idaho	Full Name of Mother: Elsie M. Poole	Name of Father: Albert Joshua Poole	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: May 7, 1963	Date Orig. Entry: April 1, 1940
	Date of Birth: Age: 29	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: sm Shirley Miller		Date Filed: May 22, 1963

FORM BH 56067 4-5-61

MAY 22 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Morris (Atty)

REGISTRANT	1. Registrant's Full Name at Birth: Sarah Delora Poole	2. Date of Birth (month) June 28 1910
Person whose Birth is being registered	3. Color or Race: White	4. Sex: F.
	5. Place of Birth: Idaho	6. City or Town of Birth: Cottonwood
FATHER	8. Full Name of Father: Albert Joshua Poole	9. State or Country of Father's Birth: California
MOTHER	10. Full Maiden Name of Mother: Myrtle Smead	11. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	12. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	13. Signature of Registrant: [illegible]
	14. Present Address of Registrant: Box 192, St. Maries, Ida.	
NOTARY	15. Subscribed and sworn to before me on: February 14 [illegible]	16. Signature of Notary: [illegible]
	17. Notary Commission expires: June 15 1963	

SUPPORTING RECORD 1	Type of Document: Certified copy of one child's birth certificate	By whom issued and signed: State File [illegible], Idaho	Date Issued: Aug. [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Apr. 28	Birth Place: [illegible]	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Cottonwood, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother:	Name of Father:

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Delayed Birth and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Filed

[illegible]

29-21-2-029-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-423

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THERESA ANN KRICK			2. Date of Birth (month) FEB. (day) 12 (year) 1910	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: GENESEE IDA. LATAH	b. City or Town of Birth: GENESEE IDA.	
FATHER	6. Full Name of Father: HENRY KRICK			7. State or Country of Father's Birth: WISCONSON U.S.	
MOTHER	8. Full Maiden Name of Mother: ANNA SCHWENNE			9. State or Country of Mother's Birth: KANSAS U.S.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Theresa Ann Lundy	11. Present Address of Registrant: 212-S-12th St. ST. MARIES IDAHO	
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1963		12. Signature of Notary: Ray A Bowen	13. Notary Commission expires: Notary Public in and for the State of Idaho residing at St. Maries, Idaho 19 ____ My COMMISSION EXPIRES Feb 26 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's hospital birth certificate		By whom issued and signed: St. Josephis Hospital Lewiston, Idaho	Date Issued: -----	Date Orig. Entry: child born Jan. 21, 1938
	Date of Birth: Feb. 12, 1910	Birth Place: Genesee, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license affidavit		By whom issued and signed: Rose Blanchard, Deputy Auditor	Date Issued: Aug. 19, 1960	Date Orig. Entry: Jan. 9, 1937
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: Rev. Aloysius Bresink	Date Issued: May 21, 1963	Date Orig. Entry: baptized Mar. 13, 1910
	Date of Birth: Feb. 12, 1910	Birth Place: -----	Full Name of Mother: Anna Schwenne	Name of Father: Henry Krick	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	Shirley Miller	June 5, 1963

FORM BH 56067

1 copy paid 9-12-61

JUN 5 1963

APR 13 1966

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

1 copy paid 8-12-01

168-118-006-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-425

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Daniel Johnson		2. Date Of Birth (month) Feb. (day) 18 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Basalt Idaho Bingham; b. City or Town of Birth: Basalt Idaho
FATHER	6. Full Name of Father: Daniel Raymond Johnson		7. State or Country of Father's Birth: Salt Lake City Utah
MOTHER	8. Full Maiden Name of Mother: Anna M. C. Ingelstrom Johnson		9. State or Country of Mother's Birth: Salt Lake City Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Charles D. Johnson	11. Present Address of Registrant: 53 Kingston Rd Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: S L Stowell 2-12-63	12. Signature of Notary: S L Stowell 2-12-63	13. Notary Commission expires: 3-1- 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record U.S. Census	By whom issued and signed: U.S. Department of Commerce Bureau, Washington, D.C.	Date issued: Mar. 26, 1963	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 9 / Birth Place: Idaho	Full Name of Mother: Anna Mc. Johnson	Name of Father: Daniel R. Johnson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: George H. Carlsen, Bishop	Date issued: April 29, 1963	Date Orig. Entry: baptized May 4, 1918
	Date of Birth: Feb. 18, 1910 / Birth Place: Bingham County Basalt, Idaho	Full Name of Mother: Annie M. C. Ingelstrom	Name of Father: Daniel Raymond Johnson	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File #172813	Date issued: Mar. 5, 1963	Date Orig. Entry: child born May 6, 1929
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Miller	June 6, 1963

FORM BH 56067

JUN 6 1963

819-208-025-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-434

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertrude Eusebia Christina Harman			2. Date Of Birth (month) May (day) 8, (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Idaho	b. City or Town of Birth: Cottonwood	
FATHER	6. Full Name of Father: George Henry Harman			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Anna Tacke			9. State or Country of Mother's Birth: South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Gertrude C. Hoenfelsey	11. Present Address of Registrant: RFD #1 Box 114 Los Molinos, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 8th 1963		12. Signature of Notary: W. H. Pool	13. Notary Commission expires: Feb 26th 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Anna Harman	Date Issued: May 13, 1963	Date Orig. Entry
	Date of Birth: May 8, 1910	Birth Place: Cottonwood, Idaho	Full Name of Mother: Anna Harman	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Jos. W. Beck, Registrar	Date Issued: -----	Date Orig. Entry: baptized May 10, 1910
	Date of Birth: May 8, 1910	Birth Place: -----	Full Name of Mother: Anna Tacke	Name of Father: George Harman	
SUPPORTING RECORD 3.	Type of Document: certified copy of Abstract of Marriage Record		By whom issued and signed: Floyd A. Hicks, Recorder	Date Issued: June 7, 1963	Date Orig. Entry: May 6, 1930
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: June 12, 1963

FORM BH 56067

JUN 12 1969

Spa felner

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth
	[illegible]	[illegible]
	3. Color or Race	4. Sex
	White	Female
	5. Place of Birth	6. County
	Idaho	Idaho
	7. City or Town of Birth	
	Nottingham	
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
	[illegible]	Missouri
MOTHER	10. Full Maiden Name of Mother	11. State or Country of Mother's Birth
	[illegible]	South Dakota

APPLICANT	14. Hereby declare under death that the above statements are true as the best of my knowledge and belief.	15. Signature of Registrant
	16. Subscribed and sworn to before me on	17. Signature of Notary
	18. Present Address of Registrant	19. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

CERTIFICATE NUMBER	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	May [illegible]	[illegible]
	[illegible]	[illegible]	[illegible]	
	[illegible]	[illegible]		
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]		[illegible]	
CERTIFICATE NUMBER	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]		May 6, 1969
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	Idaho		
SUPPORTING RECORD	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	Lloyd A. [illegible], Recorder	[illegible]	May 6, 1969
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
	[illegible]	Idaho		
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that the secondary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	June 12, 1969

997-13-035 -653

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-439
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adolph Charles Riggers			2. Date Of Birth (month) October (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Gifford
FATHER	6. Full Name of Father: William Riggers			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Elizabeth Oelschlager			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adolph Charles Riggers		11. Present Address of Registrant: 1139 11th Street, Clarkston, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 19 63	12. Signature of Notary: [illegible]		13. Notary Commission expires: November 4 19 64

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of application for membership	By whom issued and signed: Aid Association for Lutherans	Date Issued: Sept. 25, 1930	Date Orig. Entry
Class*	Date of Birth: Oct. 31, 1910 / Birth Place: ----	Full Name of Mother: Elizabeth Riggers	Name of Father: William Riggers	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth Riggers	Date Issued: March 25, 1953	Date Orig. Entry
Class	Date of Birth: Oct. 31, 1910 / Birth Place: Nez Perce County Gifford, Idaho	Full Name of Mother: Elizabeth Oelschlager	Name of Father: William Riggers	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License Affidavit	By whom issued and signed: Dorothy Brown, Deputy Clerk	Date Issued: May 2, 1963	Date Orig. Entry: July 29, 1939
Class	Date of Birth: Age: 28 / Birth Place: Gifford, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: June 19, 1963	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

[redacted]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. District No.

JUL 16 1963

REGISTRAR: [illegible] Full Name of Birth

(Person whose birth is being registered)

1. Adolph Charles Biggers
2. Date of Birth: October [illegible], 1910
3. Sex: [illegible]
4. Color or Race: White
5. Place of Birth: Nez Perce
6. County: Clifford
7. State or Country of Father's Birth: Germany
8. Full Name of Father: William Biggers
9. State or Country of Mother's Birth: Missouri
10. Signature of Registrant: [illegible]
11. Present and Name of Registrant: [illegible] Lincoln Street, Clarkston, Washington
12. Notary Commission Expires: November 4, 19[illegible]

AFFIDAVIT: I hereby declare and oath that the foregoing statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me: June 3, 19[illegible]

APPLICANT TO NOTARIZE HERE IN A LINE

SUPPORTING RECORD 1: Document: Corporate Application
By Whom Issued and Signed: Aid Association for Lutherans
Date Issued: Sept. 24, 1930
Date of Birth: Birth Place
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 2: Type of Document: [illegible]
By Whom Issued and Signed: Elizabeth Biggers
Date Issued: March 25, 1963
Date of Birth: Birth Place: [illegible] Nez Perce County, Idaho
Full Name of Mother: Elizabeth [illegible]
Name of Father: William Biggers

SUPPORTING RECORD 3: Type of Document: Certificate of Mortgage [illegible]
By Whom Issued and Signed: Dorothy Smith, Deputy Clerk
Date Issued: [illegible], 1963
Date Orig. Entry: Jan. 22, 1932
Date of Birth: Birth Place: [illegible] Clifford, Idaho
Full Name of Mother: ----
Name of Father: ----

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: Shirley [illegible]
Date Filed: June 19, 1963

Clerk & Recorder are those who [illegible] Clerk & Recorder are those who [illegible]

415207.020-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-443

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ORPHA MANN (Married name - Vincent)			2. Date Of Birth: (month) October (day) 7 (year) 1910
	3. Color or Race: Cauc.	4. Sex: Female	5. Place of Birth a. County:	b. City or Town of Birth: Glenns Ferry, Idaho
FATHER	6. Full Name of Father: Ira Busby Mann			7. State or Country of Father's Birth: Woods Cross, Utah
MOTHER	8. Full Maiden Name of Mother: Ida Robinson			9. State or Country of Mother's Birth: Utah; American Fork, Utah County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orpha Mann Vincent		11. Present Address of Registrant: 10688 Cranks Road, Culver City, California
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1963	12. Signature of Notary: Howard Liggett HOWARD LIGGETT		13. Notary Commission expires: HOWARD LIGGETT My Commission Expires March 11, 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: J. E. Chadwick, Clerk	Date Issued: -----	Date Orig. Entry: blessed Dec. 4, 1910
	Date of Birth: Oct. 7, 1910	Birth Place: Glens Ferry, Idaho	Full Name of Mother: Ida Robinson	Name of Father: Ira Mann
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Alvin A. Bresley, Bishop	Date Issued: Mar. 2, 1919	Date Orig. Entry: baptised Mar. 1, 1919
	Date of Birth: Oct. 7, 1910	Birth Place: Glenns Ferry, Idaho	Full Name of Mother: Ida Robinson	Name of Father: Ira Busby Mann
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for Insurance	By whom issued and signed: The Prudential Insurance Company of America	Date Issued: ---	Date Orig. Entry: Nov. 29, 1930
	Date of Birth: Oct. 7, 1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: June 19, 1963

FORM BH 56067

JUN 20 1963

Vincent

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: ORRIA MANN (Married name - Vincent)	2. Date of Birth (month) (day) (year): October 7, 1910	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth (Account): Glenns Ferry, Idaho
FATHER	6. Full Name of Father: [illegible] Mann	7. State or Country of Father's Birth: Goode Cross, Utah	
MOTHER	8. Full Maiden Name of Mother: Ida Robinson	9. State or Country of Mother's Birth: American Fork, Utah County	
AFFIDAVIT	10. Hereby declare upon oath that the statements are true to the [illegible] or knowledge and belief.	10. Signature of Registrant	11. Present address of Registrant: 10688 Cranks Road, Culver City, California
NOTARY	11. Sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

EVIDENCE	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible] Chadwick, Clerk	Date Issued: ----	Date Orig. Entry Blessed: Dec. [illegible], 1910
	[illegible]	[illegible]		
	[illegible] Idaho	[illegible]		
SUPPORTING RECORD 1	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Alvin A. Presley, Bishop	Date Issued: Mar. [illegible]	Date Orig. Entry Blessed: [illegible]
	Date of Birth: Birth Place: Oct. [illegible] Idaho	Full Name of Mother: Ida Robinson	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Photo copy of application for [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: Nov. 25, 1930
	Date of Birth: Birth Place: Feb. [illegible] Idaho	Full Name of Mother: ----	Name of Father: ----	
OTHER				

REGISTRAR'S CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: June [illegible], 1963

FORM 201 [illegible]

413206-003795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-459

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maria Felicia D'Alpino
2. Date of Birth: (month) June (day) 6 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Pocatello; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Angelo D'Alpino
7. State or Country of Father's Birth: Provinee of Luca Italy

MOTHER

8. Full Maiden Name of Mother: Carmela Pierotti
9. State or Country of Mother's Birth: Province of Luca Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Mary D. Evans
11. Present Address of Registrant: 480 Washington

NOTARY (Seal)

Subscribed and sworn to before me on: 6-4 1963
12. Signature of Notary: David L. Larson
13. Notary Commission expires: May 6 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of own child's hospital birth certificate
By whom issued and signed: The Beverly Hospital, Montebell Montebello, California
Date Issued: ----
Date Orig. Entry: chidd born Jan. 27, 1944
Date of Birth: June 6, 1910
Birth Place: Pocatello, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 2.

Type of Document: photo copy of The Holy Sacrament of Baptism
By whom issued and signed: Rev. R. V. Echevarria
Date Issued: ----
Date Orig. Entry: baptized Aug. 6, 1910
Date of Birth: June 6, 1910
Birth Place: Pocatello, Idaho
Full Name of Mother: Carmela Pierrotti
Name of Father: Angelo d'Alpino

SUPPORTING RECORD 3.

Type of Document: Statement regarding hospital records Bannock Memorial Hospita, Pocatello, Idaho
By whom issued and signed: G. Miller, Medical Records
Date Issued: June 13, 1963
Date Orig. Entry: May 11, 1958
Date of Birth: June 6, 1910
Birth Place: ----
Full Name of Mother: ----
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: June 27, 1963

FORM BH 56067

JUN 28 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Evans

1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)	
[illegible]		June 6 1910	
3. Sex	4. Place of Birth	County	5. City or Town of Birth
[illegible]	[illegible]	Bannock	[illegible], Idaho
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
	[illegible]		Provinces of Inca Italy
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
	[illegible]		Provinces of Inca Italy
10. I declare upon oath that the above statements are true to the best of my knowledge and belief.		11. Present Address of Registrant	
		[illegible] Washington	
12. Signature of Registrar		13. Signature of Mother	14. Delayed Certificate Expires
[illegible]			[illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----
	Date of Birth: [illegible]	Place of Birth: [illegible], Idaho	
SUPPORTING RECORD 2	Document: [illegible] of The Holy [illegible]	By whom issued and signed: Rev. [illegible]	Date Issued: ----
	Date of Birth: [illegible] 1910	Place of Birth: [illegible], Idaho	Full Name of Father: [illegible]
SUPPORTING RECORD 3	Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible] 11, 1963
	Date of Birth: [illegible]	Place of Birth: [illegible], Idaho	Full Name of Mother: ----

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for the registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	June 28, 1963

419-215-042-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-4688

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY BEULAH MARTIN		2. Date Of Birth (month) 6 (day) 15 (year) 1910
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BUHL IDA TWIN FALLS; b. City or Town of Birth: BUHL IDAHO
FATHER	6. Full Name of Father: PETER F. MARTIN		7. State or Country of Father's Birth: SWEDEN (NATULISED)
MOTHER	8. Full Maiden Name of Mother: OVEDA NELSON		9. State or Country of Mother's Birth: ST. PAUL MINN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary B. Lemley	11. Present Address of Registrant: 10706 E. SPRAGE, SPOKANE WA
NOTARY (Seal)	Subscribed and sworn to before me on: June 24, 1963	12. Signature of Notary: Deanna Kaye Bell	13. Notary Commission expires: January 21 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Jeanne Loomer, Deputy	Date issued: June 18, 1963	Date Orig. Entry: June 5, 1941
	Date of Birth: June 15, 1910; Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Northern Life Insurance Company	Date issued: ----	Date Orig. Entry: July 20, 1954
	Date of Birth: June 15, 1910; Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth; age: 64	By whom issued and signed: William O. Zimmerman	Date issued: June 24, 1963	Date Orig. Entry: --
	Date of Birth: June 15, 1910; Birth Place: Twin Falls County Buhl, Idaho	Full Name of Mother: Oveda Nelson	Name of Father: Peter F. Martin	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: July 1, 1963	

K FORM BH 56067 TCMIRDA 05118 6-3-63

JUL 1 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Filed: Dec-63-[illegible]

Lemley

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex
	5. Place of Birth (a County)	6. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	9. Affidavit declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission Expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certified copy of marriage license and affidavit	By whom issued and signed: Jeanne Lemmer, Deputy	Date Issued: June 1[illegible], 1963	Date Orig. Entry: June 5, 1963
	Date of Birth: June 15, 1910	Birth Place: Suhl, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document: Those copy of application for life insurance	By whom issued and signed: Northern Life Insurance Company	Date Issued: ----	Date Orig. Entry: July 20, 1963
	Date of Birth: June 15, 1910	Birth Place: Suhl, Idaho	Full Name of Mother: ----	Name of Father
SUPPORTING RECORD 3	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: William G. Zimmerman	Date Issued: June 2[illegible], 1963	Date Orig. Entry: --
	Date of Birth: June 1[illegible], 1910	Birth Place: Twin Falls County, Suhl, Idaho	Full Name of Mother: Dennis Nelson	Name of Father: Peter F. Fardin

DECEASED

REGISTRAR OF CERTIFICATES (Seal) — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by: Shirley Miller	Date Filed: July 1, 1963

959-206.019-514

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-479

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Ivie			2. Date Of Birth (month) April (day) 6 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Mackay Custer	b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: Thomas Isaac Ivie			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Maude Vaden			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Ivie Hill		11. Present Address of Registrant: 1105 Sunset Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 28 1957	12. Signature of Notary: Fred McMullen		13. Notary Commission expires: Dec. 20 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of app. for Social Security Accounty Number	By whom issued and signed: U. S. Treasury Department	Date issued: ---	Date Orig. Entry: Jan. 6, 1945
	Date of Birth: April 6, 1910 / Birth Place: Custer County Mackay, Idaho	Full Name of Mother: Edna Maude Vaden	Name of Father: Thomas Ivie	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church membership records	By whom issued and signed: Wayne Merritt, Ward Clerk, L.D.S. Church	Date issued: April 22, 1962	Date Orig. Entry: baptized June 1933
	Date of Birth: April 6, 1910 / Birth Place: - - -	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Edna Maude Ivie	Date issued: January 4, 1958	Date Orig. Entry:
	Date of Birth: April 6, 1910 / Birth Place: Custer County Mackay, Idaho	Full Name of Mother: Edna Maud Ivie	Name of Father: ******	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: July 8, 1963

FORM BH 56067

JUL 8 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics

REGISTRARY (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): April 6, 1910	
	3. Date of Birth: [illegible]	4. Place of Birth (Country): [illegible]	5. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Fathers Birth: Utah	
MOTHER	8. Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: California	
AFFIDAVIT	9. Prior Delayed Birth Date that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: [illegible]
NOTARY (Sign)	Subscribed and sworn to before me on [illegible] 19 [illegible]	12. Signature of Notary	13. Notary Commission Expires: Dec. 20 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: U. S. Treasury Department	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Ida Maude Vaden	Date of Birth: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Father: [illegible]	Date of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Edna Maud Vaden	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Edna Maud Vaden	Date of Father: [illegible]

REGISTRAR'S CERTIFICATE (Seal)

I, the undersigned, certify that my prior Birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	July 8, 1963

FORM NO. [illegible]

866-221-001-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-484

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Leota Hofhine			2. Date of Birth (month) March (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Evan William Hofhine			7. State or Country of Father's Birth: Chesterfield, Idaho
MOTHER	8. Full Maiden Name of Mother: Pearl May Worden			9. State or Country of Mother's Birth: Blackfoot, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Blanche L. Jones		11. Present Address of Registrant: 2340 Harrison Santa Clara, California
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1963	12. Signature of Notary: David M. McDonald		13. Notary Commission expires: My Commission Expires May 2, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt; Age - 69	By whom issued and signed: Hazel Wirden Phillips	Date Issued: June 3, 1963	Date Orig. Entry
	Date of Birth: Mar.21,1910 / Birth Place: Ada County Boise, Idaho	Full Name of Mother: Pearl May Worden Hofhine	Name of Father: Evan William Hofhine	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Thomas W. Fitzsimmons, County Recorder	Date Issued: Oct.24,1961	Date Orig. Entry: child born Jan. 3, 1942
	Date of Birth: Age: 31 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Photo copy of application for insurance	By whom issued and signed: The Prudential Insurance Company of America	Date Issued: -----	Date Orig. Entry: Sept. 14, 1943
	Date of Birth: Mar.21,1910 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: D. W. Benson	Evidence reviewed by: Shirley Miller		Date Filed: July 9, 1963

FORM BH 56067

JUL 9 1963

Phillips (atty)

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

REGISTRY (Person whose birth is being registered)	1. Registrar's Full Name of Birth: Blanche Leota Hofhine	2. Date of Birth (month) (day) (year): March 21 1910	
	3. Color of Race: White	4. Sex: Female	5. Place of Birth: Ada County
			6. Birth of Town of Birth: Boise
FATHER	6. Full Name of Father: Ryan William Hofhine	7. State or Country of Father's Birth: Chesterfield, Idaho	
MOTHER	8. Full Maiden Name of Mother: Pearl May Worden	9. State or Country of Mother's Birth: Blackfoot, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Date of Signature of Registrant: [illegible] California
NOTARY	Subscribed and sworn to before me on [illegible] 1963	12. Signature of Notary: [illegible]	13. Date of Signature of Notary: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by [illegible]	By whom issued and signed: Hazel Warden [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Certified copy of own childhood [illegible]	By whom issued and signed: Thomas W. [illegible], [illegible]	Date Issued: Oct. 24, 1961
	Date of Birth: [illegible]	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3	Type of Document: Note copy of application for [illegible]	By whom issued and signed: The Prudential Insurance Company of America	Date Issued: [illegible]
	Date of Birth: Mar. 21, 1910	Full Name of Mother: [illegible]	Name of Father:

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	Shirley [illegible]	July [illegible], 1963

168-23-003-134

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Emeris Johns			2. Date of Birth: October 23, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Lava Hot Springs
FATHER	6. Full Name of Father: Samuel Emeris Johns			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Aldous			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl E. Johns		11. Present Address of Registrant: 427 Ash St. Twin Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: July 15 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: J. Fifield, Clerk, L.D.S. Church	Date Issued: Sept 7, 1919	Date Orig. Entry: Baptized Sept 6, 1919
	Date of Birth: Oct. 23 1910	Birth Place: Lava Hot Springs, Bannock co., Idaho	Full Name of Mother: Lucy Aldous	Name of Father: Samuel Emeris John
SUPPORTING RECORD 2.	Type of Document: Statement by attending physician	By whom issued and signed: Dr. Ellis Kackley Soda Springs, Idaho	Date Issued: Jan 20, 1943	Date Orig. Entry: Jan 20, 1943
	Date of Birth: Oct. 23, 1910	Birth Place: Lava, Idaho	Full Name of Mother: Lucy Aldous	Name of Father: Samuel Emeris John
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #329900	Date Issued: ------	Date Orig. Entry: child born Dec 11, 1941
	Date of Birth: Age 31	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	July 15, 1963

FORM BH 56067

JUL 15 1963

OCT 7 1974

DELIVERED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRATION (person whose birth is being registered)	1. Full Name at Birth: Carl Emeris Jonas	2. Date of Birth (month) October (day) 25, (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bannock
	6. Full Name of Father: Samuel Emeris Jonas	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Aldous	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	10. I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: J. Fifield, Clerk, L.D.S. Church	Date Issued: Sept 7, 1919	Date Orig. Entry: Baptized Sept 6, 1919
	Date of Birth: Oct. 23, 1910	Birth Place: Lava Hot Springs, Bannock Co., Idaho	Full Name of Mother: Lucy Aldous	Name of Father: Samuel Emeris Jonas
SUPPORTING RECORD 2.	Type of Document: Statement by attending physician	By whom issued and signed: Dr. Ellis Rockley, Lava Hot Springs, Idaho	Date Issued: Jan 29, 1943	Date Orig. Entry: Jan 29, 1943
	Date of Birth: Oct. 23,	Birth Place: Lava, Idaho	Full Name of Mother: Lucy Aldous	Name of Father: Samuel Emeris Jonas
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #329900	Date Issued: ------	Date Orig. Entry: child born Dec 11, 1941
	Date of Birth: Age 31	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------

QUALIFYING INFORMATION

REGISTRATION CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date filed
W. W. Bergen	Joyce S. Foltz	July 15, 1963

114-21037-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-493

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Isabel Jausoro			2. Date Of Birth (month) June (day) 17 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Delamar	
FATHER	6. Full Name of Father: Thomas Jausoro			7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: Tomasa Mallea			9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Isabel Jausoro Bermansolo		11. Present Address of Registrant: 4411 - 3rd Ave So Nampa, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1963	12. Signature of Notary: Leeca Fosler		13. Notary Commission expires: February 6 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #232297		Date Issued: ---	Date Orig. Entry: child born May 27, 1935
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism	By whom issued and signed: St. John's Cathedral Boise, Idaho		Date Issued: June 24 1963	Date Orig. Entry: baptized June 23, 1910
	Date of Birth: June 17, 1910	Birth Place: ------	Full Name of Mother: Tomasa Mallea	Name of Father: Thomas Jausoro	
SUPPORTING RECORD 3.	Type of Document: Age 76 Affidavit by Neighbor of Family	By whom issued and signed: Venancia Bermansolo		Date Issued: July 1, 1963	Date Orig. Entry: -----
	Date of Birth: June 17 1910	Birth Place: Delamar, Idaho	Full Name of Mother: Tomasa Mallea	Name of Father: Thomas Jausoro	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: bf Betty Morris	Date Filed: July 15, 1963

FORM BH 56067

JUL 15 1963

Bermensolo

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: Marie Isabel Jausoro	2. Date of Birth (month) June	1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Delamar
FATHER	6. Full Name of Father: Thomas Jausoro	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Tomasa Mallea	9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me	12. Signature of Notary	13. Notary Commission Expires

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: One childs birth certificate on file Idaho #232292	By whom issued and signed	Date Issued: ---	Date Orig. Entry: Child Born May 27, 1935
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral Boise, Idaho	Date Issued: June 24, 1963	Date Orig. Entry: Baptized June 23, 1910
	Date of Birth: June 1910	Birth Place: ------	Full Name of Mother: Tomasa Mallea	Name of Father: Thomas Jausoro
SUPPORTING RECORD 3	Type of Document: Affidavit of Neighbor of Family	By whom issued and signed: Venancia Bermensolo	Date Issued: July 1, 1963	Date Orig. Entry: ------
	Date of Birth: June 1910	Birth Place: Delamar, Idaho	Full Name of Mother: Tomasa Mallea	Name of Father: Thomas Jausoro
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (cont.): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Pearson	by Betty Morris	July 15, 1963

FORM NO. [illegible]

818-13-004-244

Delayed Certificate

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-515
Local Reg. No.
Reg. Dist. No. 552

RECEIVED
JUL 11 1963
Bureau of Vital Statistics

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH a. COUNTY: BEAR LAKE COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): WEST CENTER STREET	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: IDAHO b. COUNTY: BEAR LAKE c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS d. STREET ADDRESS (If rural, give location): WEST CENTER STREET

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	JOSEPH	CLARE	HAYWARD

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
MALE	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	March 13, 1910

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
JOSEPH	WILLIAM	HAYWARD	WHITE

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
31 YEARS	PARIS, IDAHO	PHYSICIAN	GENERAL PRACTICE

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
LILLIAS	----	BUDGE	WHITE

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
27 YEARS	PARIS, IDAHO	TWO	NONE	NONE

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Margaret Parker

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: M.D.

18c. ADDRESS: Montpelier, Ida

18b. ATTENDANT AT BIRTH: M.D. [X] OSTEOPATH [ ] OTHER (Specify)

18d. DATE SIGNED: 7-9-1963

19. DATE REC'D BY LOCAL REG.: 7/9/63

20. REGISTRAR'S SIGNATURE:

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. Was a standard serological test for syphilis performed? YES [ ] NO [X]
40 WEEKS	LBS. OZS.	Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

Form DPH-48001

JUL 24 1963

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of None

(b) Labor: Complication None

Induced? No

(c) State all operations for delivery None.

(d) Did baby have any:

(1) Congenital Malformation? None

Describe:

(2) Birth Injury? None

Describe:

(e) Signature of Physician:

M. H. Craig MD

847-104-007-985

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-517

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elwin George Hughes
2. Date Of Birth: (month) May (day) 4, (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Bellevue

FATHER

6. Full Name of Father: Thomas Edgar Hughes
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Anna Ireland
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elwin George Hughes
11. Present Address of Registrant: 807 N. 23rd Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 17 1963

12. Signature of Notary: B. S. Hutchison
13. Notary Commission expires: Notary Public, Residing at Boise, Idaho. My Commission Expires Nov. 10, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Father	Thomas Edgar Hughes	----	July 17, 1961
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 4, 1910 / Bellevue, Idaho Blaine County	Anna Ireland	Thomas Edgar Hughes	
SUPPORTING RECORD 2.	Own Marriage License	On file Idaho, File #50-5335	Married Sept. 10, 1950	September 6, 1950
	Age 40 / Bellevue, Idaho	-----	-----	
SUPPORTING RECORD 3.	App. for Insurance Policy	Fargo, North Dakota Pioneer Mutual Life Ins. Co.	-----	March 24, 1954
	May 4, 1910 / Bellevue, Idaho	-----	------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Betty Morris	July 17, 1963

FORM BH 56067

JUL 17 1963

MAY 1 1967

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Hughes

962 410 0069-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-531

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arthur Raymond Rosholt
2. Date Of Birth: December 10, 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bonner; b. City or Town of Birth: Dover

FATHER

6. Full Name of Father: Eilert J. Rosholt
7. State or Country of Father's Birth: Norway

MOTHER

8. Full Maiden Name of Mother: Anna Danielson
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: A. R. Rosholt
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on July 12, 1963
12. Signature of Notary: Harvey M. Bishop
13. Notary Commission expires: January 15, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Anne Rosholt	June 4, 1960	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 10, 1910	Dover, Idaho Bonner County	Anna Danielson	Eilert J. Rosholt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding application for lodge membership;	G.W. Congdon, Secretary Sandpoint Lodge #1376, B.P.O. Elks	May 25, 1963	Sept. 2, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 10, 1910	-----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	Idaho State File #315943	Mar. 29, 1962	child born June 8, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 30	Dover, Idaho	------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pp Shirley Miller	July 25, 1963

FORM BH 56067

JUL 26 1963

713-213-016-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-534

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BARNETTA MAY PATTERSON		2. Date Of Birth (month) 7 (day) 13 (year) 1910
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: IDAHO CASSIA; b. City or Town of Birth: BURLEY
FATHER	6. Full Name of Father: JOHN CLINTON PATTERSON		7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: OLIVE ALICE WALCH		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Barnetta M. Bowcut	11. Present Address of Registrant: 827 W. 82 St. LOS ANGELES, CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1963	12. Signature of Notary: EDNA A FOX Edna A. Fox	13. Notary Commission expires: My Commission Expires June 10, 1967 NOTARY PUBLIC 19

APPLICANT— DO NOT WRITE BELOW THIS LINE in and for the County of Los Angeles, State of California

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Ezra H. Moore, Supt. of of schools	Date issued: June 19, 1963	Date Orig. Entry: June 1928
	Date of Birth: July 13, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage License and Certificate	By whom issued and signed: A.S. Gray County Recorder County of San Diego, Calif.	Date issued: June 26, 1963	Date Orig. Entry: Oct. 6, 1930
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: Olive Walch	Name of Father: J. C. Patterson
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt-Age 59	By whom issued and signed: Margaret Parker	Date issued: April 22, 1942	Date Orig. Entry: - ----
	Date of Birth: July 13, 1910	Birth Place: Burley, Idaho	Full Name of Mother: Olive Alice Walch	Name of Father: John Clinton Patterson

QUALIFYING INFORMATION

Certified copy of own child's birth certificate dated June 21, 1963. Child was born June 10, 1940/ California file #8249. Age at that time was 29 and place of birth given as Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Joyce B. Foltz	July 31, 1963

FORM BH 56067

9-16-63

Taylor (Gatterson)

JUL 31 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth	2. Date of Birth (month)
	3. Sex	4. Place of Birth
	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission Expires

SUPPORTING RECORD 1	Type of Document: Certified copy of Marriage License and Certificate	By whom issued and signed: [illegible] County Recorder, [illegible]	Date Issued: June 10, 1963 / Date Orig. Entry: June 1963
	Date of Birth: Age 20 / Birth Place: [illegible]	Full Name of Father: Clare Welch	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Affidavit by Aunt-Age 59	By whom issued and signed: Margaret Parker	Date Issued: [illegible] / Date Orig. Entry: [illegible]
	Date of Birth: July 13, 1915 / Birth Place: Burley, Idaho	Full Name of Mother: Olive Alice Welch	Name of Father: [illegible]

QUALIFYING INFORMATION: Certified copy of own child's birth certificate dated June 21, 1963. Child was born June 20, 1940. California file 482[illegible]. Age at that time was 29 and place of birth given as Idaho.

REGISTRAR'S CERTIFICATION (cont.): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
V. M. Benson	Joyce S. Polar	July 31, 1963

293/14/000-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-535

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myron Dee Bitton			2. Date of Birth (month) June (day) 14, (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot, Idaho	
FATHER	6. Full Name of Father: John Bitton, Jr.			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emma Althea Bingham			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Myron Dee Bitton	11. Present Address of Registrant: 501 East Pacific, Blackfoot, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 17, 1963		12. Signature of Notary: Grace Williams	13. Notary Commission expires: 1-14 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: United States Passport No. 672040		By whom issued and signed: U.S.Department of State	Date Issued: Feb 8, 1929	Date Orig. Entry: Feb 8, 1929
	Date of Birth: June 14, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: --------	Name of Father: John Bitton Jr.	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #244835	Date Issued:	Date Orig. Entry: child born July 28, 1936
	Date of Birth: Age 26	Birth Place: Blackfoot, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Photocopy of application for Life Insurance		By whom issued and signed: Pacific National Life Assurance Co.,Salt Lake City	Date Issued:	Date Orig. Entry: Dec 4, 1931
	Date of Birth: June 14, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Althea B. Bitton	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	July 31,1963

JUL 31 1963

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Byron Lee Sitton	2. Date of Birth (month) June (day) 19, (year) 1920	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bingham, County: Blackfoot, Idaho
FATHER	6. Full Name of Father: [illegible] Sitton, Jr.	7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: [illegible] Bingham	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	10. Delivery Address on Oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: 501 [illegible] Pacific, Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 19 [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission expires: 19 [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible] Passport	By whom issued and signed: U.S. Department of State	Date Issued: Feb 8, 19[illegible]	Date Orig. Entry: Feb 8, 19[illegible]
	Date of Birth: 19[illegible]	Birth Place: Blackfoot, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible] birth certificate	By whom issued and signed: On file Idaho #[illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] 25	Birth Place: Blackfoot, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3	Type of Document: Photocopy of application for [illegible] Insurance	By whom issued and signed: Pacific National Life Insurance Co., Salt Lake City	Date Issued: [illegible]	Date Orig. Entry: Dec 8, 1931
	Date of Birth: June 19, 19[illegible]	Birth Place: Blackfoot, Idaho	Full Name of Mother: Alfred R. Sitton	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed By	Date Filed
W. W. [illegible]	[illegible] B. Foltz	July 31, 1962

FORM [illegible]

8-30-62

666231-022-334

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De-63-551

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ora Lavon Woolstenhulme			2. Date Of Birth (month) January (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Chapin or [redacted]
FATHER	6. Full Name of Father: George Woolstenhulme			7. State or Country of Father's Birth: Kamas Summit County, Utah
MOTHER	8. Full Maiden Name of Mother: Elenor Cluff			9. State or Country of Mother's Birth: Wasatch County, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ora LaVon Woolstenhulme		11. Present Address of Registrant: Victor, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 11th July 1963	12. Signature of Notary: F. C. Gillette		13. Notary Commission expires: July 1, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle, born-1883	By whom issued and signed: John R. Cluff	Date Issued: July 11, 1963	Date Orig. Entry
	Date of Birth: Jan. 31, 1910	Birth Place: Fremont County Chapin, Idaho	Full Name of Mother: Elenor Cluff	Name of Father: George Woolstenhulme
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: John Lauritzen, Clerk	Date Issued: ----	Date Orig. Entry: blessed May 5, 1910
	Date of Birth: Jan. 31, 1910	Birth Place: Fremont County Chapin, Idaho	Full Name of Mother: Eleanore Cluff	Name of Father: George Woolstenhulme
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File No. 170819	Date Issued: ----	Date Orig. Entry: child born April 10, 1929
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	sm Shirley Miller	August 7, 1963

FORM BH 56067

AUG 7 1963

DUPLICATE CERTIFICATE OF BIRTH
STATE OF IDAHO

1. NAME OF CHILD: Ora Lavon Woolstenhulme
2. SEX: Female
3. THIS BIRTH: Triplets
4. DATE OF BIRTH: January 21, 1921
5. CITY OR TOWN OF BIRTH: [redacted]
6. COUNTY OF BIRTH: Fremont
7. NAME OF HOSPITAL OR OTHER PLACE OF BIRTH: [redacted]
8. CITY OR TOWN OF MOTHER'S RESIDENCE: [redacted]
9. COUNTY OF MOTHER'S RESIDENCE: Fremont
10. STATE OR FOREIGN COUNTRY OF MOTHER'S RESIDENCE: Idaho
11. MOTHER'S MAIDEN NAME: Dearpe Woolstenhulme
12. MOTHER'S COLOR OR RACE: White
13. MOTHER'S AGE AT LAST BIRTHDAY: 23
14. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING: Three
15. NUMBER OF CHILDREN OF THIS MOTHER NOW DEAD: None
16. FATHER'S NAME: Lenor Olaf
17. FATHER'S COLOR OR RACE: White
18. FATHER'S AGE AT LAST BIRTHDAY: 23
19. FATHER'S BIRTHPLACE: Victor, Idaho
20. FATHER'S OCCUPATION: Farmer
21. INFORMANT'S SIGNATURE: [redacted]
22. INFORMANT'S MAILING ADDRESS: [redacted]
23. DATE RECEIVED BY LOCAL REGISTRAR: July 3, 1963
24. REGISTRAR'S SIGNATURE: [redacted]
25. DATE FILED BY STATE REGISTRAR: July 3, 1963

I hereby certify that the above is a true and correct copy of the certificate of birth now on file in my office.

Given under my hand and seal of the Department of Public Health, this 7th day of August, 1963.

STATE REGISTRAR

By [redacted]

This certificate is issued pursuant to Section 39-250, Idaho Code, and is prima facie evidence of the facts stated therein.

This certificate is issued pursuant to Section 39-250, Idaho Code, and is prima facie evidence of the facts stated therein.

One certified true copy of birth certificate Idaho State File No. 1760319

Issued July 7, 1963

Name of Registrant: Ora Lavon Woolstenhulme

Date of Birth: January 21, 1921

Place of Birth: Idaho

Name of Father: Lenor Olaf

Maiden Name of Mother: Dearpe Woolstenhulme

Date Filed: July 3, 1963

Evidence Presented:

Date Issued: August 7, 1963

By [redacted]

667-215-029-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-559

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gertrude Adbie Fox
2. Date Of Birth (month) (day) (year): May 15 1910
3. Color or Race: W.
4. Sex: F
5. Place of Birth a. County: Juliaetta, Idaho, Latah
b. City or Town of Birth: Juliaetta Idaho.

FATHER

6. Full Name of Father: Alphonse Fox
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Echo Hazel Robbins
9. State or Country of Mother's Birth: Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Paul Woodruff
11. Present Address of Registrant: Box 322 Moses Lake Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: July 5 1963
12. Signature of Notary: Myrtle K. Peters
13. Notary Commission expires: 3-6 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate	Idaho State File No. #174855	June 27, 1963	child born July 3, 1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 19 / Julieta, Idaho	----	----	
SUPPORTING RECORD 2.	Statement regarding school record	James V. Muscat, Supt, of Schools	July 1, 1963	Sept. 10, 1917
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 7 / ----	-----	-----	
SUPPORTING RECORD 3.	Certificate of Baptism	St. Mary's Church-Genesee, Ida.	July 29, 1963	baptized July 28, 1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 15, 1910 / ---	Echo-Robbins	Alphonse Fox	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Beacom	sm Shirley Miller	August 7, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 7

855-215022-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-570

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mae Belle Henderson
2. Date of Birth (month) (day) (year): March 15 1910
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Fremont
   b. City or Town of Birth: Teton city

FATHER

6. Full Name of Father: Martin John Henderson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Clara Belle Owen
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: MaeBelle Hansen
11. Present Address of Registrant: Tetonia Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 26 1964

12. Signature of Notary: Dwight M Cook
13. Notary Commission expires: 6-20 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license affidavit	LaMonte Bauer, Clerk	Aug.1,1963	Jan.12, 1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	---	- --	- --

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Jacob Johnston, Bishop	-----	blessed May 1, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.15,1910	Fremont County Teton, Idaho	Clara Owen	Martin J. Henderson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Martin J. Henderson	January 26, 1961	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.15,1910	Teton City, Idaho	ClaraBelle Owen	Martin J. Henderson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Shirley Miller	August 13, 1963

FORM BH 56067

NOV 2 1972

285-122-022-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Sherwood			2. Date Of Birth (month) Aug (day) 22 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Henrys Lake Fremont	b. City or Town of Birth
FATHER	6. Full Name of Father: Joseph Sherwood			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Mary Ann Sherwood			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Sherwood		11. Present Address of Registrant: 339 W. 16 St Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 23, 19 63	12. Signature of Notary: J.T. McGrane		13. Notary Commission expires: Nov. 5, 19 66

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photo copy of page from Family Bible	By whom issued and signed: J.T. McGrane, Notary Public		Date Issued: July 23, 1963	Date Orig. Entry: Obviously old
	Date of Birth: Aug.22,1910	Birth Place: ----	Full Name of Mother: -----	Name of Father: Joseph Sherwood	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth; age--83	By whom issued and signed: Mrs. George Garner		Date Issued: July 23, 1963	Date Orig. Entry:
	Date of Birth: Aug.22,1910	Birth Place: Henry'sLake,Idaho	Full Name of Mother: Mary Ann Sherwood	Name of Father: Joseph Sherwood	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records; L.D.S. Hospital	By whom issued and signed: Mrs. Lelia Garland,,R.R.L. Medical Records Librarian		Date Issued: July 12, 1963	Date Orig. Entry: Dec. 7, 1928
	Date of Birth: Age: 18	Birth Place: ---	Full Name of Mother: - -	Name of Father: - - -	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Shirley Miller	August 13, 1963

FORM BH 56067(S) 6-12-62

AUG 14 1963

418-216-029-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-592

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Evaline Mayenschein			2. Date of Birth (month) (day) (year): Aug. 16 1910	
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow	
FATHER	6. Full Name of Father: Otto Leo Mayenschein			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Bessie Evaline Cranson			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary M. Baird		11. Present Address of Registrant: #526 So. 8th Tacoma Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 15 1963	12. Signature of Notary: J.A. Bond		13. Notary Commission expires: aug 20 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: College Transcript		By whom issued and signed: College of Puget Sound, Tacoma, Washington	Date Issued: ---	Date Orig. Entry: Summer 1954
	Date of Birth: Aug.16,1910	Birth Place: Moscow, Idaho	Full Name of Mother: ----	Name of Father: Otto Mayenschein	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Otto L. Mayenschein	Date Issued: August	Date Orig. Entry: 15, 1963
	Date of Birth: Aug.16,1910	Birth Place: Moscow, Idaho	Full Name of Mother: Bessie Evaline Cranson	Name of Father: Otto L. Mayenschein	
SUPPORTING RECORD 3.	Type of Document: Own child's hospital birth certificate		By whom issued and signed: Our Lady of Lourdes Hospital Pasco, Washington	Date Issued: ---	Date Orig. Entry: child born June 17, 1948
	Date of Birth: Aug.16,1910	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	August 26, 1963

FORM BH 56067 1 Copy Pd. #08906

Baird

AUG 27 1963

291-209.042-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-597

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROSALIE BRASHEARS
2. Date of Birth: (month) July (day) 9 (year) 1910
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth: a. County: FILER, IDAHO, TWIN FALLS; b. City or Town of Birth: Filer, Idaho

FATHER

6. Full Name of Father: ISAAC HENRY BRASHEARS
7. State or Country of Father's Birth: Mo.

MOTHER

8. Full Maiden Name of Mother: EDNA VILETTA BARNES
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. P.B. Wilson
11. Present Address of Registrant: 36 Jumpers, Long Beach 13 Calif.

NOTARY (Seal)

Subscribed and sworn to before me on August-21st, 1963

12. Signature of Notary: Howard Marty
Howard Marty

13. Notary Commission expires: November-28th, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Transcript	Long Beach Unified School District F J C	Aug.19,1963	Sept. 1925
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 9, 1910 / Filer, Idaho	----	----	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate	California State Local Reg. No. 740	Aug.21,1963	child born April 3, 1939
	Age: 28 / Idaho	----	----	
SUPPORTING RECORD 3.	Affidavit by aunt; Age- 85	Jessie V. Oliver	August	20, 1963
	July 9, 1910 / Filer, Idaho	Edna V. Brashears	Isaac H. Brashears	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Barsom
Evidence reviewed by: Shirley Miller
Date Filed: August 28, 1963

FORM BH 56067 1 Copy Ptd. # 09237

AUG 29 1963

Wilson

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's full name at birth: [illegible]	2. Date of birth (month) (day) (year): [illegible]
	3. Color or race: [illegible]	4. Sex: [illegible]
	5. Place of birth: [illegible]	6. Birth or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: Isaac Henry Brashears	7. State or Country of Father's Birth: Mo.
	8. Full Maiden Name of Mother: Joan Alberta Barnes	9. State or Country of Mother's Birth: [illegible]
	10. Declare upon oath that the [illegible] Statements are true to the [illegible] knowledge and belief.	11. Signature of Registrant: [illegible]
	12. Signature of Notary: Ronald Morey	13. Notary Commission expires: November-[illegible] 1965
SUPPORTING RECORD 1	Type of Document: School Transcript	By whom issued and signed: Long Basel Ind. Ins School District [illegible]
	Date of Birth: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Date Orig. Entry: Sept. [illegible]
	Date of Birth: [illegible]	Date of Birth: [illegible]
	Date of Birth: [illegible]	Date Issued: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]
	Date of Birth: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Date Issued: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]
	Date of Birth: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Date Issued: [illegible]
QUALIFYING INFORMATION		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	State Registrar: [illegible]	Evidence reviewed by: [illegible]
	Date Filed: [illegible]	

993 216.016 - 643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-605

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Evelyn Ritter			2. Date Of Birth (month) April (day) 16 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Burley, Ida. Cassia	b. City or Town of Birth: Burley - Idaho
FATHER	6. Full Name of Father: James Garfield Ritter			7. State or Country of Father's Birth: Utah (Weber County)
MOTHER	8. Full Maiden Name of Mother: Ella Evelyn Fuller			9. State or Country of Mother's Birth: Utah (Weber County)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude E. Shurtliff		11. Present Address of Registrant: 205 Buchanan Twin Falls Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: August 28, 1963	12. Signature of Notary: T.G. Gray		13. Notary Commission expires: July 1, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized photo copy of page from Family Record Book	By whom issued and signed: T.G. Gray, Notary Public.	Date Issued: obviously old	Date Orig. Entry
	Date of Birth: April 16, 1910 / Birth Place: Cassia County Burley, Idaho	Full Name of Mother: Ella Evelyn Fuller	Name of Father: James Garfield Ritter	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Certificate of Age from Marriage Record	By whom issued and signed: Cleo Robinson, Deputy Auditor	Date Issued: July 25, 1963	Date Orig. Entry: Sept. 23, 1933
	Date of Birth: Age: 23 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, age: 71	By whom issued and signed: Elizabeth Slindee	Date Issued: August 28, 1963	Date Orig. Entry
	Date of Birth: April 16, 1910 / Birth Place: Burley, Idaho	Full Name of Mother: Ella Ritter	Name of Father: James G. Ritter	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Shirley Miller	Date Filed: September 3, 1963

FORM BH 56067

SEP 3 1963

DEC 1 1971

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Stowell

213-228-006-275

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-607

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Alice Satterfield			2. Date Of Birth (month) (day) (year): January 28, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Bingham	b. City or Town of Birth: Otis
FATHER	6. Full Name of Father: Ammon Y. Satterfield			7. State or Country of Father's Birth: Goldville, Alabama
MOTHER	8. Full Maiden Name of Mother: Jane Dunkerley Spence			9. State or Country of Mother's Birth: Wellsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Alice Horrell		11. Present Address of Registrant: 495 Willard Pocatello Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 29, 1963	12. Signature of Notary: [signature]		13. Notary Commission expires: Mar. 20 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of application for insurance		By whom issued and signed: Beneficial Protective Association	Date issued: ---	Date Orig. Entry: Dec. 31, 1946
	Date of Birth: Jan.28,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Photo copy of Certificate of Baptism and Confirmation		By whom issued and signed: A. Y. Satterfield, Bishop	Date issued: Feb. 10, 1918	Date Orig. Entry: baptized Feb.2, 1918
	Date of Birth: Jan.28,1910	Birth Place: Otis, Idaho	Full Name of Mother: Jane. Spence	Name of Father: A. Y. Satterfield	
SUPPORTING RECORD 3.	Type of Document: Photo copy of Certificate of Blessing		By whom issued and signed: Henry H. Berg, Clerk	Date issued: ---	Date Orig. Entry: blessed Mar. 6, 1910
	Date of Birth: Jan.28,1910	Birth Place: Bingham County Otis, Idaho	Full Name of Mother: Jane Spence	Name of Father: Ammon Y. Satterfield	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	sm Shirley Miller	September 3, 1963

FORM BH 56067

SEP 3 1963

668-228-042-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-609

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MILDRED EVELYN WOHLLAIB
2. Date Of Birth (month) (day) (year): MAY 28, 1910
3. Color or Race: qWHITE
4. Sex: FEMALE
5. Place of Birth: IDAHO
   a. County: TWIN FALLS
   b. City or Town of Birth: TWIN FALLS

FATHER

6. Full Name of Father: HARRY WOHLLAIB
7. State or Country of Father's Birth: IOWAR

MOTHER

8. Full Maiden Name of Mother: ELSIE VERN KEVAN
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Mildred E. Jellison
11. Present Address of Registrant: Twin Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 26 1963
12. Signature of Notary: Ray T Crandal
13. Notary Commission expires: October 30 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by parents	Harry Wohllaib and Elsie Wohllaib	July 11, 1963	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28,1910	Twin Falls, Idaho	Elsie Verne Kevan	Harry Wohllaib

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho State File # 390008	----	child born April 30, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 33	Twin Falls, Idaho	----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of application for life insurance	Mutual Life Insurance Company of New York	---	Oct. 1, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28,1910	Idaho	-- -	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

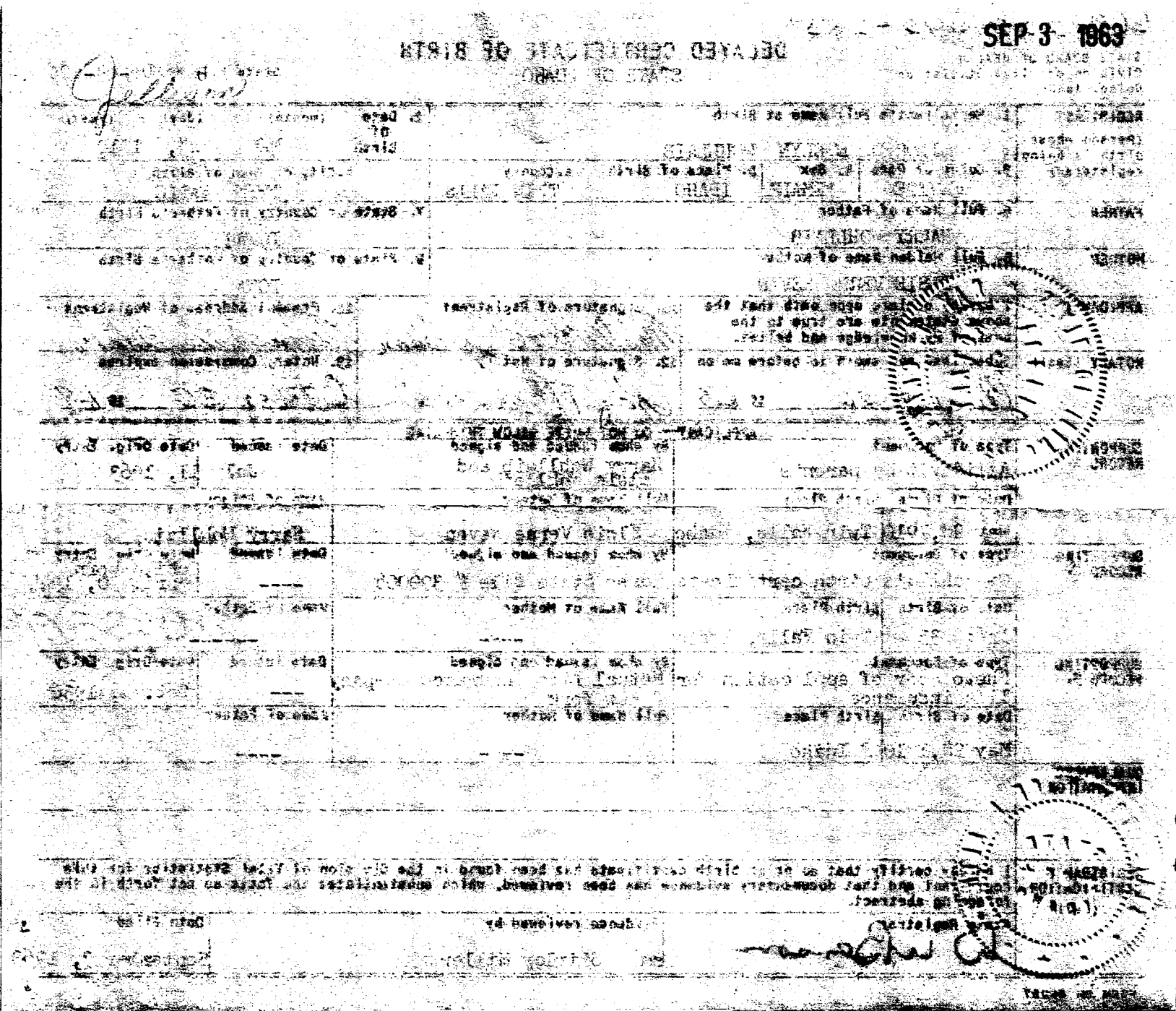
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	September 3, 1963

FORM BH 56067

SEP 3 1963

DELAYED CERTIFICATE OF BIRTH



693-223-042-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-615

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Ruth Wilks
2. Date Of Birth (month) (day) (year): Aug 23 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls, Idaho

FATHER

6. Full Name of Father: Frank Lester Wilks
7. State or Country of Father's Birth: Louisiana

MOTHER

8. Full Maiden Name of Mother: Dora Carolina Schmidt
9. State or Country of Mother's Birth: Blaine Co. Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Ruth Mink
11. Present Address of Registrant: 2601 E. El Ranchos Dr.

NOTARY (Seal)

Subscribed and sworn to before me on: August 22 1963
12. Signature of Notary: G L McAtee
13. Notary Commission expires: Dec. 31 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt, Age 73	Ann Dutson	----	September 5, 1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 23, 1910	Twin Falls, Idaho	Dora Carolyn Wilks	Frank Lester Wilks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
App. to Insurance Policy	The Ewuitable Life Assurance Company of United States	----	September 26, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
August 23, 1910	----	-----	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho, File #211130	----	Child born Feb. 28, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 22	Twin Falls, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bm Betty Morris	September 5, 1963

FORM BH 56067

SEP 5 1963

Mink

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1962-[illegible]

REGISTRAR	1. Registrar's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Sex	4. Place of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Full)	Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission expires

AFFIDAVIT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: September 5, [illegible]
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: [illegible]		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: The Mortgage Life Insurance Company of United States	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3	Type of Document: Unwritten birth certificate on file Idaho, File [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Child born Feb. 26, 1933
	Date of Birth: Birth Place: [illegible] Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Full)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	September 5, [illegible]

FORM NO. [illegible]

254-219.02-383

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-625

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Susannah Alice Beddes			2. Date Of Birth (month) July (day) 19 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Parker	b. City or Town of Birth: Fremont	Parker, Idaho
FATHER	6. Full Name of Father: David Hyrum Beddes			7. State or Country of Father's Birth: Benson, Utah	
MOTHER	8. Full Maiden Name of Mother: Elva Tyler			9. State or Country of Mother's Birth: Fillmore, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Susannah Alice Beddes		11. Present Address of Registrant: Ogden, Utah, 802 23rd St.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 12 1963	12. Signature of Notary: La Mont Bauer, Clerk of District Court		13. Notary Commission expires: elective 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Arnold D Miller, Bishop	Date Issued: ----	Date Orig. Entry: baptized Aug. 31, 1918	
	Date of Birth: July 19, 1910	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Elva Tyler	Name of Father: David H. Beddes	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Wallace Hanson, Clerk	Date Issued: Aug. 12, 1963	Date Orig. Entry: Oct. 26, 1930	
	Date of Birth: Age: 20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth; more than 10 yrs. older	By whom issued and signed: Annie B. Jackson	Date Issued: August 12, 1963	Date Orig. Entry:	
	Date of Birth: July 19, 1910	Birth Place: Parker, Idaho	Full Name of Mother: Elva Tyler Beddes	Name of Father: David Hyrum Beddes	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Shirley Miller	Date Filed: September 9, 1963

FORM BH 56067 3-12-63. nm

SEP 10 1963

MAY 10 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. Ps-63-[illegible]

Registrar's Registration No.	1. Registrant's Full Name at Birth: [illegible] Wedges	2. Date of Birth (month) July (day) 19 (year) 1910
	3. Color or Race: [illegible] / 4. Sex: Female / 5. Place of Birth: Parker / Fremont	6. Mailing Address of Birth: Parker, Idaho
	7. Name of Father: [illegible] Wedges	8. State or Country of Father's Birth: Benson, Utah
	9. Full Maiden Name of Mother: Elva Tyler	10. State or Country of Mother's Birth: Millmore, Utah
Certification	11. Present Address of Registrant: Ogden, Utah 602 23rd St.	12. Signature of Registrant: [illegible]
Notary Seal	13. Signature of Notary: [illegible]	14. Notary Commission Expires: Lifetime

APPLICANT — DO NOT WRITE BELOW THIS LINE

Supporting Record 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Arnold W. [illegible], Bishop	Date Issued: ---- / Date Orig. Entry: [illegible]
	Date of Birth: July 19, 1910 / Birth Place: Fremont County, Parker, Idaho	Full Name of Mother: Elva Tyler	Name of Father: David W. Beddes
Supporting Record 2.	Type of Document: Certified copy of Marriage License	By whom issued and signed: Wallace Hanson, Clerk	Date Issued: Aug. 12, 1963 / Date Orig. Entry: Oct. 26, 1930
	Date of Birth: Apr. 20 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
Supporting Record 3.	Type of Document: Affidavit by neighbor at time of birth; more than 10 yrs. old	By whom issued and signed: Annie B. Jackson	Date Issued: August 12, 1963 / Date Orig. Entry:
	Date of Birth: July 19, 1910 / Birth Place: Parker, Idaho	Full Name of Mother: Elva Tyler Beddes	Name of Father: David Wyman Beddes

Supporting Record 4.

Certification: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature: [illegible]

Evidence reviewed by: [illegible]

Date Filed: September 5, 1963

544-230·025-28

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be-63-640

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helen Virginia Eddy
2. Date of Birth (month) June (day) 30 (year) 1910
3. Color or Race: White
4. Sex: FM
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Leon Wesley Eddy
7. State or Country of Father's Birth: Vermont

MOTHER

8. Full Maiden Name of Mother: Helen Bayly
9. State or Country of Mother's Birth: Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Virginia Dobson
11. Present Address of Registrant: Port Henry, N.Y.

NOTARY (Seal) Public, State of New York
NO. 16-[illegible]700
Residing in [illegible] County
Commission Expires March 30, 1961

Subscribed and sworn to before me on: June 10th 1960

12. Signature of Notary: Jane Phillips
13. Notary Commission expires: Mar 30 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	verified transcript from the register of marriages	Rose Cross, Dep. Town Clerk Willsboro, Essex, New York	June 9, 1960	Jan 28, 1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 22 / Twin Falls, Ida.	Helen Bayley	E. W. Eddy	
SUPPORTING RECORD 2.	certified copy of own child's birth certificate	Jane Phillips, Port Henry, Essex, New York, Registrar	June 9, 1960	child born Sept. 5, 1934
	age 24 / Twin Falls, Idaho	---	---	
SUPPORTING RECORD 3.	#2957364 Driver's License	State of New York, Bureau of Motor Vehicles	----	Sept. 26, 1940
	June 30, 1910 / ----	-----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: pp Shirley Miller
Date Filed: September 13, 1963

FORM BH 56067 6-3-60

SEP 17 1963

6-3-60

816225024-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-667

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucile Irene Hafer
2. Date Of Birth: (month) April (day) 25 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Gooding

FATHER

6. Full Name of Father: Ralph Hafer
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Mina Lee Hafer
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucile Hafer Cecil
11. Present Address of Registrant: 1427 Ramona Ave Salt Lake City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 7 1963
12. Signature of Notary: Harold L Jarvela
13. Notary Commission expires: 11-9 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	Idaho State File No. 204116	----	child born June 26, 1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 22 / Gooding, Idaho	----	----	
SUPPORTING RECORD 2.	Application for Membership	Idaho Mutual Benefit Assoc.	----	Mar. 30, 1933
	April 25, 1910 / Gooding, Idaho	----	----	
SUPPORTING RECORD 3.	Affidavit by father	Ralph Hafer	September 12, 1963	
	April 25, 1910 / Gooding, Idaho	Mina Lee Welch Hafer	Ralph Hafer	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	sm Shirley Miller	September 24, 1963

FORM BH 56067

SEP 24 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

619-231-014-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-673

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Dialpha Farley			2. Date Of Birth (month) May (day) 31, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Thomas Henry Farley			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Russell			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary D. Gardner		11. Present Address of Registrant: Route 4 Caldwell
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25 1963	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: Obviously Old
	Date of Birth: May 31, 1910 / Birth Place: ------	Full Name of ~~Mother~~ Father: Thomas H. Farley	Name of ~~Father~~ Mother: Anna Russell	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #143152	Date Issued: ----	Date Orig. Entry: Child born July 14, 1926
	Date of Birth: Age 16 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Anna Fincher	Date Issued: ----	Date Orig. Entry: September 25, 1963
	Date of Birth: May 31, 1910 / Birth Place: Parma, Idaho	Full Name of Mother: Anna Russell	Name of Father: Thomas Henry Farley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Betty Morris	Date Filed: September 25, 1963

FORM BH 56067

SEP 25 1963

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person about Birth is being registered)	1. Registrant's Full Name of Birth: Mary Dialpha Farley	2. Date of Birth (month) May (day) 31, 1963	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Canyon County, Parma
FATHER	6. Full Name of Father: Thomas Henry Farley	7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Russell	9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary	13. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Thomas H. Farley	Name of Father: Anna Russell	
SUPPORTING RECORD 2	Type of Document: Own chi [illegible] birth certificate On file Idaho, File [illegible]	By whom issued and signed:	Date Issued: ----	Date Orig. Entry: Child born July 14, 1952
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3	Type of Document: Affidavit by Mother	By whom issued and signed: Anna Fincher	Date Issued: ----	Date Orig. Entry: September 25, 1963
	Date of Birth: May 31, 1963	Full Name of Mother: Anna Russell	Name of Father: Thomas Henry Farley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible] | Date Issued: September 25, 1963

DECEASED

962-108-006-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-685

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Delbert Robinson			2. Date of Birth (month) (day) (year): October 8 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Taylor Idaho
FATHER	6. Full Name of Father: Sydney Orson Robinson			7. State or Country of Father's Birth: USA
MOTHER	8. Full Maiden Name of Mother: Rhoda Elizabeth Priest			9. State or Country of Mother's Birth: Utah USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Delbert Robinson		11. Present Address of Registrant: Hayward, California
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1963	12. Signature of Notary: Alan Grove		13. Notary Commission expires: Nov. 13 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: L. D. S. Church	Date Issued: April 3, 1963	Date Orig. Entry: Dec. 1, 1912
	Date of Birth: Oct. 8, 1910 / Birth Place: Bingham County Taylor, Idaho	Full Name of Mother: Rhoda E. Priest	Name of Father: Sydney O. Robinson	
SUPPORTING RECORD 2.	Type of Document: photo copy of own child's hospital birth certificate	By whom issued and signed: Idaho Falls LDS Hospital	Date Issued: ----	Date Orig. Entry: child born Sept. 7, 1936
	Date of Birth: Oct. 8, 1910 / Birth Place: Taylor, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage License	By whom issued and signed: Wallace Hanson, Clerk	Date Issued: Sept. 24, 1963	Date Orig. Entry: Nov. 19, 1935
	Date of Birth: Age: 25 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	September 27, 1963

FORM BH 56067

SEP 30 1963

231-22-4025-966

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-695

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Charlotte Stansbury
2. Date of Birth (month) (day) (year): June 24 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Hagerman

FATHER

6. Full Name of Father: Silas T. Stansbury
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Winifred Rowe
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred Charlotte Stansbury
11. Present Address of Registrant: Byrn - Dixon Calif

NOTARY (Seal)

Subscribed and sworn to before me on Dixon - California September 30th 1963

12. Signature of Notary: Hans Rohwer HANS ROHWER

13. Notary Commission expires: My Commission Expires June 24, 1966 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Statement regarding school census record
By whom issued and signed: Ray K. Godsey, Co. School Superintendent
Date Issued: June 21, 1963
Date Orig. Entry: Oct. 25, 1926
Date of Birth: Age: 16
Birth Place: ---
Full Name of Mother: ---
Name of Father: S.S. Stansbury

SUPPORTING RECORD 2.

Type of Document: Census Record
By whom issued and signed: U.S. Bureau of the Census Washington, D.C.
Date Issued: July 29, 1963
Date Orig. Entry: Jan. 1, 1920
Date of Birth: Age: 9
Birth Place: Idaho
Full Name of Mother: Winifred Stansbury
Name of Father: Silas T. Stansbury

SUPPORTING RECORD 3.

Type of Document: Affidavit by aunt, age: 82
By whom issued and signed: Edna M. Butcher
Date Issued: September 25, 1963
Date of Birth: June 24, 1910
Birth Place: Hagerman, Idaho
Full Name of Mother: Winifred Rowe
Name of Father: Silas T. Stansbury

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: sm Shirley Miller
Date Filed: October 3, 1963

FORM BH 56067

OCT 8 1963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

S. Malley

RECIPIENT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Mildred Charlotte Stansbury	2. Date of Birth (month) (day) (year): June 24, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho, County: Idaho	6. Birth Place of Birth: Hagerman
FATHER	7. Full Name of Father: Silas L. Stansbury	7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Winifred Rowe	9. State or Country of Mother's Birth: Nebraska
APPLICANT	10. Hereby declare upon oath that the [illegible] statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	13. Signature of Notary: [illegible]	14. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Agreement regarding school [illegible]	By whom issued and signed: [illegible] Co. School [illegible]	Date Issued: June 21, 1963	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: —	Name of Father: [illegible] Stansbury	
SUPPORTING RECORD 2	Type of Document: Census Record	By whom issued and signed: [illegible] Bureau of the Census [illegible]	Date Issued: July 29, 1963	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: Winifred Stansbury	Name of Father: Silas L. Stansbury
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: September [illegible], 1963	Date Orig. Entry:
	Date of Birth: [illegible]	Birth Place: Hagerman, Idaho	Full Name of Mother: Winifred Rowe	Name of Father: Silas L. Stansbury
QUALIFICATE INFORMATION				

CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Statement.

Date Registered: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible]

154-208-006-144

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-704

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ETHELDA MAY ANDERSON			2. Date of Birth (month) (day) (year): AUGUST 8 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: SHELLEY / BINGHAM	b. City or Town of Birth: SHELLEY IDAHO
FATHER	6. Full Name of Father: JOSEPH E. ANDERSON			7. State or Country of Father's Birth: BRIGHAM City UTAH
MOTHER	8. Full Maiden Name of Mother: CHARLOTTE JUDY			9. State or Country of Mother's Birth: SALEM - IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethelda May Crowley		11. Present Address of Registrant: 577 BUCHANAN ST. TWIN FALLS IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 24 1963	12. Signature of Notary: Dolly Leonard		13. Notary Commission expires: July 7 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Birth	By whom issued and signed: L. D. S. Church	Date Issued: January 9, 1963	Date Orig. Entry: November 6, 1910
	Date of Birth: August 8, 1910 / Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Charlotte Judy	Name of Father: Joseph E. Anderson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate On file Idaho, File #407124	By whom issued and signed: State of Idaho	Date Issued: ----	Date Orig. Entry: Child born May 12, 1945
	Date of Birth: Age 34 / Birth Place: Shelley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle; age: 91	By whom issued and signed: Charles H. Fogg	Date Issued: September 26, 1963	Date Orig. Entry:
	Date of Birth: Aug. 8, 1910 / Birth Place: Shelley, Idaho	Full Name of Mother: Charlotte Judy	Name of Father: Joseph E. Anderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	bm Shirley Miller	October 7, 1963

FORM BH 56067 11-1-62. one copy pd. rec. #18430.

OCT 8 1969

FEB 4 1977

419-20.003-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-726

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Viola Martin			2. Date Of Birth: April 10 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bannock	b. City or Town of Birth: Swan Lake, Idaho	
FATHER	6. Full Name of Father: John Porter Martin			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Daisy Ann Nelson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet Martin Wakley		11. Present Address of Registrant: 1275 Spratt Ave. Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: October 10th., 19 63	12. Signature of Notary: Clara F Jenkins		13. Notary Commission expires: 17 March 19 66	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for life insurance	By whom issued and signed: Gem State Mutual Life Association, Inc.		Date Issued: February	Date Orig. Entry: 25, 1941
	Date of Birth: April 10, 1910	Birth Place: Swan Lake, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, born; 1898	By whom issued and signed: Alice Martin Condie		Date Issued: October	Date Orig. Entry: 10, 1963
	Date of Birth: April 10, 1910	Birth Place: Bannock County Swan Lake, Idaho	Full Name of Mother: Daisy Ann Nelson	Name of Father: John Porter Martin	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #407551		Date Issued: ----	Date Orig. Entry: child born June 13, 1945
	Date of Birth: Age: 35	Birth Place: Swan Lake, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W L Benson	Evidence reviewed by: Shirley Miller	Date Filed: October 11, 1963

FORM BH 56067

OCT 14 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: [illegible] Martin	2. Date of Birth: April 10, 1910	
	3. Color or Dwg: [illegible]	4. Sex: Female	5. Place of Birth: [illegible] Bannock
	6. Mailing Address: [illegible]	7. Birth Name of Mother: [illegible]	8. Date of Birth: [illegible]
FATHER	9. Full Name of Father: John [illegible] Martin	10. State or Country of Father's Birth: Utah	
MOTHER	11. Full Maiden Name of Mother: [illegible]	12. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	13. Mother's Maiden Name: [illegible]	14. Signature of Registrant: [illegible]	15. Present Address of Registrant: [illegible] Ave. [illegible], Idaho
	16. Subscribed and sworn to before me on: October 10th, 19 63	17. Signature of Notary: [illegible]	18. Notary Commission expires: 17 March 19 66

APPLICATION TO NOT WRITE BELOW THIS LINE

Date Issued	Date Orig. Entry	Date Issued and Signed	Date Issued
February [illegible]	[illegible]	[illegible]	[illegible]
Name of Father		Full Name of Mother	
[illegible]		[illegible]	
Date Issued	Date Issued	By whom issued and signed	Date Issued
October 10, [illegible]	[illegible]	[illegible]	October 10, [illegible]
Name of Father		Full Name of Mother	Name of Father
John [illegible] Martin		[illegible]	John [illegible] Martin
Date Issued	Date Orig. Entry	By whom issued and signed	Date Issued
[illegible]	[illegible]	[illegible]	[illegible]
Name of Father		Full Name of Mother	Name of Father
[illegible]		[illegible]	[illegible]

CERTIFICATE

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence Reviewed by	Date Filed
[illegible]	Shirley Miller	October 11, 1963

759-112 1001-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-738

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: William S (I.O.) Perry
2. Date of Birth (month) Dec (day) 12 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: William Cole Perry
7. State or Country of Father's Birth: Black River Falls, Wisc.

MOTHER

8. Full Maiden Name of Mother: Ethel Stella Tillotson ~~Perry~~ wife
9. State or Country of Mother's Birth: Manhattan Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William S Perry
11. Present Address of Registrant: 4200 Cathedral Ave. N.W. Wash. 16, D.C.

NOTARY (Seal)

Subscribed and sworn to before me on: October 18 1963
12. Signature of Notary: Dorothy Walker
13. Notary Commission expires: 6/25 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho, File #317601	----	Child born June 12, 1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 30 / Boise, Idaho	----	-----	
SUPPORTING RECORD 2.	Lodge Record	Masonic Lodge Walter M. Williams, Sect.	----	September 3, 1946
	December 12, 1910 / Ada County Boise, Idaho	-----	-----	
SUPPORTING RECORD 3.	Affidavit by Mother	Ethel Tillotson Perry	-----	October 18, 1963
	December 12, 1910 / Boise, Idaho	Ethel Stella Perry	William Cole Perry	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	October 18, 1963

FORM BH 56067

OCT 22 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

854-107-033-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-815

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fremont Grover Hemming
2. Date Of Birth (month) (day) (year): August 7 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Salem Madison
   b. City or Town of Birth: Fremont Salem

FATHER

6. Full Name of Father: Alford John Hemming
7. State or Country of Father's Birth: Utah, Morgon Jan. 1-1869

MOTHER

8. Full Maiden Name of Mother: Adelgunda Grover
9. State or Country of Mother's Birth: Utah Nephi, June 7-1873

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fremont Grover Hemming
11. Present Address of Registrant: Rexburg, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 6 1963
12. Signature of Notary: Ilon S Powell
13. Notary Commission expires: 8-18 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother; 10 years older	Rulon Hemming	November 8, 1963	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.7,1910 / Salem, Idaho	Adelgunda Grover Hemming	Alfred John Hemming	
SUPPORTING RECORD 2.	Duplicate Certificate of Baptism and Confirmation	Mark W. Siepert, Bishop	Nov.3,1963	baptized Aug. 13,1918
	Aug.7,1910 / Fremont County Salem, Idaho	Adelgunda Grover	Alfred J. Hemming	
SUPPORTING RECORD 3.	Statement regarding school records; Madison Senior High School, Rexburg, Idaho	Hal C. Barton, Principal	Nov.8,1963	1922-1926
	Aug.7,1910 / -----	-----	Alfred Hemming	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	November 15, 1963

FORM BH 56067

NOV 15 1969

NOV 28 1972

493 726-006-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-829

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lee Miles
2. Date Of Birth (month) April (day) 26 (year) 1910
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Blackfoot,

FATHER

6. Full Name of Father: Lorenzo L. Miles
7. State or Country of Father's Birth: Utah Co. Utah.

MOTHER

8. Full Maiden Name of Mother: Maggie Robbins ~~XXXX~~
9. State or Country of Mother's Birth: Salt Lake City, Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lee Miles
11. Present Address of Registrant: 429 w. Ave. 3, Wendell, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: February 23 1962

12. Signature of Notary: Carroll Wilcoxt
13. Notary Commission expires: January 14, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L.D.S. Church Ed Benzley, Clerk	July 3, 1910	Blessed July 3, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 26 1910	Blackfoot, Idaho Bingham County	Maggie Robbins	L. L. Miles

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notarized photocopy of page from Family Bible	Hannah Friedland Notary Public	Feb 16 1962	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 26 1910	Blackfoot, Idaho	Maggie Robbins	Lorenzo L. Miles

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Brother Age 67	William M. Miles	Oct. 25 1963	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 26 1910	Blackfoot, Idaho	Maggie Robbins	Lorenzo L. Miles

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	Joyce B. Foltz	Nov 21,1963

FORM BH 56067

NOV 21 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De63-829

REGISTRAR'S RECORD	1. Registrant's full name at birth		2. Date of birth (month) (day) (year)
	3. Sex	4. Place of birth	5. City or town of birth
	6. Full name of father		7. State or Country of Mother's Birth
	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	10. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY'S SEAL	13. Subscribed and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S. Church, Ed Benzley, Clerk	Date Issued: July 2, 1910	Date orig. Entry Disposed: July 3, 1910
	Date of Birth: April 26 1910	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Maggie Robbins	Name of Father: L. L. Miles
SUPPORTING RECORD 2	Type of Document: Notarized photocopy of page from Family Bible	By whom issued and signed: Hannah Friedland Notary Public	Date Issued: Feb 19 1962	Date orig. Entry: obviously old
	Date of Birth: April 26 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Maggie Robbins	Name of Father: Lorenzo L. Miles
SUPPORTING RECORD 3	Type of Document: Affidavit by Brother Age 57	By whom issued and signed: William M. Miles	Date Issued: Oct 25 1963	Date orig. Entry: —
	Date of Birth: April 26 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Maggie Robbins	Name of Father: Lorenzo L. Miles
SUBSTITUTE CERTIFICATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W.W. Hanson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Nov 21, 1963	

FORM NO 5404

249-209-042-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-841

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phebe Smith			2. Date of Birth (month) (day) (year): January 9 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Lewis Mott Smith			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Phebe Ann Smith (same as married name)			9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Phebe Lancaster		11. Present Address of Registrant: Route 2, Filer, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 22 1963	12. Signature of Notary: Silvia D. Miller		13. Notary Commission expires: June 1st 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 192628		Date Issued: -----	Date Orig. Entry: child born June 22, 1931
	Date of Birth: Age: 21	Birth Place: Filer, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Notarized photo copy of page from Family Bible	By whom issued and signed: Helen Porterfield, Notary Public		Date Issued: Nov. 27, 1963	Date Orig. Entry: obviously old
	Date of Birth: Jan.9,1910	Birth Place: -----	Full Name of Mother: Phebe Ann Smith	Name of Father: Lewis Mott Smith	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, born;1892	By whom issued and signed: Frank Lorain		Date Issued: November 22, 1963	Date Orig. Entry:
	Date of Birth: Jan.9,1910	Birth Place: Filer, Idaho	Full Name of Mother: Phebe Ann Smith	Name of Father: Lewis Mott Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Shirley Miller	December 1, 1963

FORM BH 56067

Lancaster

DEC 9 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrant's Full Name of Birth: Phebe Smith	2. Date of Birth: January 9, 1900	
3. Color or Race: White	4. Place of Birth: Twin Falls	5. City or Town of Birth: Filer
6. Full Name of Father: Lewis Potter Smith	7. State or Country of Father's Birth: Iowa	
8. Full Name of Mother: Phebe Ann Smith (same as married name)	9. State or Country of Mother's Birth: New York	
10. Sworn and Subscribed to Registrant: Phebe Smith	11. Present Address of Registrant: Route 2, Filer, Idaho	
12. Signature of Notary:	13. Notary Commission expires:	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document: Non-original birth certificate	By whom issued and signed: Idaho State Fire Licenses	Date Issued: ----	Date Orig. Entry: Julia Ann Smith
Date of Birth: [illegible]	Full Name of Mother: ----		
SUPPORTING RECORD 2. Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3. Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: Lewis Potter Smith	

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	December 1, 1963

555-216-033-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-847

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hannah alice Neville
2. Date Of Birth (month) (day) (year): aug 16 1910
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Madison
mailing address: City or Town of Birth: Rexburg Idaho

FATHER

6. Full Name of Father: Joseph Hyrum Neville Dead
7. State or Country of Father's Birth: Morgan Utah

MOTHER

8. Full Maiden Name of Mother: Mary Jane Whitaker Dead
9. State or Country of Mother's Birth: Centerville Davis Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hannah a. Nanney
11. Present Address of Registrant: 6509 Maroni St Huntington Park Cal

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 19, 1963

12. Signature of Notary: K. D. Reeds

13. Notary Commission expires: My Commission Expires June 20, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census Record	U.S. Bureau of the Census Washington, D.C.	Nov.27,1963	Jan. 1, 1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 9 / Idaho	Mary J. Neville	Joseph H. Neville	
SUPPORTING RECORD 2.	Photo copy of application for employment; Van de Kamp's Holland Dutch Bakers	Mrs. M. Stoffel, Store Pers. Dir.	Nov.20,1963	June 16, 1956
	Aug.16,1910 / Rexburg, Idaho	------	------	
SUPPORTING RECORD 3.	Duplicate copy of church record	J. Warren Wilcox, Bishop	----	baptized June 28, 1919
	Aug.16,1910 / Hibbard, Idaho	Mary Whittaker	Joseph H. Neville	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	December 6, 1963

FORM BH 56067

DEC 10 1963

Hanney

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR'S	1. Registrant's Full Name at Birth	2. Date of Birth	
	3. Color or Race	4. Sex	5. Place of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby swear or affirm that the statements made on this affidavit are true to the best of my knowledge and belief.	10. Signature of Registrant	Address of Registrant
	Subscribed and sworn before me	11. Signature of Notary	Date Commission Expires

APPROVED

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father

CERTIFICATE	I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which establishes the facts as set forth in the foregoing statement.	
	State Registrar	Date Filed

339-120-026-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-849

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leo Erwin Clifford
2. Date of Birth (month) (day) (year): August 20 1910
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Rigby Jefferson Grant
b. City or Town of Birth: Rigby
mailing address: Idaho

FATHER

6. Full Name of Father: Jeddiah Grant Clifford
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Viola Butler
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leo Clifford
11. Present Address of Registrant: 434 S Park

NOTARY (Seal)

Subscribed and sworn to before me on: 30th Nov 1963
12. Signature of Notary: C McConville
13. Notary Commission expires: 3-13 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Jos. L. Taylor, Bishop	-----	blessed Oct. 2, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 20, 1910	Grant, Idaho	Viola Butler	Jeddie B. Clifford

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho State File # 231278	-----	child born April 5, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Grant, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	Hyrum Seversen, Bishop	-----	baptized Oct. 5, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 20, 1910	Jefferson County Grant, Idaho	Viola Butler	Jeddiah Clifford

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Miller	December 6, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 10 1963

Copied

619-201-044-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-858

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WINNIFRED VERENA WARREN		2. Date Of Birth (month) 8 (day) 1 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: WEISER IDA. WASH. b. City or Town of Birth: WEISER IDAHO
FATHER	6. Full Name of Father: JOHN EDWARD WARREN		7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: ANNA MAY CORNELL		9. State or Country of Mother's Birth: CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winnifred V. Dahl	11. Present Address of Registrant: 13 1353 STRONG RD SE SALEM OREG
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 5 1963	12. Signature of Notary: Royal W. Dahl	13. Notary Commission expires: 11.4 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church record	By whom issued and signed: David L. Stone, Minister	Date issued: Nov.20,1963	Date Orig. Entry: baptized Mar. 30, 1923
	Date of Birth: Aug.1,1910 / Birth Place: Weiser, Idaho	Full Name of Mother: Anna May Warren	Name of Father: John Edwards Warren	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family at time of birth; Age: 75	By whom issued and signed: Minnie C. Polly	Date issued: November 18, 1963	Date Orig. Entry:
	Date of Birth: Aug.1,1910 / Birth Place: Weiser, Idaho	Full Name of Mother: Anna Warren	Name of Father: John Warren	
SUPPORTING RECORD 3.	Type of Document: Certified copy of high school transcript	By whom issued and signed: Agnes Allan, Clerk Weiser High School, Weiser, Ida.	Date issued: ---	Date Orig. Entry: graduated May 22, 1929
	Date of Birth: Aug.1,1910 / Birth Place: ------	Full Name of Mother: Anna Warren	Name of Father: John Warren	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	December 10,1963

FORM BH 56067

4-17-62 1 copy paid

DEC 11 1963

214-21-7033-765

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hermina (None) Baumgartner			2. Date of Birth (month) (day) (year): March 17 1910	
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Thornton Madison	b. City or Town of Birth: Thornton, Idaho	
FATHER	6. Full Name of Father: Ernst (None) Baumgartner			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Mina Rosa Gfeller			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hermina Baumgartner	11. Present Address of Registrant: P. O. Box 74 Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 20, 1963		12. Signature of Notary: [signature]	13. Notary Commission expires: 2/2/ 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State File # 205063	Date Issued: 1/2--	Date Orig. Entry: child born May 20, 1932
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by family friend present at time of birth; Age: 78		By whom issued and signed: Lydia Weyer	Date Issued: December 20, 1963	Date Orig. Entry
	Date of Birth: Mar.17,1910	Birth Place: Thornton, Idahho	Full Name of Mother: Mina Rosa Gfeller	Name of Father: Ernst Baumgartner	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: Joseph O. Young, Branch Pres.	Date Issued: Dec.15,1940	Date Orig. Entry: baptized Dec. 8, 1940
	Date of Birth: Mar.17,1910	Birth Place: Madison County Thornton, Idaho	Full Name of Mother: Mina Gfeller	Name of Father: Ernest Baumgartner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Shirley Miller	February 5, 1964

FORM BH 56067

Lewis

FEB 6 1964

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month)
	3. Color or Race	4. Sex / 5. Place of Birth / Authority / Thornton Idaho
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
	Shirley Miller	[illegible]

433-213-038 962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Emily McCosh			2. Date of Birth (month) Oct (day) 13th (year) 1910
	3. Color or Race: W	4. Sex: Fe	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Charles A McCosh			7. State or Country of Father's Birth: Penn.
MOTHER	8. Full Maiden Name of Mother: Mary May Ross			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary E. Brent		11. Present Address of Registrant: Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 15 1964	12. Signature of Notary: Hazel A. Hurlbut		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary May McCosh	Date Issued: Feb. 6 1950	Date Orig. Entry: -------
	Date of Birth: October 13 1910 / Birth Place: ----------	Full Name of Mother: Mary May McCosh	Name of Father: Charles A. McCosh	
SUPPORTING RECORD 2.	Type of Document: Copy certified photo Childs own birth certificate	By whom issued and signed: State of Oregon file # 410	Date Issued: March 13 1946	Date Orig. Entry: child born Sept. 27, 1944
	Date of Birth: Age 33 yrs / Birth Place: Payette, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: County record of birth file # 567	By whom issued and signed: S. S. Foote, Clerk Lavona Sayre, Deputy	Date Issued: March 18 1950	Date Orig. Entry: --------
	Date of Birth: Oct. 13, 1910 / Birth Place: Payette, Idaho	Full Name of Mother: Mary M. McCosh	Name of Father: Charles A. McCosh	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright fc	Feb. 5, 1964

FORM BH 56067

1-15-64

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 5 1964

253-29-036-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sidney Wayne Peck			2. Date Of Birth: (month) 4 (day) 29 (year) 1910	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Rockland, Idaho	
FATHER	6. Full Name of Father: Sidney Carter Peck			7. State or Country of Father's Birth: Thatcher, Idaho	
MOTHER	8. Full Maiden Name of Mother: Myrtle Adelia Butterfield			9. State or Country of Mother's Birth: Swan Lake, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sidney Wayne Peck	11. Present Address of Registrant: 922 - 12th St. Rawlins Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 10, 1964		12. Signature of Notary: Ora C. Hall	13. Notary Commission expires: MY COMMISSION EXPIRES MAY 23, 1967	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: J. W. Staley, Bishop	Date Issued: 0---	Date Orig. Entry: baptized July 26, 1919
	Date of Birth: April 29, 1910	Birth Place: Rockland, Idaho	Full Name of Mother: Myrtle Butterfield	Name of Father: Sidney C. Peck	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Myrtle A. Henney	Date Issued: February 4, 1964	Date Orig. Entry:
	Date of Birth: April 29, 1910	Birth Place: Rockland, Idaho	Full Name of Mother: Myrtle Adelia Butterfield	Name of Father: Sidney Carter Peck	
SUPPORTING RECORD 3.	Type of Document: Photo copy of enlisted record		By whom issued and signed: William G. Etzel, 1st Lt. Air Corps	Date Issued: Oct. 10, 1945	Date Orig. Entry: inducted Dec. 4, 1942
	Date of Birth: April 29, 1910	Birth Place: Rockland, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: February 12, 1964

FORM BH 56067

FEB 12 1964

Peck

963-114022-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Rottweiler			2. Date of Birth (month) Oct (day) 14 (year) 1910	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County Fremont ~~Madison~~	b. City or Town of Birth: Salem, Idaho (Fremont County)	
FATHER	6. Full Name of Father: Ferdinand Rottweiler			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Rosa Stelzenmuller			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Rottweiler		11. Present Address of Registrant: Hamer, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 10 19 64	12. Signature of Notary: Fa Monte Bauer, Clerk of District Court		13. Notary Commission expires: elective 19 64	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #50-13380		Date Issued: ----	Date Orig. Entry: child born Nov. 9, 1950
	Date of Birth: Age: 40	Birth Place: Salem, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to the office of Deacon	By whom issued and signed: Wm. Berrett, Bishop		Date Issued: -----	Date Orig. Entry: baptized Mar. 11, 1919
	Date of Birth: Oct. 14, 1910	Birth Place: Salem, Idaho	Full Name of Mother: Rosa Stilzenmuller	Name of Father: Ferdinand Rottweiler	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: Bernice R. Harris, Bishop		Date Issued: ----	Date Orig. Entry: blessed Dec. 4, 1910
	Date of Birth: Oct. 14, 1910	Birth Place: Fremont County Salem, Idaho	Full Name of Mother: Rosa Stelzenmuller	Name of Father: Ferdinand Rottweiler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Bennett	Evidence reviewed by: Shirley Miller	Date Filed: February 17, 1964

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 10 1964

815-201-006-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-110

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Hansen			2. Date Of Birth (month) May (day) 1 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blackfoot Bingham	b. City or Town of Birth
FATHER	6. Full Name of Father: Robert H. Hansen			7. State or Country of Father's Birth: Goshen Utah
MOTHER	8. Full Maiden Name of Mother: Bessie Rumble			9. State or Country of Mother's Birth: Lincoln Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith McCauley		11. Present Address of Registrant: Box 4 Blackfoot Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 12 1964	12. Signature of Notary: L. Dean Hill		13. Notary Commission expires: May 19 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 171927		Date Issued: ----	Date Orig. Entry: child born June 27, 1929
	Date of Birth: Age: 19	Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license	By whom issued and signed: Orlene Dubach, Deputy		Date Issued: Feb.10,1964	Date Orig. Entry: May 12, 1928
	Date of Birth: Age: 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Photo copy of appl. for social security account number	By whom issued and signed: U. S. Treasury Department		Date Issued: October 2, 1942	Date Orig. Entry:
	Date of Birth: May 1,1910	Birth Place: Bingham County Blackfoot, Idaho	Full Name of Mother: Bessie Rumble	Name of Father: Robert Hansen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

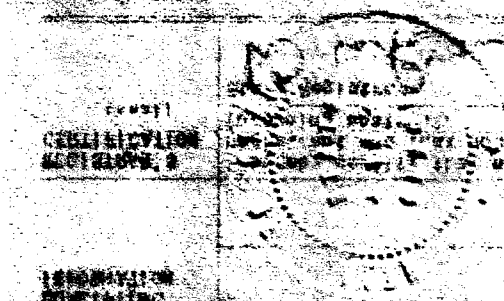
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	February 18, 1964

FORM BH 56067

2-7-61

5-1-01



FEB 24 1964

STATE OF IDAHO

DERIVED CERTIFICATE OF BIRTH

271-205039-694

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-Gr-131
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Spalding
2. Date Of Birth (month) (day) (year): March 5 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Power
b. City or Town of Birth: Near American Falls

FATHER

6. Full Name of Father: Charles Willard Spalding
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Ethel Gertrude Wimmer
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie Spalding Loy
11. Present Address of Registrant: 1214 Govern, Richland Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: June 15 1953
12. Signature of Notary: Calvin R. Hill
13. Notary Commission expires: June 24 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by mother	Ethel Gertrude Spalding		Dec. 2, 1952
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	March 5, 1910, near American	Falls, Ethel Gertrude Wimmer	Charles Willard Spalding	
SUPPORTING RECORD 2. Class B	Type of Document: Idaho own child's birth certificate	By whom issued and signed: California, Dist. #3650	Date Issued	Date Orig. Entry: child born April 12, 1940
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	age 30 / American Falls, Idaho	---	---	
SUPPORTING RECORD 3. Class	Type of Document: Photo copy of application for insurance	By whom issued and signed: Massachusetts Mutual Life Insurance Company	Date Issued: October 8, 1954	Date Orig. Entry
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Mar. 5, 1910 / American Falls, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	-- nr Shirley Miller	February 25, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

155-122-020-842

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-133

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvin Edward Avent		2. Date of Birth (month) May (day) 22 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Mountain Home Idaho Elmore; b. City or Town of Birth: Mountain Home Idaho
FATHER	6. Full Name of Father: Thomas L. Avent		7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Lizzie Huson		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvin Edward Avent	11. Present Address of Registrant: 2042 Clark Ave Billings Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 14, 1963	12. Signature of Notary: Jerry F. MacDonald	13. Notary Commission expires: Oct. 8, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister; born 1900	By whom issued and signed: Mrs. Eula S. Aaron	Date issued: July 30, 1963	Date Orig. Entry
	Date of Birth: May 22, 1910	Birth Place: Elmore County Mountain Home, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Certified copy of Elmore County Birth Register	By whom issued and signed: James A. O'Neill, Auditor	Date issued: April 1, 1942	Date Orig. Entry: May 22, 1910
	Date of Birth: May 22, 1910	Birth Place: Mountain Home, ----	Full Name of Mother: Lizzie Huson	Name of Father: Thomas L. Avant
SUPPORTING RECORD 3.	Type of Document: Photo copy of app. for social security account number	By whom issued and signed: U. S. Treasury Department	Date issued: November 28, 1936	Date Orig. Entry
	Date of Birth: May 22, 1910	Birth Place: Mountain Home, Idaho	Full Name of Mother: Elizabeth Huston	Name of Father: Thomas Lewis Avent
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	February 26, 1964

FORM BH 56067

FEB 26 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

619-115-042-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-137

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otis Rhanor Farley			2. Date Of Birth (month) May (day) 15 (year) 1910	
	3. Color or Race: Caucasian White	4. Sex: M	5. Place of Birth a. County: Twin Falls Twin Falls	b. City or Town of Birth: Twin Falls Idaho	
FATHER	6. Full Name of Father: Harry Rhanor Farley			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Florence Anne Cox (not Farley)			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Otis R Farley		11. Present Address of Registrant: State Cottage #1 St Elizabeths Hosp Wash DC	
NOTARY (Seal)	Subscribed and sworn to before me on: 30th Day January 1964	12. Signature of Notary: William F. Elwyn Notary Public, D.C.		13. Notary Commission expires: 11-30-1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of military record & report of separation	By whom issued and signed: John B. Taylor, Captain CAC		Date Issued: Feb.16,1946	Date Orig. Entry: entered Jan. 5, 1942
	Date of Birth: May 15,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of page from county Birth Register; Register of Births--Page 18	By whom issued and signed: Harry C. Parson, Recorder		Date Issued: November 28, 1928	Date Orig. Entry
	Date of Birth: May 15,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Florence Farley	Name of Father: H. R. Farley	
SUPPORTING RECORD 3.	Type of Document: Military Identification card	By whom issued and signed: Ward Department		Date Issued: August 3, 1944	Date Orig. Entry
	Date of Birth: May 15,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	sm Shirley Miller	February 26, 1964

FORM BH 56067

Farley

FEB 27 1964

569-112006-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-140

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ronald Glen Norwood			2. Date of Birth (month) (day) (year): April 10, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Bingham	b. City or Town of Birth: Riverside
FATHER	6. Full Name of Father: Richard Norwood			7. State or Country of Father's Birth: Morgan Co. Utah.
MOTHER	8. Full Maiden Name of Mother: Olive S Fackrell			9. State or Country of Mother's Birth: Kane Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ronald Glen Norwood		11. Present Address of Registrant: Rt #4 - Box - Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 22 Feb 1964	12. Signature of Notary: [signature]		13. Notary Commission expires: 6-6-1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Hebner Leonard, Bishop	Date Issued: ----	Date Orig. Entry: baptized July 4, 1918
	Date of Birth: April 12, 1910 — Birth Place: Bingham County Riverside, Idaho	Full Name of Mother: Olive Fackrell	Name of Father: Richard Norwood	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 48-5185	Date Issued: ---	Date Orig. Entry: Child born May 1, 1948
	Date of Birth: Age: 38 — Birth Place: Riverside, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: John Bitton, Bishop	Date Issued: ----	Date Orig. Entry: blessed May 1, 1910
	Date of Birth: April 12, 1910 — Birth Place: Bingham County Riverside, Idaho	Full Name of Mother: Olive Fackrell	Name of Father: Richard Norwood	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Denson	Evidence reviewed by: sm Shirley Miller	Date Filed: February 27, 1964

FORM BH 56067

FEB 27 1964

71-208-001-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 64-152

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Adell Paul		2. Date of Birth (month) (day) (year): December 8, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Eagle
FATHER	6. Full Name of Father: Sam Scroggins		7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Cecil Adell Bailey		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Gilbert Paul	11. Present Address of Registrant: New Plymouth Rt, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: February 28 1964	12. Signature of Notary: Hazel L Hurlbert	13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Social Security application 518-48-6045	By whom issued and signed: U. S. Treasury Dept. Internal Revenue Service	Date Issued: May 8, 1959	Date Orig. Entry: ----
	Date of Birth: Dec. 8 1910	Birth Place: Eagle, Idaho	Full Name of Mother: Cecil Adell Bailey	Name of Father: Sam Scroggins
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Sam Scroggins	Date Issued: Dec. 26, 1961	Date Orig. Entry: -----
	Date of Birth: Dec. 8, 1910	Birth Place: Eagle, Idaho	Full Name of Mother: SamSCroggins	Name of Father: Sam Scroggins
SUPPORTING RECORD 3.	Type of Document: School record from District # 39 of Happy Valley, Idaho	By whom issued and signed: S. S. Foote, Co. Auditor Canyon County	Date Issued: Dec. 8 1961	Date Orig. Entry: Age 7 Sept. 1917
	Date of Birth: Age 7	Birth Place: Eagle, Idaho	Full Name of Mother: --------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W/ Benson	Florence Curtright	Feb. 28, 1964

FEB 28 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DB 34-152

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Adell Bail	2. Date of Birth (month) (day) (year): December 8, 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Eagle; Country: Ada	6. City or Town of Birth: Eagle
FATHER	6. Full Name of Father: Sam Scroggins	7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Cecil Adell Bailey	9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
	13. Notary Commission expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Photocopy of Social Security application [illegible]	By whom issued and signed: U. S. Treasury Dept. Internal Revenue Service	Date Issued: May 8, 1959	Date Orig. Entry: ----
	Date of Birth: Dec. 8, 1910	Birth Place: Eagle, Idaho	Full Name of Mother: Cecil Adell Bailey	Name of Father: Sam Scroggins
SUPPORTING RECORD 2	Type of Document: Affidavit by father	By whom issued and signed: Sam Scroggins	Date Issued: Dec. 26, 1961	Date Orig. Entry: ----
	Date of Birth: Dec. 8, 1910	Birth Place: Eagle, Idaho	Full Name of Mother: Sam Scroggins	Name of Father: Sam Scroggins
SUPPORTING RECORD 3	Type of Document: School record from District # 39 of Happy Valley, Idaho	By whom issued and signed: S. S. Foote, Co. Auditor Canyon County	Date Issued: Dec. 8, 1961	Date Orig. Entry: Age 7 Sept. 1917
	Date of Birth: Age 7	Birth Place: Eagle, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Cartright	Feb. 28, 1964

FORM BH 66262 7-15-60

944-116-035-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-161

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Julius Rudd			2. Date of Birth (month) (day) (year): February 16, 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Nez Perce	b. City or Town of Birth: Sweetwater	
FATHER	6. Full Name of Father: Andrew Frank Rudd			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Dorothy May Beasley			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clarence Julius Rudd	11. Present Address of Registrant: Box 1196 Orofino, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 1964		12. Signature of Notary: Roy McMichael	13. Notary Commission expires: October 17 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital record; St. Joseph's Hospital		By whom issued and signed: Sister Mary Cyril, Notary, Lewiston, Idaho	Date Issued: Nov. 12, 1963	Date Orig. Entry: Dec. 28, 1916
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for life insurance		By whom issued and signed: New York Life Insurance Company	Date Issued: June 12, 1944	Date Orig. Entry:
	Date of Birth: Feb. 16, 1910	Birth Place: Sweetwater, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth; age: 72		By whom issued and signed: Ada McGillic	Date Issued: December 20, 1963	Date Orig. Entry:
	Date of Birth: Feb. 16, 1910	Birth Place: New Perce County Sweetwater, Idaho	Full Name of Mother: Dorothy May Rudd	Name of Father: Andrew Frank Rudd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barron	Evidence reviewed by: Shirley Miller	Date Filed: March 3, 1964

FORM BH 56067

MAR 3 1964

7/6-17-035-5-19

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-164

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOUIS PAFFILE			2. Date of Birth (month) JULY (day) 17 (year) 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: LEWISTON NEZ PERCE	b. City or Town of Birth: LEWISTON
FATHER	6. Full Name of Father: SALVATORE PAFFILE			7. State or Country of Father's Birth: ITALY
MOTHER	8. Full Maiden Name of Mother: ANGELINA NARDI			9. State or Country of Mother's Birth: ITALY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis Paffile		11. Present Address of Registrant: 1221- PROSPECT- LEWISTON
NOTARY (Seal)	Subscribed and sworn to before me on: February 28, 1964	12. Signature of Notary: Bruce A. Torbert		13. Notary Commission expires: May 7, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File No. 376953	Date Issued: Feb.24,1964	Date Orig. Entry: child born July 29, 1943	
	Date of Birth: Age: 33	Birth Place: Lewiston, -----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Angelina Paffile	Date Issued: February 17, 1964		
	Date of Birth: July 17, 1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Angelina Nardi	Name of Father: Salvatore Paffile	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Ass't Pastor Joseph Ringwood, S.J.	Date Issued: Feb.5,1964	Date Orig. Entry: baptized Sept. 25, 1910	
	Date of Birth: July 17, 1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Angelina Nardi	Name of Father: Salvatore Paffile	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: March 4, 1964

FORM BH 56067

Paffile

MAR 4 1964

AUG 18 1971

953-130-001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-177

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Alfred Records			2. Date of Birth: (month) 7 (day) 30 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Boise, Idaho Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Alfred Records			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Mary Edith Brown			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alvin Alfred Records	11. Present Address of Registrant: Box 76, Middleton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1964		12. Signature of Notary: June G. Benson	13. Notary Commission expires: December 15 1966	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit bymother	By whom issued and signed: Mrs. Alfred Records	Date Issued: March 3 1964	Date Orig. Entry: -------
	Date of Birth: July 30 1910	Birth Place: Boise, Idaho	Full Name of Mother: Edith Brown Records	Name of Father: Alfred Records
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge from United States Army	By whom issued and signed: J. M. Moore, Colonel, Inf. Commanding	Date Issued: July 30, 1943	Date Orig. Entry: Enlisted July 20, 1942
	Date of Birth: Age 31	Birth Place: Boise, Idaho	Full Name of Mother: --------	Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Childs own birth certificate	By whom issued and signed: On file with State of Idaho # 397506	Date Issued: ----	Date Orig. Entry: child born Oct. 1944
	Date of Birth: Age 34	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 12, 1964

FORM BH 56067

MAR 12 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Records

1. NAME OF CHILD	a. First	b. Middle	c. Last
	Irving	Ethel	Acoords
2. SEX	3. DATE OF BIRTH (Month, day, year)		
Male	July 7, 1890		
4. PLACE OF BIRTH (City or town)	b. County	c. State	
Boise	Ada	Idaho	
5. FULL NAME OF FATHER			
Irving Ethel Accords			
6. MAIDEN NAME OF MOTHER			
Lily Edith Bryant			
7. PLACE OF BIRTH OF FATHER (State or foreign country)			
Illinois			
8. PLACE OF BIRTH OF MOTHER (State or foreign country)			
Pennsylvania			
AFFIDAVIT	9. Signature of Applicant	10. Present Address of Applicant	
		Box 75, Middleton, Idaho	
NOTARY (To be executed before a notary public)	11. Signature of Notary	12. Notary Commission expires	
Sworn to and subscribed before me this 7 day of January, 19 64		December 15, 19 68	

FOR USE BY STATE DEPARTMENT OF PUBLIC HEALTH

SUPPORTING DOCUMENT	Type of Document	Date Filed (Month, day, year)
	Affidavit Symmetry	-------
	Birth of Birth Given Name	Name of Father
	Mrs. Alfred Records	1904
REGISTERED NUMBER	Type of Document	Name of Hospital or Institution
	Certified Copy of Birth Record	Alfred Records
	Birth Given Name (If not shown, write "None")	Date Issued (Month, day, year)
	Irving Ethel Records	July 20, 1962
	Name of Registrar	

CERTIFICATION	Type of Document	Date Issued (Month, day, year)
	Certificate of Birth	----
	Name of Registrar	Date Filed with State Registrar
	-------	-------

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that my prior birth certificate was sent (date) to the Division of Vital Statistics for this registrant and that documentary evidence has been required which substantiates the facts as set forth in the foregoing statement.

Signature of Registrar	Date Filed
W. W. Benson	March 12, 1964

791-126-002-616

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-178

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Anton Grossen			2. Date of Birth (month) (day) (year): Sept 26 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Council Adams	b. City or Town of Birth: Council Ida
FATHER	6. Full Name of Father: Adolf Grossen			7. State or Country of Father's Birth: Bern Switzerland
MOTHER	8. Full Maiden Name of Mother: Elise Wäfler			9. State or Country of Mother's Birth: Bern Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Anton Grossen		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: February 12 1964	12. Signature of Notary Clerk District Court Adams County: Marie McFadden		13. Notary Commission expires: ____ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn. D. Clarence Borup, Pres.	Date Issued: July 16, 1958	Date Orig. Entry: July 14 1958	
	Date of Birth: Sept. 26 1910	Birth Place: Council, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Record	By whom issued and signed: Alice I. Snook, Clerk of the District Court, Payette	Date Issued: Feb. 20 1964	Date Orig. Entry: Nov. 17 1934	
	Date of Birth: Age 24	Birth Place: Council, Idaho	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Edith E. Selby age 64	Date Issued: March 6 1964	Date Orig. Entry: -------	
	Date of Birth: Sept 26 1910	Birth Place: Council, Idaho	Full Name of Mother: Adolf Elise Wafler Grossen	Name of Father: Adolf Grossen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	March 12, 1964

FORM BH 56067

11-22-63

Grossen

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

State File No. 64-178

REGISTRANT (Person whose birth is being registered)	1. Full name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race (Name)	4. Sex of Birth (Country)
		Duty of Town of Birth
FATHER	6. Full name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn. L. Clarence Jones, Pres.	Date Issued: July 16, 1958	Date Orig. Entry: July 14, 1958
	Date of Birth: Sept. 26, 1910	Birth Place: Council, Idaho	Date Name of Father: -------	Name of Father: -------
SUPPORTING RECORD 2	Type of Document: Certified copy of Marriage Record	By whom issued and signed: Alice I. Snook, Clerk of the District Court, Layette	Date Issued: Feb. 20, 1964	Date Orig. Entry: Nov. 1, 1964
	Date of Birth: Age 24	Birth Place: Council, Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 3	Type of Document: Affidavit by sister	By whom issued and signed: Edith E. Selby age 64	Date Issued: March 6, 1964	Date Orig. Entry: -------
	Date of Birth: Sept 26, 1910	Birth Place: Council, Idaho	Full Name of Mother: Elise Wafler Grossen	Name of Father: Adolf Grossen
QUALITY OF INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	Florence Dortright	March 12, 1964

526-231-004-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-180

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OPAL LOUISE EBORN			2. Date Of Birth (month) DEC. (day) 31 (year) 1910
	3. Color or Race: WHITE	4. Sex	5. Place of Birth a. County: BEAR LAKE	b. City or Town of Birth: LANARK, IDAHO
FATHER	6. Full Name of Father: ARTHUR PHIPP EBORN			7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: NINA PASSEY			9. State or Country of Mother's Birth: LANARK IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal Eborn Shepherd		11. Present Address of Registrant: PARIS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: 9 March 1964	12. Signature of Notary: John B Boyce		13. Notary Commission expires: 25 June 1966

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho StateFile # 212846		Date Issued: ----	Date Orig. Entry: child born April 15, 1933
	Date of Birth: Age: 22	Birth Place: Lanark, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Nina Passey Eborn		Date Issued: March	Date Orig. Entry: 9, 1964
	Date of Birth: Dec.31,1910	Birth Place: Bear Lake County Lanark, Idaho	Full Name of Mother: Nina Passey Eborn		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: Amos B. Hulme, Bishop		Date Issued: Feb.23,1964	Date Orig. Entry: blessed Mar. 5, 1911
	Date of Birth: Dec.31,1910	Birth Place: Bear Lake County Lanark, Idaho	Full Name of Mother: Nina Louise Passey		Name of Father: Arthur P. Eborn
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Shirley Miller	March 13, 1964

FORM BH 56067

MAR 13 1964

APR 21 1967

MAR 19 1970

962-23/-001-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Lucille Roberts			2. Date Of Birth (month) Jan. (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: At Home Ada	b. City or Town of Birth: Star, Idaho
FATHER	6. Full Name of Father: John Ervine Roberts			7. State or Country of Father's Birth: Iowa - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Laura Ruth Lewis			9. State or Country of Mother's Birth: Iowa - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther R. Michener		11. Present Address of Registrant: 25 Cromwell Drive Morristown, N.J.
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1962	12. Signature of Notary: Richard W. Adams		13. Notary Commission expires: December 3 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: College Transcript; Penn College, Oskaloosa, Iowa	By whom issued and signed: Conrad White, Registrar,	Date Issued: Nov.14,1962	Date Orig. Entry: Sept. 16, 1929
	Date of Birth: Jan.31,1910	Birth Place: Star, Idaho	Full Name of Mother: --- -	Name of Father: J. E. Roberts
SUPPORTING RECORD 2.	Type of Document: College Transcript. Pacific College	By whom issued and signed: Kenneth M. Williams, Registrar	Date Issued: Aug.2,1929	Date Orig. Entry: Sept. 1927-1928
	Date of Birth: Jan.31,1910	Birth Place: Star, Idaho	Full Name of Mother: -----	Name of Father: J. E. Roberts
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin; Age: 68	By whom issued and signed: Mildred Maxwell	Date Issued: March	Date Orig. Entry: 9, 1964
	Date of Birth: Jan.31,1910	Birth Place: Star, Idaho	Full Name of Mother: Laura Ruth Lewis	Name of Father: John Ervine Roberts
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm sm Shirley Miller	Date Filed: March 31, 1964

FORM BH 56067

MAR 31 1964

255-171009-63

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Huldena Svenson			2. Date of Birth (month) (day) (year): October 17, 1910
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Careywood, Idaho – Bonner	b. City or Town of Birth: Careywood, Idaho
FATHER	6. Full Name of Father: Theodore R. Svenson			7. State or Country of Father's Birth: Camby, Minnesota – Yellow Madison
MOTHER	8. Full Maiden Name of Mother: Retta Luster Wallace			9. State or Country of Mother's Birth: Pine Village, Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs. Alice H. MacDonald	11. Present Address of Registrant: N. 4607 "G" Street, Spokane, Wash. – 99205
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1964		12. Signature of Notary: Darrie Hunt	13. Notary Commission expires: Jan. 28 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt; born 1888		By whom issued and signed: Mrs. Laura Lehn	Date Issued: March 4, 1964	Date Orig. Entry
	Date of Birth: Oct. 17, 1910	Birth Place: Careywood, Idaho	Full Name of Mother: Retta Luster Wallace	Name of Father: Theodore Rinehard Svenson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: Central Washington Deaconess Hospital	Date Issued: Mar. 12, 1964	Date Orig. Entry: 1951
	Date of Birth: Oct. 17, 1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding app. for marriage license		By whom issued and signed: M.J.R. Williams, Chief Deputy	Date Issued: Mar. 13, 1964	Date Orig. Entry: June 19, 1937
	Date of Birth: Age: 26	Birth Place: -----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson		Evidence reviewed by: sm Shirley Miller		Date Filed: March 31, 1964

FORM BH 56067

MAR 31 1964

Mac Donald

312-210-043-262

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-249

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aile Wilhelmina Lake			2. Date Of Birth: August 10 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley County	b. City or Town of Birth: Arling, Idaho
FATHER	6. Full Name of Father: John Gust Lake			7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Hilda Wilhelmina Koskella			9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aile Lake Latham		11. Present Address of Registrant: Wanakena, New York
NOTARY (Seal)	Subscribed and sworn to before me on ~~January 15~~ March 15 1958	12. Signature of Notary: Monica C. Kern, Notary Public, State of New York, Residing in St. Lawrence Co. No. 191, My Commission Expires March 30, 1960		My commission expires March 30 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 59	By whom issued and signed: Elena Lake Gestrin		Date Issued: 2-3-58	Date Orig. Entry:
	Date of Birth: Aug. 10, 1910	Birth Place: Arling, Idaho	Full Name of Mother: Hilda Wilhelmina (Koskella)	Name of Father: Lake John Gust Lake	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U. S. Bureau of the Census		Date Issued: 2-21-58	Date Orig. Entry: Apr. 1, 1930
	Date of Birth: age 19	Birth Place: Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school Records	By whom issued and signed: Johl L. Beitia, Supt.		Date Issued: Mar. 24, 1964	Date Orig. Entry: 1928
	Date of Birth: Aug. 10, 1910	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Shirley Miller	April 6, 1964

FORM BH 56067

APR 6 1964

893-2171009-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-254

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lila Hazel Hilligoss	2. Date Of Birth (month) January (day) 17, (year) 1910
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Bonner	b. City or Town of Birth: Kootenai
FATHER	6. Full Name of Father: Charles L. Hilligoss	7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Ada Latterell	9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lila Hazel Pachoet ~~Hilligoss~~
		11. Present Address of Registrant: Kootenai, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 24, 1964	12. Signature of Notary: Harvey M. Bishop
		13. Notary Commission expires: January 15, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Idaho State File # 315943	Date issued: Mar. 29, 1962	Date Orig. Entry: child born June 8, 1941
	Date of Birth: Age: 31; Birth Place: Kootenai, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Mike Lamanna, Asst. Superintendent	Date issued: Mar. 3, 1964	Date Orig. Entry: Sept. 1921
	Date of Birth: Age: 11; Birth Place: ---	Full Name of Mother: ----	Name of Father: Chas. L. Hilligoss	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Alvin H. Morton, Pastor	Date issued: ----	Date Orig. Entry: baptized Mar. 27, 1910
	Date of Birth: Jan. 17, 1910; Birth Place: Kootenai, Idaho	Full Name of Mother: Ada M. Hilligoss	Name of Father: Charles L. Hilligoss	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	sm Shirley Miller	April 6, 1964

K FORM BH 56067

3-31-64

APR 6 1964

DECEASED

253-221-022-435

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-257

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Beck		2. Date Of Birth (month) (day) (year): Jan 21 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Parker Idaho
FATHER	6. Full Name of Father: Alma Edward Beck		7. State or Country of Father's Birth: Utah USA
MOTHER	8. Full Maiden Name of Mother: Mary T McNeil.		9. State or Country of Mother's Birth: ~~Utah~~ USA Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Beck Mentzer	11. Present Address of Registrant: 719 Taraval San Francisco
NOTARY (Seal)	Subscribed and sworn to before me on: 8-28- 1962	12. Signature of Notary: Jane M. Petersen	13. Notary Commission expires: 10-10 1964

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: L.D.S. CHURCH, Salt Lake City, Utah	Date Issued: Aug. 31, 1962	Date Orig. Entry: Mar. 6, 1910
	Date of Birth: Jan.21,1910	Birth Place: Fremont County Parker, Idaho	Full Name of Mother: Mary T. McNeil	Name of Father: Alma E. Beck	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school transcript		By whom issued and signed: Jeanette Burnside, Deputy	Date Issued: Mar.18,1964	Date Orig. Entry: 1926
	Date of Birth: Jan.21,1910	Birth Place: ---	Full Name of Mother: Mary Beck	Name of Father: A. E. Beck	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Idaho State File # 361177	Date Issued: Mar.31,1964	Date Orig. Entry: child born Oct. 21, 1942
	Date of Birth: Age: 32	Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	sm Shirley Miller	April 6, 1964

FORM BH 56067 — 8-9-62

DELAYED CERTIFICATE OF BIRTH

STATE OF NEW YORK

Mexico

APR 7 1964

245-30-010-434

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-275
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Warren Sunblade
2. Date Of Birth (month) Dec. (day) 30 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: Charles Spencer Sunblade
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Rose McMurtry Sunblade
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Warren Sunblade
11. Present Address of Registrant: 3340 First Avenue, San Diego, California

GLADYS L. GARDNER NOTARY PUBLIC — CALIFORNIA PRINCIPAL OFFICE IN SAN DIEGO COUNTY

Subscribed and sworn to before me on ____ 1964

12. Signature of Notary: Gladys L. Gardner
13. Notary Commission expires: GLADYS L. GARDNER My commission expires Sept. 12, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Photo copy of app. for life insurance
By whom issued and signed: New York Life Insurance
Date Issued: March 31, 1949
Date Orig. Entry:
Class*
Date of Birth: Dec. 30, 1910
Birth Place: Idaho Falls, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Photo copy of Certificate of Baptism
By whom issued and signed: Emil Berggren, Pastor
Date Issued: --
Date Orig. Entry: baptized Dec. 31, 1912
Class
Date of Birth: Dec. 30, 1910
Birth Place: Idaho Falls, Idaho
Full Name of Mother: Rose Sunblade
Name of Father: Charles Spencer Sunblade

SUPPORTING RECORD 3.

Type of Document: Photo copy of Census Record
By whom issued and signed: U.S. Bureau of the Census Washington, D.C.
Date Issued: May 21, 1955
Date Orig. Entry: Jan. 1, 1920
Class
Date of Birth: Aged 9
Birth Place: Idaho
Full Name of Mother: Rose Sunblade
Name of Father: Spencer Sunblade

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Shirley Miller
Date Filed: April 13, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Bureau of Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 20 1964

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Charles Warren Sunblade	2. Date of Birth (month) Dec. (day) 30 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth (Name of Hospital): Boneville
		6. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Charles Spencer Sunblade	7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Rose McMurray Sunblade	9. State or Country of Mother's Birth: Arkansas	
AFFIDAVIT	I hereby declare upon oath that the [illegible] to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible] First Avenue, San Diego, California
NOTARY	Subscribed and sworn before me on [illegible] 19[illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: CHARLES I. GARDNER. My commission expires Sept. 12, 1964

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of App. for Life Insurance	By whom issued and signed: New York Life Insurance	Date Issued: March 31, 1920
	Date of Birth: Dec. 30, 1910	Birth Place: Idaho Falls, Idaho	Name of Father: —
		Full Name of Mother: —	
SUPPORTING RECORD 2.	Type of Document: Photo copy of Certificate of Baptism	By whom issued and signed: Emil Bergren, Pastor	Date Issued: —
	Date of Birth: Dec. 30, 1910	Birth Place: Idaho Falls, Idaho	Name of Father: Charles Spencer Sunblade
		Full Name of Mother: Rose Sunblade	
SUPPORTING RECORD 3.	Type of Document: Photo copy of Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: May 21, 1955
	Date of Birth: Dec. 9	Birth Place: Idaho	Name of Father: Spencer Sunblade
		Full Name of Mother: Rose Sunblade	
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	April 13, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

114-220-004-615

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-282

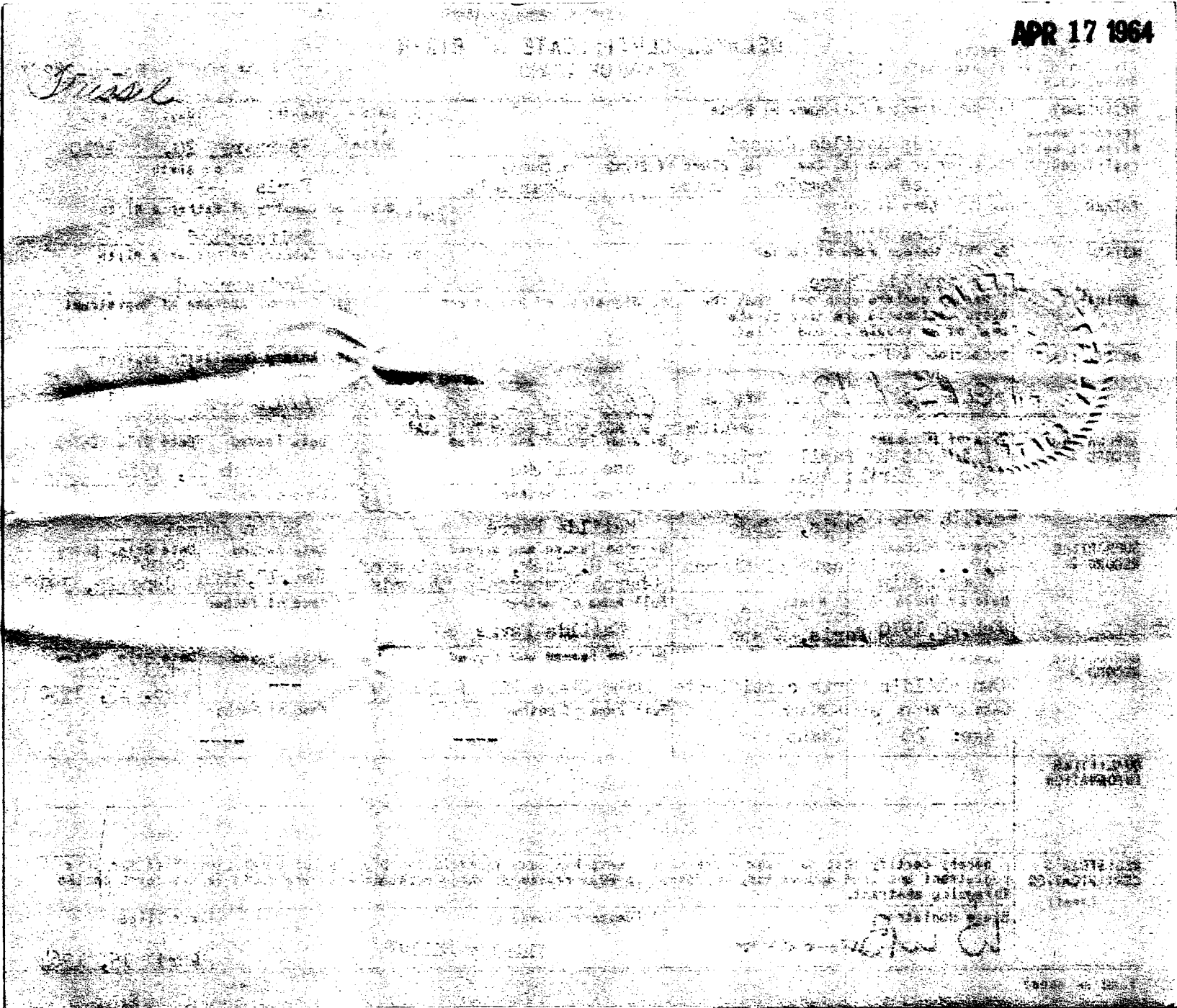
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Matilda Jaussi			2. Date Of Birth (month) (day) (year): February 20, 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Bear Lake	b. City or Town of Birth: Paris	
FATHER	6. Full Name of Father: Simon Jaussi			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Matilda Favre			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wanda Matilda Jaussi	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: April 13, 1964		12. Signature of Notary: Elliott Lengel	13. Notary Commission expires: March 9, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend at time of birth; Age: 74	By whom issued and signed: Rose Kulicke	Date Issued: March 28, 1964	Date Orig. Entry
	Date of Birth: Feb. 20, 1910 / Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Matilda Favre	Name of Father: Simon Jaussi	
SUPPORTING RECORD 2.	Type of Document: L.D.S. Certificate of Church Membership	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records	Date Issued: Feb. 17, 1964	Date Orig. Entry: baptized June 29, 1918
	Date of Birth: Feb. 20, 1910 / Birth Place: Bear Lake County Paris, Idaho	Full Name of Mother: Matilda Favre	Name of Father: Simon Jaussi	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 186778	Date Issued: ---	Date Orig. Entry: child born Dec. 13, 1930
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller		Date Filed: April 15, 1964

FORM BH 56067

APR 17 1964



394-29-004-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-283

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Trussel			2. Date of Birth (month) (day) (year): September 29, 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Bear Lake	b. City or Town of Birth: Montpelier	
FATHER	6. Full Name of Father: Frederick Trussel			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Rosa Holenweger			9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Trussel	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: April 13, 1964		12. Signature of Notary: Albert E Leigh	13. Notary Commission expires: March 9, 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by family friend at time of birth Age: 85	By whom issued and signed: Edward Groajeon	Date Issued: March 28, 1964	Date Orig. Entry
	Date of Birth: Sept. 29, 1910 / Birth Place: Bear Lake County Montpelier, Idaho	Full Name of Mother: Rosa Hollenweger Trussel	Name of Father: Frederick Trussel	
SUPPORTING RECORD 2.	Type of Document: L.D.S. Certificate of church membership	By whom issued and signed: Ella D. Jack, Custodian of Church Membership Records	Date Issued: Feb.13,1964	Date Orig. Entry: blessed Nov. 6, 1910
	Date of Birth: Sept. 29, 1910 / Birth Place: Bear Lake County Montpelier, Idaho	Full Name of Mother: Rosa Hollenweger	Name of Father: Fredrick Trussell	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 186778	Date Issued: ---	Date Orig. Entry: child born Dec.13,1930
	Date of Birth: Age: 20 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Shirley Miller	April 15, 1964

FORM BH 56067

APR 12 1964

299 231-203-012-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-299

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rhoda Black		2. Date of Birth (month) (day) (year): April 3 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Butte; b. City or Town of Birth: Moore
FATHER	6. Full Name of Father: Charles Henry Black		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mable Annette Warner		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rhoda Erickson	11. Present Address of Registrant: 2815 Grover St. Boise Idg.
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1964	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security # 529-22-6282	By whom issued and signed: Treasury Dept.	Date Issued: May 19 1942	Date Orig. Entry: -------
	Date of Birth: April 3 1910	Birth Place: Moore, Idaho	Full Name of Mother: Mable Annette Warner	Name of Father: Charles Henry Black
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church Boise 10th Ward West Boise Stake	Date Issued: Feb.16, 1960	Date Orig. Entry: Blessed June 5, 1910
	Date of Birth: April 3 1910	Birth Place: Moore, Idaho	Full Name of Mother: Mable Annette Warner	Name of Father: Charles H. Black
SUPPORTING RECORD 3.	Type of Document: Marriage licesne Application	By whom issued and signed: County of Cassia B. F. Wilson, Recorder	Date Issued: -----	Date Orig. Entry: Married Oct.19 1929
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: April 21, 1964

FORM BH 56067

APR 21 1964

255705 028-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyde Orville Bentley			2. Date of Birth (month) July (day) 5 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Rathdrum
FATHER	6. Full Name of Father: Delbert Hale Bentley			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Hattie Bell Fleming			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyde O Bentley		11. Present Address of Registrant: Rt.1, Bx.224, Talent, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: April 9th 1964	12. Signature of Notary: Harry C Heyman, Notary Public for Oregon		13. Notary Commission expires: October 12 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge	By whom issued and signed: United States Army Major Paul K. Dean		Date Issued: Nov. 5 1945	Date Orig. Entry: Oct. 14, 1942
	Date of Birth: July 5, 1910	Birth Place: Rathdrum, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Division of Vital Statistics State of Washington		Date Issued: Oct. 14, 1963	Date Orig. Entry: child born Dec. 26, 1937
	Date of Birth: age 27	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by an aunt age 79	By whom issued and signed: Bertha Schultz		Date Issued: Apr. 17, 1964	Date Orig. Entry: ----
	Date of Birth: July 5, 1910	Birth Place: Kootenai County Idaho	Full Name of Mother: Hattie Bell Fleming	Name of Father: Delbert Hale Bentley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	April 29, 1964

FORM BH 56067

5-7-62

APR 30 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Clyde Orville Bentley	2. Date of Birth (month) July (day) 5 (year) 1910	
	3. Color or Race: white; 4. Sex: male	5. Place of Birth: Kootenai County	6. Duty or Town of Birth: Rathdrum
	7. Full Name of Father: Albert Hale Bentley	8. State or Country of Father's Birth: Wisconsin	
	9. Maiden Name of Mother: Mattie Bell Fleming	10. State or Country of Mother's Birth: Wisconsin	
APPLICANT	1. Attest: Declare under oath that the above statements are true to the best of my knowledge and belief.	20. Signature of Registrant: [signature]	21. Present Address of Registrant: Rt. 1, Box 324, Talent, Ore.
	Subscribed and sworn to before me on April 9th 1964	22. Signature of Notary: Notary Public for Oregon	23. Notary Commission expires: October 12 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Photocopy of Hobbs Lee Rathdrum	By whom issued and signed: United States Army	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Rathdrum, Idaho	Name of Mother: ----	
SUPPORTING RECORD 2	Type of Document: Certified copy of our Child's Birth Certificate	By whom issued and signed: Division of Vital Statistics, State of Washington	Date Issued: Oct. [illegible] 1963	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: Affidavit by an aunt [illegible]	By whom issued and signed: Bertha [illegible]	Date Issued: Oct. [illegible]	Date Orig. Entry: ----
	Date of Birth: July 5, 1910	Birth Place: Kootenai County, Idaho	Full Name of Mother: Mattie Bell Fleming	Name of Father: Albert Hale Bentley
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed. Which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [illegible]	Evidence Reviewed by: [illegible]	Date Filed: April 29, 1964	

FORM NO 56087

5-7-62

319-230-018-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-312

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goldie Mae Carrico		2. Date of Birth: (month) Nov (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Clearwater; b. City or Town of Birth: Fraser, Idaho
FATHER	6. Full Name of Father: Charles J Carrico		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Bessie Smith		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goldie M. Doney	11. Present Address of Registrant: Box 54 Ft Steilacoom, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: April 27, 1964	12. Signature of Notary: Frank E Lackey	13. Notary Commission expires: September 30, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage record		By whom issued and signed: State of Washington County of Asotin	Date Issued: April 22, 1964	Date Orig. Entry: Oct. 30, 1935
	Date of Birth: age 24	Birth Place: Idaho	Full Name of Mother: Bessie Smith	Name of Father: Charles Carrico	
SUPPORTING RECORD 2.	Type of Document: Notorized statement regarding voters registration		By whom issued and signed: Josephine Melton, City Clerk Tacoma, Washington	Date Issued: April 24, 1964	Date Orig. Entry: July 24, 1956
	Date of Birth: Nov. 30, 1910	Birth Place: State of Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Charles J. Carrico	Date Issued: April 21, 1964	Date Orig. Entry: ----
	Date of Birth: Nov. 30, 1910	Birth Place: Fraser, Idaho	Full Name of Mother: Bessie Carrico	Name of Father: Charles J. Carrico	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	April 30, 1964

FORM BH 56067

APR 30 1964

613-22-026-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-332

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leone Idell Waters		2. Date Of Birth: April 28 1910	
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County: Jefferson	b. City or Town of Birth: Rigby - Home
FATHER	6. Full Name of Father: Claude Sidney Waters		7. State or Country of Father's Birth: Utah Sevier Co.	
MOTHER	8. Full Maiden Name of Mother: Charlotte Hix		9. State or Country of Mother's Birth: Utah Weber Co.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leone Idell Randall	11. Present Address of Registrant: Rt. # 2 Box 305 Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 17, 1964	12. Signature of Notary: Allen Dunton	13. Notary Commission expires: May 1, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

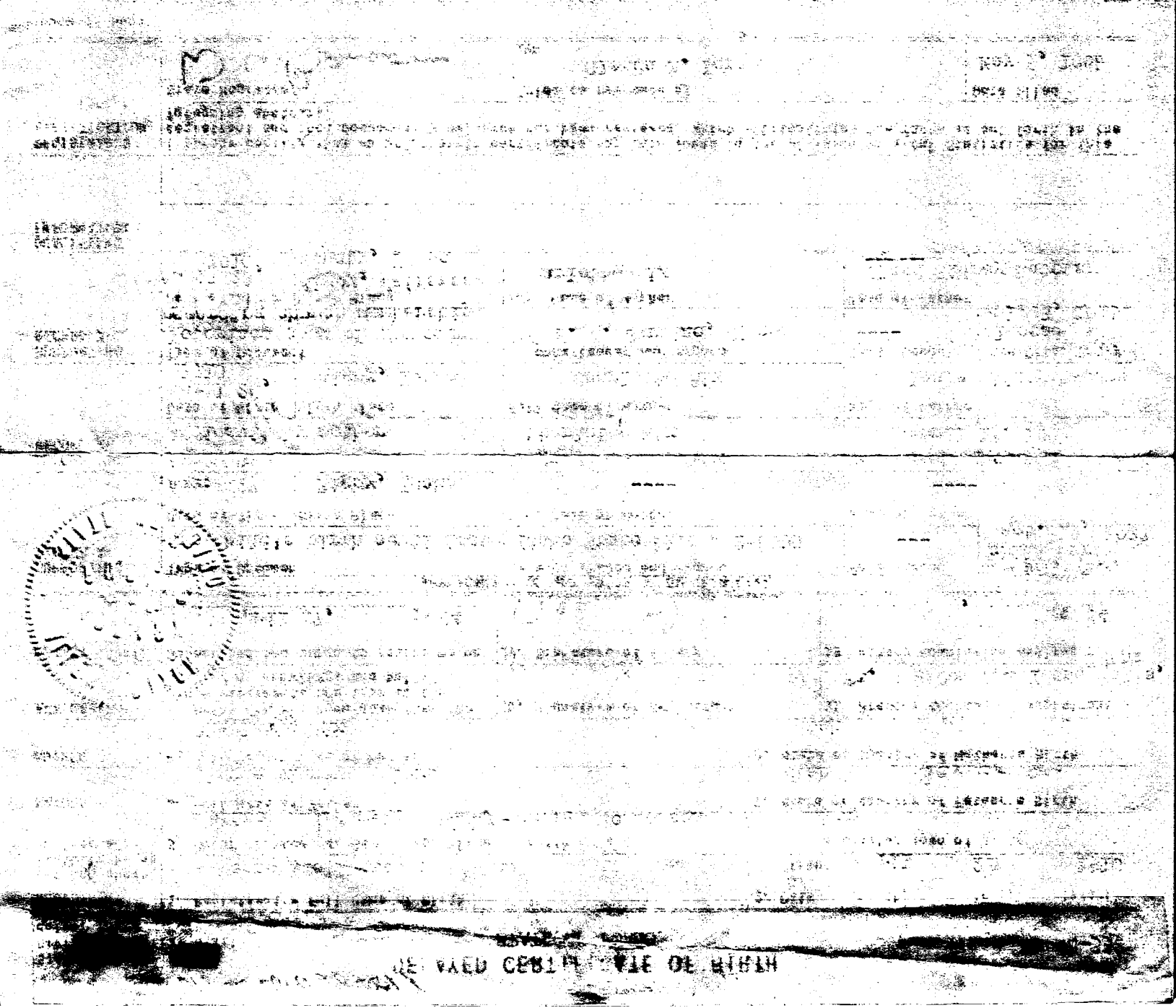
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 258900	Date Issued: ---	Date Orig. Entry: child born Sept. 19, 1937	
	Date of Birth: Age: 27	Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Charlotte Hix	Date Issued: April	Date Orig. Entry: 17, 1964	
	Date of Birth: April 28, 1910	Birth Place: Rigby, Idaho	Full Name of Mother: Charlotte Hix	Name of Father: Claude Sidney Waters	
SUPPORTING RECORD 3.	Type of Document: Notorized copy of statement regarding church membership	By whom issued and signed: LDS W. L. Jardine, Clerk	Date Issued: ----	Date Orig. Entry: Blessed July 3, 1910	
	Date of Birth: April 28, 1910	Birth Place: Rigby, Jefferson County, Idaho	Full Name of Mother: Charlotte Hix	Name of Father: Claud Sidney Waters	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Glenda M. Larson sm	May 5, 1964

FORM BH 56067



282-178-003-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-390

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Percy Richardson Bybee			2. Date Of Birth (month) (day) (year): January 28 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Downey Idaho
FATHER	6. Full Name of Father: Joseph Absolom Bybee			7. State or Country of Father's Birth: Idaho, Franklin County
MOTHER	8. Full Maiden Name of Mother: Catherine Richardson			9. State or Country of Mother's Birth: Bear Lake county Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Percy R. Bybee		11. Present Address of Registrant: Downey Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 19 1963	12. Signature of Notary: John B. Bowen		13. Notary Commission expires: October 15 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Cambridge Ward	Date Issued: Oct. 12, 1934	Date Orig. Entry: Aug. 30, 1934
	Date of Birth: Jan. 28, 1910	Birth Place: Downey, Bannock County, Idaho	Full Name of Mother: Catherine Richardson	Name of Father: Joseph A. Bybee
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #190916	Date Issued: ---	Date Orig. Entry: child born May 28, 1931
	Date of Birth: age: 21	Birth Place: Downey, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Insurance policy #1536816	By whom issued and signed: Provident Life and Accident Ins. Co. Chattanooga, Tenn.	Date Issued: Nov. 1, 1957	Date Orig. Entry: Oct. 24, 1957
	Date of Birth: Jan. 28, 1911	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda M. Larson	May 28, 1964

FORM BH 56067

NOV 29 1964

415-209-003-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-394

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Elizabeth Davis			2. Date Of Birth (month) 5 (day) 9 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Downey
FATHER	6. Full Name of Father: George Isaac Davis			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Adelia Ann Wakley			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Elizabeth Davis		11. Present Address of Registrant: Arimo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 30, 1964	12. Signature of Notary: Ben H. Bowen		13. Notary Commission expires: 11/1/ 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Woodland Ward Edwin F. Davis, Clerk	Date issued: ---	Date Orig. Entry: Baptized May 9, 1918
	Date of Birth: May 9,1910 / Birth Place: Downey, Bannock County, Idaho	Full Name of Mother: Adelia Ann Wakley	Name of Father: George I. Davis	
SUPPORTING RECORD 2.	Type of Document: Temple Recommend	By whom issued and signed: LDS Church, Arimo Ward	Date issued: May 25, 1952	Date Orig. Entry: May 25, 1952
	Date of Birth: May 9,1910 / Birth Place: Downey, Bannock County, Idaho	Full Name of Mother: Adelia Ann Wakley	Name of Father: George Isaac Davis	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital admittance	By whom issued and signed: Marsh Valley Memorial Hosp. Downey, Idaho, W.L. Armstrong Adm.	Date issued: May 25, 1964	Date Orig. Entry: June 9, 1958
	Date of Birth: May 9,1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda M. Larson	May 29, 1964

FORM BH 56067

Davis

MAY 29 1964

8F-128.025-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-398

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jesse Vernon Higgins			2. Date of Birth (month) (day) (year): February 28, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Winona
FATHER	6. Full Name of Father: Alphon C. Higgins			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: May Turner			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jesse Vernon Higgins		11. Present Address of Registrant: Kamiah, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 1964	12. Signature of Notary: William Lee		13. Notary Commission expires: September 8 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding birth cert. on file Book 1, pg.16, rec. #475	By whom issued and signed: Carl T. Reuter, County recorder, Idaho County, Ida.	Date Issued: Feb. 19, 1964	Date Orig. Entry: Apr. 9, 1910	
	Date of Birth: Feb. 28, 1910	Birth Place: Winona, Idaho	Full Name of Mother: May Higgins (Turner)	Name of Father: Alpon C. Higgins	
SUPPORTING RECORD 2.	Type of Document: copy of application to ins. company	By whom issued and signed: Oregon Mutual Life Insurance Company of Portland, Oregon	Date Issued: Dec. 21, 1934	Date Orig. Entry: Dec. 14, 1934	
	Date of Birth: Feb. 28, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: family record	Date Issued: ---	Date Orig. Entry: obviously old	
	Date of Birth: Feb. 28, 1910	Birth Place: ---	Full Name of Mother: May Turner	Name of Father: Alphon C. Higgins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: June 1, 1964

FORM BH 56067

No Search Made

5-4-64

JUN -1 1964

Wm. J. Dee, Attorney
Grangeville, Idaho

293-216-024-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-419

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephine Silva			2. Date of Birth (month) July (day) 16, (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Gooding	
FATHER	6. Full Name of Father: Frank Silva			7. State or Country of Father's Birth: Azores, Islands	
MOTHER	8. Full Maiden Name of Mother: Katie Barnett			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine Silva Anson		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 29 1964	12. Signature of Notary: J. C. Buchanan		13. Notary Commission expires: July 11 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Frank Silva		Date Issued: May 1, 1964	Date Orig. Entry: ----
	Date of Birth: July 16, 1910	Birth Place: Gooding, Idaho	Full Name of Mother: Katie Barnett	Name of Father: Frank Silva	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for marriage license	By whom issued and signed: Umatilla Co., Oregon, Jessie M. Bell, County Clerk		Date Issued: May 11, 1964	Date Orig. Entry: Nov. 28, 1936
	Date of Birth: age 26	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for membership Rebekah Lodge (photocopy)	By whom issued and signed: lodge record		Date Issued: ----	Date Orig. Entry: March 15, 1950
	Date of Birth: July 16, 1910	Birth Place: Gooding, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda M. Larson	June 12, 1964

FORM BH 56067

2-64 (A)

JUN 12 1964

419-213-013-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geraldine May Martin			2. Date of Birth (month) June (day) 13 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Camas	b. City or Town of Birth: Corral	
FATHER	6. Full Name of Father: Roy Martin			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Edith A. Griswold			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Geraldine M. Wiggen	11. Present Address of Registrant: Rt 1, Box 216 Coupeville, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 1964		12. Signature of Notary: Marion Smith	13. Notary Commission expires: Apr 29 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt present at birth, Age: 78		By whom issued and signed: May Thornton	Date Issued: June 19, 1964	Date Orig. Entry: ---
	Date of Birth: June 13, 1910	Birth Place: Corral, Camas County, Idaho	Full Name of Mother: Edith Griswold Martin	Name of Father: Roy Martin	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance		By whom issued and signed: The Mutual Life Insurance Company of New York	Date Issued: ---	Date Orig. Entry: Nov. 12, 1931
	Date of Birth: June 13, 1910	Birth Place: Corral, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Federal Employment, Photocopy		By whom issued and signed: Civil Service Commission	Date Issued: Dec. 12, 1952	Date Orig. Entry: Dec. 4, 1952
	Date of Birth: June 13, 1910	Birth Place: Corral, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 7, 1964

FORM BH 56067

6-5-64

JUL 7 1964

Wiggers

569-106-003 458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roland Howard Ewing			2. Date Of Birth (month) (day) (year): December 6 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho — Bannock	b. City or Town of Birth: Pocatello	
FATHER	6. Full Name of Father: Clyde Ewing			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Goldie Meyers			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roland Howard Ewing		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1964	12. Signature of Notary: Lois Freyde		13. Notary Commission expires: Jan 11 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Bannock County Register of Births - Book 1	By whom issued and signed: Sarah Devaney, Clerk		Date Issued: July 25, 1963	Date Orig. Entry: Dec.6,1910
	Date of Birth: Dec.6,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Goldie Meyers	Name of Father: Clyde Ewing	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: California State Polytechnic College, Mabel Camp, Registrar		Date Issued: Sept. 8, 1951	Date Orig. Entry: August 16, 1948
	Date of Birth: Dec. 6, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #594	By whom issued and signed: Mary C. Hamlin, San Luis Obispo County rec., Calif.		Date Issued: July 7,1964	Date Orig. Entry: child born Nov. 12, 1939
	Date of Birth: Age:28	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Glenda Larson	July 14, 1964

FORM BH 56067

JUL 15 [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Ewing

REGISTRANT	1. Registrant's Full Name at Birth: Roland Howard Ewing	2. Date of Birth (month) (day) (year): December 6 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho, County: Bannock
	6. City or Town of Birth: Pocatello		
FATHER	7. Full Name of Father: Clyde Ewing	8. State or Country of Father's Birth: Kansas	
	9. Full Maiden Name of Mother: Goldie Meyers	10. State or Country of Mother's Birth: Nebraska	
	11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant:
	14. Subscribed and sworn to before me on:	15. Signature of Notary:	16. Notary Commission expires:

ATTENTION: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certified copy of Bannock County Birth Record	By whom issued and signed: [illegible]	Date Issued: July [illegible]	Date Orig. Entry: Dec. 6, 1910
	Date of Birth: Dec. 6, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Goldie Meyers	Name of Father: Clyde Ewing
SUPPORTING RECORD 2	Type of Document: School record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: August 16, 1916
	Date of Birth: Dec. 6, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3	Type of Document: Certified copy of [illegible]	By whom issued and signed: [illegible]	Date Issued: July 7, 1964	Date Orig. Entry: [illegible]
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Year)

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which supports the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Hanson	Glenda Hanson	July 14, 1964

FORM GH 90067

319-207.021-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-517

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda Davis Larson			2. Date Of Birth (month) February (day) 7 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Clifton	
FATHER	6. Full Name of Father: William E. Larson			7. State or Country of Father's Birth: Vernon, Utah	
MOTHER	8. Full Maiden Name of Mother: Dora M. Davis			9. State or Country of Mother's Birth: Clifton, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda L. Matheneson		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on July 16 1964	12. Signature of Notary: Leeka H. Rockwell		13. Notary Commission expires: Notary Public, State of Florida at Large My commission expires March 20, 1965 Bonded by Mass Surety Ins. Co. 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Wm. Parley Howell, Clerk, Clifton Idaho		Date Issued: March 7, 1921	Date Orig. Entry: Baptized Feb. 26, 1921
	Date of Birth: Feb. 7, 1910	Birth Place: Clifton, Oneida, Idaho	Full Name of Mother: Dora M. Davis		Name of Father: Wm. E. Larson
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #199098		Date Issued: ---	Date Orig. Entry: child born Jan. 19, 1932
	Date of Birth: Age: 21	Birth Place: Clifton, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Order of Adoption	By whom issued and signed: Gooding County, Idaho H. D. Jackson, Probate Judge		Date Issued: ---	Date Orig. Entry: June 20, 1945
	Date of Birth: Age: 35	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 22, 1964

FORM BH 56067

JUL 22 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

3134/11039-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-532

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Wilben Lalumondier			2. Date of Birth (month) (day) (year): October 11, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~American Falls~~ Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Varice Joseph Lalumondier			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Della Iona Harvey			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: George Wilben Lalumondier	11. Present Address of Registrant: P. O. Box 272, Cle Elum, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 14, 1964		12. Signature of Notary: Jack McSherry	13. Notary Commission expires: August 24, 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage records		By whom issued and signed: Chelan, County, Washington	Date Issued: Feb. 27, 1964	Date Orig. Entry: Nov. 19, 1934
	Date of Birth: Age 24	Birth Place: American Falls, Idaho	Full Name of Mother: Della Harvey	Name of Father: Varice Lalumondier	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin (born May 10, 1890)		By whom issued and signed: Julia Waltman	Date Issued: Mar. 31, 1964	Date Orig. Entry: ----
	Date of Birth: Oct. 11, 1910	Birth Place: American Falls, Idaho	Full Name of Mother: Della Iona Harvey	Name of Father: Varice Joseph Lalumondier	
SUPPORTING RECORD 3.	Type of Document: Abstract of Voter's Registration Record		By whom issued and signed: Walla Walla County Auditor	Date Issued: Feb. 24, 1964	Date Orig. Entry: Oct. 21, 1944
	Date of Birth: Age 34	Birth Place: American Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 5, 1964

FORM BH 56067

AUG 5 1964

McSherry

[illegible] McSHERRY
NOTARY
PUBLIC

24-23/042-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-553

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fern Sudderth

2. Date of Birth (month) (day) (year): December 31 1910

3. Color or Race: White

4. Sex: Female

5. Place of Birth — a. County: Rock Creek — Twin Falls

b. City or Town of Birth: Rock Creek

FATHER

6. Full Name of Father: Columbus Osborne Sudderth

7. State or Country of Father's Birth: North Carolina

MOTHER

8. Full Maiden Name of Mother: Lillie Emma Deal

9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fern Holmquist

11. Present Address of Registrant: 1420 7th Avenue East

NOTARY (Seal)

Subscribed and sworn to before me on: August 5, 19 64

12. Signature of Notary: Helen Partridge

13. Notary Commission expires: March 1 19 66

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by cousin Age 69
By whom issued and signed: Connie Butler
Date Issued: Aug. 5, 1964
Date Orig. Entry: ----
Date of Birth: Dec. 31, 1910
Birth Place: Rock Creek, Idaho
Full Name of Mother: Lillie Emma Deal
Name of Father: Columbus Osborne Sudderth

SUPPORTING RECORD 2.

Type of Document: Marriage License and Marriage Certificate
By whom issued and signed: On file Idaho #55-5457
Date Issued: ---
Date Orig. Entry: July 27, 1955
Date of Birth: Age 44
Birth Place: Rock Creek, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: photocopy of Bible page
By whom issued and signed: family records
Date Issued: Aug. 5, 1964
Date Orig. Entry: obviously old
Date of Birth: Dec. 31, 1910
Birth Place: ---
Full Name of Mother: Lillie E. Deal
Name of Father: Colombus O. Sudderth

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Glenda Larson
Date Filed: August 7, 1964

FORM BH 56067

Holmquist

AUG 10 1964

815-206-031-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-588

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Nancy Hancock
2. Date Of Birth: (month) Jan. (day) 6 (year) 1910
3. Color or Race: Cauc.
4. Sex: Female
5. Place of Birth: a. County: Lewis; b. City or Town of Birth: Nez perce

FATHER

6. Full Name of Father: Jasper Newton Hancock
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Verna Lillian Gibson
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice N. Shields
11. Present Address of Registrant: 3900 East Owens, Las Vegas Nev.

NOTARY (Seal)

Subscribed and sworn to before me on: 17th day of Aug 1964
12. Signature of Notary: Edd D. Hancock
13. Notary Commission expires: March 27 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	on file Idaho #158639	----	child born Jan 14, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 18	NezPerce, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage certificate	F.J.Glover, Auditor, Spokane Co Spokane, Washington	3-6-1952	April 11, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 17	Idaho	Verna Gibson	Jasper Hancock

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital certificate of birth for own child	Sacred Heart Hospital Spokane, Washington	---	child born June 24, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 6, 1910	Idaho	------	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Aug 31, 1964

FORM BH 56067 1 copy paid rec. #1542 7-24-64 (S)

SEP 1 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Shields

239-206-033-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-606

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mayme M. Struhs			2. Date Of Birth (month) (day) (year): June 6 1910
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Idaho — Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Hermam Struhs			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Lydia Marie Keck			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mayme M. Reynolds		11. Present Address of Registrant: 785 1st Ave. W-N Kalispell, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: December 20 1963	12. Signature of Notary: Darcy J. Lewis		13. Notary Commission expires: 2/2/ 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Lydia Weyer		Date Issued: December 20, 1963	Date Orig. Entry
	Date of Birth: June 6, 1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Lydia Marie Keck	Name of Father: Hermann Struhs	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #199002		Date Issued: -----	Date Orig. Entry: child born Jan 16, 1932
	Date of Birth: Age 21	Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L. D. S. Church Dimond M. Loosli		Date Issued: -----	Date Orig. Entry: baptized June 6, 1931
	Date of Birth: June 6, 1910	Birth Place: Madison County Rexburg, Idaho	Full Name of Mother: Lydia Keck	Name of Father: Herman Struhs	

QUALIFYING INFORMATION

Certified copy of Affidavit for Marriage License dated July 23, 1930 gives age as 20.
Bannock County Recorder, State of Idaho.
Certified copy issued March 11, 1964

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Joyce B. Foltz	Sept 1, 1964

FORM BH 56067

SEP 1 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Laurence

219-212-019-591

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-607

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Yvonne Pauline Sarret		2. Date of Birth: (month) May (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: Mackay, Idaho
FATHER	6. Full Name of Father: Jules Alexander Sarret			7. State or Country of Father's Birth: France
MOTHER	8. Full Maiden Name of Mother: Uranie Emili Vial			9. State or Country of Mother's Birth: France
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Yvonne Pauline Davis		11. Present Address of Registrant: 1730 Hawthorne Rd.
NOTARY (Seal)	Subscribed and sworn to before me on: August 26 1964	12. Signature of Notary: Jane Matthews		13. Notary Commission expires: July 1 1966

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Uranie Sarret	Date Issued: 3-6-1942	Date Orig. Entry:
	Date of Birth: May 12, 1910	Birth Place: Mackay, Idaho	Full Name of Mother: Uranie Emili Vial	Name of Father: Jules Alexander Sarret	
SUPPORTING RECORD 2.	Type of Document: Statement regarding Hospital Records		By whom issued and signed: St.Mary's Hosp.,Reno,Nevada Eileen M. George. MRLibrarian	Date Issued: Aug ;26 1964	Date Orig. Entry: June 28-7-1-1957 Aug 21-25-1962
	Date of Birth: May 12, 1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: State of Nevada #919 Division of Vital Statistics	Date Issued: Aug 31, 1964	Date Orig. Entry: child born May 25, 1933
	Date of Birth: Age 23	Birth Place: Mackay, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Joyce B. Foltz bf	Sept 1, 1964

FORM BH 56067

8-20-64

Dovis

SEP 1 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

1. Registrant's Full Name of Birth: Yvonne Pauline Sarret	2. Date of Birth: May 22 1912	
3. Color or Race of Man: White Female	4. Place of Birth: Mackay, Idaho	
5. Full Name of Father: Jules Alexander Sarret	6. State or Country of Father's Birth: France	
7. Full Maiden Name of Mother: Frank Wiel	8. State or Country of Mother's Birth: France	
9. Hereby Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
12. Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

Type of Document: Affidavit by mother	By whom issued and signed: Frank Sarret	Date Issued: 3-6-1942	Date Orig. Entry
Date of Birth: May 22, 1912	Place of Birth: Mackay, Idaho	Name of Father: Jules Alexander Sarret	
Type of Document: Statement regarding Hospital Records	By whom issued and signed: St. Mary's Hosp., Reno, Nevada Eileen M. George, Mt. Librarian	Date Issued: Aug 20, 1964	Date Orig. Entry: June 28-7-1-1937 Aug 21-25-1938
Date of Birth: May 12, 1919	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Nevada #919 Division of Vital Statistics	Date Issued: Aug 31, 1964	Date Orig. Entry: Child born May 25, 1933
Date of Birth: Age 23	Birth Place: Mackay, Idaho	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Date Reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz	Sept 1, 1964

365-12-025-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-608

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loyal Harlan Loveness			2. Date of Birth (month) January (day) 21, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: Syvert E. Loveness			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Ina Augusta Helgeson			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loyal H. Loveness		11. Present Address of Registrant: Malin, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: August 17 1964	12. Signature of Notary: Virginia M. Peterson		13. Notary Commission Expires: Jan. 16 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of page from Bible Record	By whom issued and signed: Filed with the County Clerk, Klamath Co., State of Oregon	Date Issued: Aug 10, 1964	Date Orig. Entry: obviously old	
	Date of Birth: Jan. 21, 1910	Birth Place: Stites, Idaho	Full Name of Mother: Ina Augusta Helgeson	Name of Father: Syvert E. Loveness	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt-Age 72	By whom issued and signed: Mrs. Emma Loveness Pace	Date Issued: Aug 17,1964	Date Orig. Entry: ----	
	Date of Birth: Jan 21, 1910	Birth Place: Stites, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: on file State of California Alturas, California	Date Issued: May 12, 1954	Date Orig. Entry: child born July 17, 1948	
	Date of Birth: Age 38	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	September 4,1964

FORM BH 56067 nm 7-31-64 (L)

Lawrence

SEP 4 1964

65-101005-236

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De64-610
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George William Weaver
2. Date of Birth (month) (day) (year): September 1 1910
3. Color or Race: Caucasian
4. Sex: Male
5. Place of Birth: a. County: St. Maries, Benewah; b. City or Town of Birth: Idaho

FATHER

6. Full Name of Father: William Randolph Weaver
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Martha Blocking
9. State or Country of Mother's Birth: California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George William Weaver
11. Present Address of Registrant: 3520-33rd Ave Sacto Calif.

(seal) HELEN WENTWORTH NOTARY PUBLIC SACRAMENTO COUNTY, CALIFORNIA

Subscribed and sworn to before me on June 19 1964

12. Signature of Notary: Helen L. Wentworth
13. Notary Commission expires: October 2, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*	photocopy of application to insurance # 124736 NM	Guarantee Mutual Life Co. Omaha, Nebraska	---	June 18, 1946
	Date of Birth: Sept. 1, 1910 — Birth Place: St. Maries, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2. Class	Statement regarding school records	Sacramento City Unified School District, California	June 16, 1964	graduated Jan. 22, 1931
	Date of Birth: Sept. 1, 1910 — Birth Place: Idaho	Full Name of Mother: Martha Weaver	Name of Father: William Weaver	
SUPPORTING RECORD 3. Class	Affidavit by Uncle-Age 73	William R. Bloching	Aug 26 1964	-----
	Date of Birth: Sept. 1 1910 — Birth Place: Benewah County St. Maries, Idaho	Full Name of Mother: Martha Weaver	Name of Father: William R. Weaver	

QUALIFYING INFORMATION

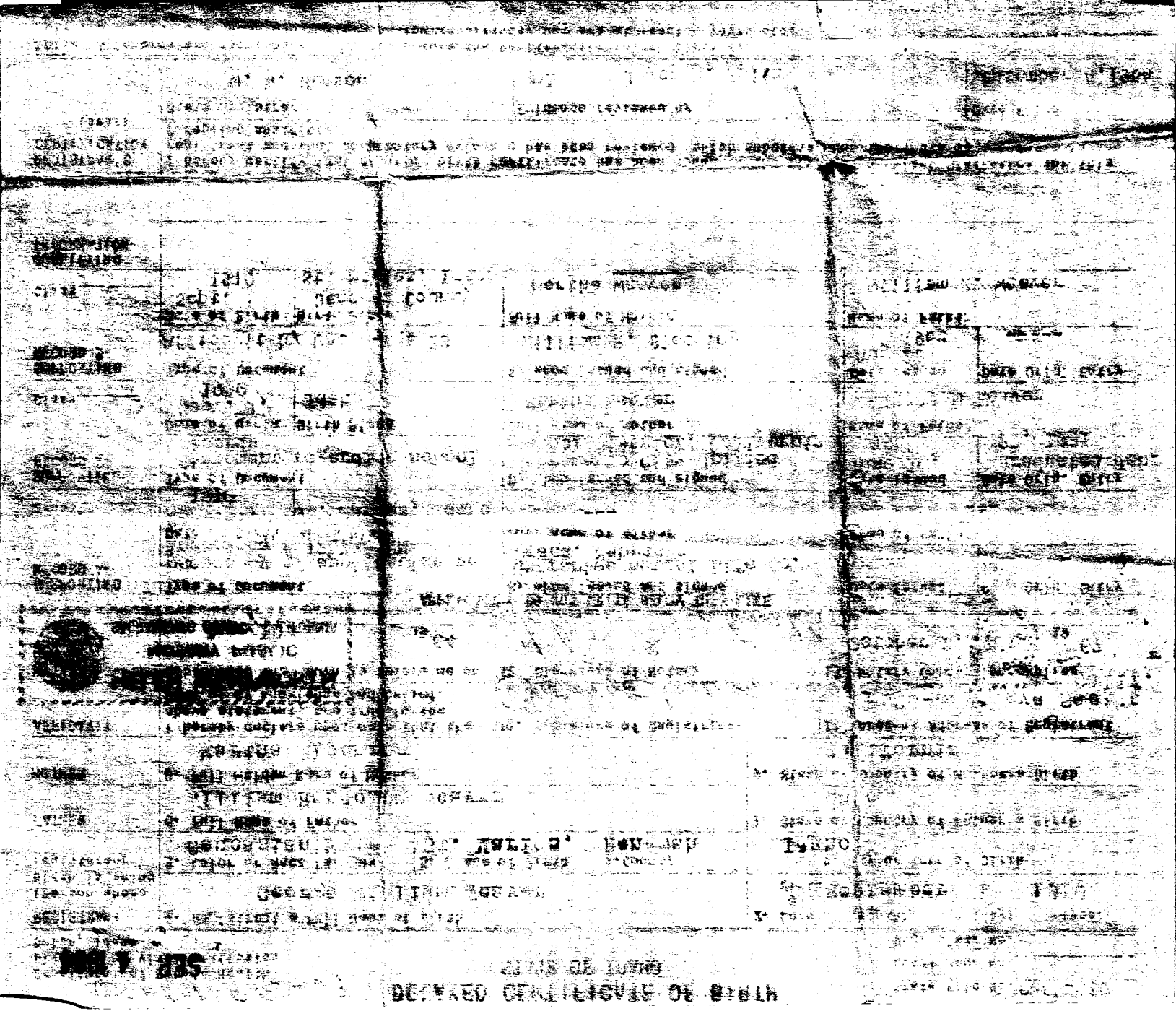
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Joyce B. Foltz	September 4, 1964

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067



719-13-042-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-628

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edwin Ray Parsons			2. Date of Birth (month) Nov. (day) 13 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Twin Falls	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: George Wiley Parsons			7. State or Country of Father's Birth: New Florence, Missouri.	
MOTHER	8. Full Maiden Name of Mother: Sitha Sabrina Modrell			9. State or Country of Mother's Birth: Bloomfield, Arkansas.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edwin Ray Parsons	11. Present Address of Registrant: 114 Rosedale, Belen New Mexico.	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 31 1964		12. Signature of Notary: Jacob C Scott	13. Notary Commission expires: June 23 1967	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #1451426		By whom issued and signed: Occidental Life Insurance Co. of California	Date Issued: July 24, 1945	Date Orig. Entry: July 24, 1945
	Date of Birth: Nov. 13, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 68		By whom issued and signed: Christena (Parsons) Dossett	Date Issued: Aug 27, 1964	Date Orig. Entry: ---
	Date of Birth: Nov. 13, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Sitha Sabrina Modrell	Name of Father: George Wiley Parsons	
SUPPORTING RECORD 3.	Type of Document: Hospital birth certificate of own child		By whom issued and signed: Blue Mountain General Hospital Prairie City, Oregon	Date Issued: ---	Date Orig. Entry: child born Feb. 8, 1948
	Date of Birth: Nov. 13, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 15, 1964

FORM BH 56067

SEP 16 1964

133-201-006-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-645

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olive Allred			2. Date Of Birth (month) May (day) 1, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Byrun Harvey Allred, Jr.			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Evelyne Clark			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive K. Neilson		11. Present Address of Registrant: 6151 S. 5 East, Murray 7, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 6 July 19 1964	12. Signature of Notary: Rachel A. Fischer S.L.C., Ut. my comm. expires 10/3/65		13. Notary Commission expires: ~~my~~ Oct. 3 1965

10/3/6

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records (Hawthorne Elementary)	By whom issued and signed: Independent School Dist. of Boise City, T. C. Bird, Supt.	Date issued: Jan. 20, 1964	Date Orig. Entry: school year 1917-18
	Date of Birth: May 1, 1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: B. Harvey Allred	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Salt Lake City	Date issued: August 20, 1964	Date Orig. Entry: June 5, 1910
	Date of Birth: May 1, 1910 / Birth Place: Blackfoot, Bingham County, Idaho	Full Name of Mother: Mary E. Clark	Name of Father: Byrun H. Allred, Jr.	
SUPPORTING RECORD 3.	Type of Document: notarized statement from hospital records	By whom issued and signed: Mrs. Ollievia Shauley, R.N. Utah Lic. 5253	Date issued: Sept. 10, 1964	Date Orig. Entry: Sept. 16, 1957
	Date of Birth: May 1, 1910 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Mary Evelyne (Clark) Allred	Name of Father: Byrun Harvey Allred, Jr.	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm gml Glenda Larson	Date Filed: Sept. 23, 1964

FORM BH 56067

7-22-64 (N)

SEP 23 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

433225 023 -266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-651

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Genievieve McClure
2. Date Of Birth: (month) April (day) 25 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Emmett Idaho, Gem
b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: Robert Hatt McClure
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Julia Elvira Boone
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel McClure Abond / Ethel McClure Abond
11. Present Address of Registrant: 19509 Saticoy, Reseda, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on September 16, 1964

12. Signature of Notary: Evangeline Malsberger
13. Notary Commission expires: EVANGELINE MALSBERGER, NOTARY PUBLIC My Commission Expires September 19, 1964

EVANGELINE MALSBERGER NOTARY PUBLIC STATE OF CALIFORNIA COUNTY OF LOS ANGELES

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage return	Ina Randolph, Clerk, Lane County, Oregon	Aug. 26, 1964	Oct. 17, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 25, 1910	Emmett, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photostat of page from Family Bible	Family records	---	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 25, 1910	---	Julia McClure	Robert McClure

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister Age 67	Rosella McClure	August 17, 1964	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 25, 1910	Emmett, Idaho	Julia Boone	Robert McClure

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 24, 1964

FORM BH 56067

1 copy paid rec. #1503 7-24-64 (A)

SEP 25 1964

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DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR'S CERTIFICATION	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Sex	4. Place of Birth (County)
	5. Full Name of Father	7. State or Country of Father's Birth
	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel McClure Abbott
		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on September 16, 19 64	12. Signature of Notary
		13. Notary Commission Expires

SUPPORTING RECORD 1.	Type of Document: Certified copy of [illegible]	By whom issued and signed: [illegible]	Date Issued: Aug. 26, 1964	Date Orig. Entry: [illegible]
	Date of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Julia McClure	Name of Father: [illegible] McClure	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible] McClure	Date Issued: Aug. 27, 1964	Date Orig. Entry: ---
	Date of Birth: [illegible]	Full Name of Mother: Julia [illegible]	Name of Father: [illegible] McClure	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [illegible]	Witness reviewed by: Glenda [illegible]	Date Filed: Sept. 24, 1964	

FORM NO. [illegible] 1 copy paid [illegible]

667-05 1003-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-661

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Arthur Foxall			2. Date of Birth (month) July (day) 5, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Arthur Foxall			7. State or Country of Father's Birth: Stourbridge, Worcestershire, England
MOTHER	8. Full Maiden Name of Mother: Eleanor Harris			9. State or Country of Mother's Birth: Strourbridge, Worcestershire, England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James Arthur Foxall	11. Present Address of Registrant: Church Montana
NOTARY (Seal)	Subscribed and sworn to before me on: 22 September 1964		12. Signature of Notary: Kent Farrell	13. Notary Commission expires: July 13 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Northwestern National Life Insurance Co., Minnesota	Date Issued: Nov 16 1938	Date Orig. Entry: Nov 7, 1938
	Date of Birth: July 5, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Eleanor Foxall	Name of Father: Arthur Foxall	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: L. D. S. Church Wm. H. Francis, Clerk	Date Issued:	Date Orig. Entry: Blessed Oct 2, 1910
	Date of Birth: July 5, 1910	Birth Place: Pocatello, Idaho Bannock county	Full Name of Mother: Eleanor Harris	Name of Father: Arthur Foxall	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin- born 3-30-1901		By whom issued and signed: Belinda H. Horrocks	Date Issued: July 8, 1964	Date Orig. Entry: ----
	Date of Birth: July 5, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Eleanor Harris Foxall	Name of Father: Arthur Foxall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Glenda Larson	Sept. 25, 1964

FORM BH 56067

SEP 28 1964

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799-230-006-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-668

Moreland, Bingham, Idaho

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Mildred Grimmett			2. Date Of Birth (month) July (day) 30 (year) 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Moreland Bingham	b. City or Town of Birth: ~~Dingle, Bonneville, Idaho~~ Moreland	
FATHER	6. Full Name of Father: Hyrum Alberto Grimmett			7. State or Country of Father's Birth: Hyrum, Utah USA	
MOTHER	8. Full Maiden Name of Mother: Annie Christiana McBride			9. State or Country of Mother's Birth: Utah U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Dance		11. Present Address of Registrant: Sterling, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1964	12. Signature of Notary: Elmer Dance		13. Notary Commission expires: December 8 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Annie Grimmett		Date Issued: Aug. 22, 1964	Date Orig. Entry: ---
	Date of Birth: July 30, 1910	Birth Place: Moreland, Bingham County, Idaho	Full Name of Mother: Annie Christiama McBride Grimmett	Name of Father: Hyrum Alberto Grimmett	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #50-5931		Date Issued: -----	Date Orig. Entry: child born May 17, 1950
	Date of Birth: Age 39	Birth Place: Moreland, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #13113219	By whom issued and signed: American Republic Insurance Company		Date Issued: ---	Date Orig. Entry: May 20, 1957
	Date of Birth: July 30, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 6, 1964

FORM BH 56067

9-1669

NOV 6 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Division of Vital Statistics
Boise, Idaho

RECIPIENT	1. Registrar's Full Name at Birth		2. Date of Birth (month) (day) (year)
Person Whose Birth is being Registered	3. Color or Race	4. Sex	5. Place of Birth (County)
			6. City or Town of Birth (Home Place)
FATHER	8. Full Name of Father		7. State or Country of Father's Birth
MOTHER	9. Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19 [illegible]	13. Signature of Notary	14. Notary Commission expires [illegible] 19 [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	By whom issued and signed: [illegible]	Date Issued: Aug. 22, 1946	Date Orig. Entry: ---
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: Can [illegible] birth certificate	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Name of Father: ---	
SUPPORTING RECORD 3	Type of Document: Insurance Policy [illegible]	By whom issued and signed: American [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
K. W. Benson	[illegible]	Oct. [illegible], 1961

FORM NO. 50047

463-1/2 1042-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-701

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Fred Dolana			2. Date of Birth (month) (day) (year): April 12, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Frank Dolana			7. State or Country of Father's Birth: Chzechoslovakia
MOTHER	8. Full Maiden Name of Mother: Bessie Lunacek			9. State or Country of Mother's Birth: Chzechoslovakia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Dolana		11. Present Address of Registrant: Buhl Idaho Rt #2
NOTARY (Seal)	Subscribed and sworn to before me on: October 12 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate		By whom issued and signed: # 243619 on file with state of Idaho	Date Issued: -----	Date Orig. Entry: child born May 6, 1936
	Date of Birth: Age 26	Birth Place: Buhl, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Occidental Life Ins. Policy		By whom issued and signed: Robert J. Giles, Sec.	Date Issued: 1930 Sep. 25,	Date Orig. Entry: Sept. 25 1930
	Date of Birth: April 12 1910	Birth Place: Buhl, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Bessie Lunacek Dolana	Date Issued: Oct. 15, 1964	Date Orig. Entry: ----
	Date of Birth: April 12, 1910	Birth Place: Buhl, Idaho Twin Falls County	Full Name of Mother: Bessie Lunacek	Name of Father: Frank Dolana	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: Oct. 20, 1964

FORM BH 56067

ICPPD rec. # 5508 - In office - no corresp. NK

OCT 21 1964

243-211-002-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-712

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY MARY JANE SUTTON		2. Date Of Birth (month) 5 (day) 11 (year) 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO ADAMS; b. City or Town of Birth: INDIAN VALLEY
FATHER	6. Full Name of Father: VOLL OTIS SUTTON		7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: FAYE EUNICE MOREY		9. State or Country of Mother's Birth: NEVADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy M. Wartman	11. Present Address of Registrant: 5605 KOOTENAI ST BOISE
NOTARY (Seal)	Subscribed and sworn to before me on: October 1st 1964	12. Signature of Notary: Wm Dean Mayer	13. Notary Commission expires: Sept 10 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

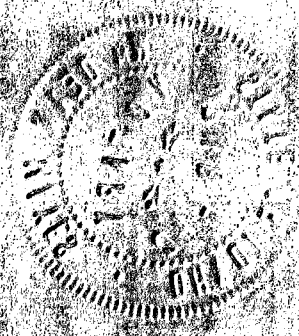
SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 76	By whom issued and signed: Faye E. Hammond	Date issued: Oct. 1, 1964	Date Orig. Entry: ---------
	Date of Birth: May 11 1910; Birth Place: Idaho Indian Valley,	Full Name of Mother: Faye E. Morey Sutton	Name of Father: Voll O. Sutton	
SUPPORTING RECORD 2.	Type of Document: Statement from Hospital	By whom issued and signed: Saint Alphonsus Hospital Gabrielle M. Amos, R. R. L.	Date issued: Oct. 1 1964	Date Orig. Entry: Admitted Aug. 6, 1950
	Date of Birth: May 11, 1910; Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 248689	Date issued: -------	Date Orig. Entry: child born Sept. 29, 1936
	Date of Birth: Age 26; Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct. 23, 1964

FORM BH 56067



391-230-022-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-727

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emeline Crapo			2. Date of Birth (month) (day) (year): November 30, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker, Idaho
FATHER	6. Full Name of Father: Thomas Crapo			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Laura Winegar			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emeline M. Simms		11. Present Address of Registrant: Canyon, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: October 29, 1964	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 28 1968

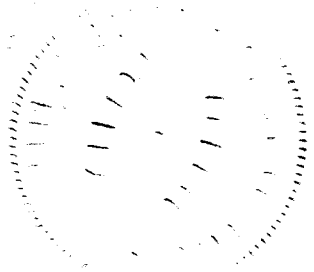
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State Board of Health, Vital Stat. div., Washington	Date Issued: Sept. 9, 1964	Date Orig. Entry: child born Feb. 10, 1949	
	Date of Birth: Age: 38	Birth Place: Parker, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father Age: 82	By whom issued and signed: Thomas Crapo	Date Issued: Oct. 29, 1964	Date Orig. Entry: -----	
	Date of Birth: Nov. 30, 1910	Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Laura Winegar	Name of Father: Thomas Crapo	
SUPPORTING RECORD 3.	Type of Document: Statement regarding marriage record	By whom issued and signed: Alice I. Snook, recorder Payette County, Idaho	Date Issued: Oct. 26, 1964	Date Orig. Entry: March 30, 1934	
	Date of Birth: Age 23	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 29, 1964

FORM BH 56067

OCT 29 1964



365-218-044-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-736

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Marie Covey			2. Date of Birth (month) July (day) 18, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser, Idaho
FATHER	6. Full Name of Father: Frank W. Covey			7. State or Country of Father's Birth: Marquam, Oregon
MOTHER	8. Full Maiden Name of Mother: Louise Marie Keller			9. State or Country of Mother's Birth: The Dalles, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Marie Covey (Clare)		11. Present Address of Registrant: 266 Brownley Ave. S.E.
NOTARY (Seal)	Subscribed and sworn to before me on: October 27 1964	12. Signature of Notary: Blanche Nickel		13. Notary Commission expires: Nov. 23 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Louise M. Covey		Date Issued: October 9, 1964	Date Orig. Entry: ---
	Date of Birth: July 18, 1910	Birth Place: Weiser, Washington County, Idaho	Full Name of Mother: Louise Marie Keller		Name of Father: Frank W. Covey
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage return	By whom issued and signed: Marion County, Oregon T. Harold Tomlinson, Co. clerk		Date Issued: Oct. 20, 1964	Date Orig. Entry: Aug. 2, 1936
	Date of Birth: Age 26 & (9 days)	Birth Place: Weiser, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record Marion Co. Oregon	By whom issued and signed: Merlin L. Morey, Supt. of Schools		Date Issued: Oct. 19, 1964	Date Orig. Entry: Nov. 10, 1928
	Date of Birth: Age 18	Birth Place: -----	Full Name of Mother: -----		Name of Father: Frank Covey
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Nov. 3, 1964

FORM BH 56067

Claus

NOV 4 1964

214-201-014-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-783

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Isabel Badley			2. Date Of Birth (month) January (day) 1 (year) 1910
	3. Color or Race: Whie	4. Sex: Female	5. Place of Birth a. County: Caldwell, Idaho Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Oscar Vernon Badley			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Flora Louise Smith			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Badley Ackerman		11. Present Address of Registrant: Rt.1 Box 71-A Oregon Cityn Ore
NOTARY (Seal)	Subscribed and sworn to before me on: October 26 1964	12. Signature of Notary: Myra Wesson		13. Notary Commission expires: June 9 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of school record		By whom issued and signed: Willamette University, Salem Oregon	Date Issued: ----	Date Orig. Entry: Sept. 27,1928
	Date of Birth: Jan.1,1910	Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: Oscar V. Badley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin Age:69		By whom issued and signed: Neeta R. Lawrence	Date Issued: Oct.26,1964	Date Orig. Entry: ----
	Date of Birth: Jan.1,1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Flora Louise Smith Badley	Name of Father: Oscar Vernon Badley	
SUPPORTING RECORD 3.	Type of Document: Certified copy of child's birth certificate		By whom issued and signed: Los Angeles Co., California County recorder	Date Issued: July 28, 1964	Date Orig. Entry: child born Sept. 15, 1945
	Date of Birth: Age: 35	Birth Place: Caldwell, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 27, 1964

FORM BH 56067

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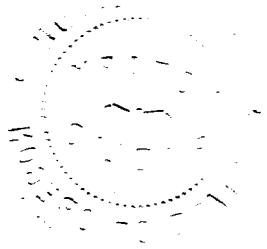


336-202.0643-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-836

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALMA CLOSE		2. Date of Birth (month) April (day) 2 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: McCall Valley Co, Idaho	b. City or Town of Birth: McCall, Idaho
FATHER	6. Full Name of Father: Otto Close		7. State or Country of Father's Birth: Terre Haute, Indiana	
MOTHER	8. Full Maiden Name of Mother: Sylvia Emma Savage		9. State or Country of Mother's Birth: Baker, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma S. Raymond	11. Present Address of Registrant: Box 184, Beatty, Nevada	
NOTARY (Seal)	Subscribed and sworn to before me on: November 18 1964	12. Signature of Notary: Billy Burgh	13. Notary Commission expires: October 30 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor present at birth Age 84	By whom issued and signed: Ida H. Brown	Date Issued: Oct. 23, 1964	Date Orig. Entry: -----
	Date of Birth: April 2, 1910 / Birth Place: McCall, Idaho	Full Name of Mother: Sylvia E. Close	Name of Father: Otto Close	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record	By whom issued and signed: Saint Alphonsus Hospital Boise, Idaho	Date Issued: Dec. 14, 1964	Date Orig. Entry: April 11, 1943
	Date of Birth: April 2, 1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of school admission record	By whom issued and signed: School District #421, McCall, Idaho, J.L. Beitia, Supt.	Date Issued: Dec. 9, 1964	Date Orig. Entry: Sept. 10, 1923
	Date of Birth: April 2, 1910 / Birth Place: -----	Full Name of Mother: -----	Name of Father: Otto Close	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 23, 1964

FORM BH 56067

DEC 23 1964

JUL 26 1966

854-22.044-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-839

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond B. Hemenway		2. Date of Birth (month) (day) (year): January 22 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington
			b. City or Town of Birth: RFD #1, Weiser, Idaho
FATHER	6. Full Name of Father: Jonathan B. Hemenway, Jr.		7. State or Country of Father's Birth: Weiser, Idaho
MOTHER	8. Full Maiden Name of Mother: Fannie Hawkey		9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond B Hemenway	11. Present Address of Registrant: 672 W. Main St. Weiser. Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: December 15- 1964	12. Signature of Notary: Jim B Lloyd	13. Notary Commission expires: April - 1- 1966

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U. S. Department of Commerce Bureau of the Census	Date Issued: Nov.20,1964	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Fannie Hemenway	Name of Father: Jonathan B. Hemenway	
SUPPORTING RECORD 2.	Type of Document: Certified copy of birth certificate on file county office		By whom issued and signed: Ray Wilson Recorder, Washington County, Idaho	Date Issued: Sept.12, 1942	Date Orig. Entry: April 2,1910 ret. county
	Date of Birth: Jan.22,1910	Birth Place: Weiser	Full Name of Mother: Fannie Hemenway (Hawkey)	Name of Father: J. B. Hemenway	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit by mother filed recorder's Off.		By whom issued and signed: Ray Wilson Recorder, Fanny Hemenway (mother)	Date Issued: Sept.12,1942 (copy made)	Date Orig. Entry: Sept.12,1942 aff. made out
	Date of Birth: Jan.22,1910	Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Fanny Hemenway	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 23, 1964

FORM BH 56067

DEC 23 1964

799-204-035-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriett Mae Price		2. Date Of Birth (month) May (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce now Lewis; b. City or Town of Birth: Nezperce, Idaho
FATHER	6. Full Name of Father: Dallas William Price		7. State or Country of Father's Birth: Springdale, Arkansas
MOTHER	8. Full Maiden Name of Mother: Mattie Pearl Hunsucker		9. State or Country of Mother's Birth: Conover, North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriett Mae Everson	11. Present Address of Registrant: 814-N. 15th Ave
NOTARY (Seal)	Subscribed and sworn to before me on: 12-7-9 1964	12. Signature of Notary: H.H. Witzke	13. Notary Commission expires: My Commission Expires June 22, 1968 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mattie P. Price	Date issued: Sept. 18, 1964	Date Orig. Entry: -----
	Date of Birth: May 4, 1910	Birth Place: Nezperce, Lewis County, Idaho	Full Name of Mother: Mattie Pearl Hunsucker	Name of Father: Dallas William Price
SUPPORTING RECORD 2.	Type of Document: Certificate of registration of voter	By whom issued and signed: Seattle, Washington Comptroller's Office	Date issued: Sept. 10, 1964	Date Orig. Entry: Sept. 29, 1944
	Date of Birth: Age: 34	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #527-36-4593	By whom issued and signed: Treasury Department form SS-5	Date issued: Dec. 18, 1964	Date Orig. Entry: Sept. 24, 1948
	Date of Birth: May 4, 1910	Birth Place: Nezperce, Idaho	Full Name of Mother: Mattie Pearl Hunsucker	Name of Father: Dallas William Price
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

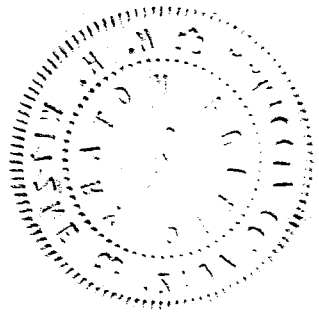
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Jan. 4, 1965

FORM BH 56067

Enclosure

JAN 6 1965

JAN 15 1965



315-101-044-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN STEPHEN LANNING			2. Date of Birth (month) MAY (day) 1 (year) 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: WASHINGTON	b. City or Town of Birth: WEISER
FATHER	6. Full Name of Father: CHARLES EDWARD LANNING			7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: ESTHER TEPLY			9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Lanning		11. Present Address of Registrant: Middleton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 5/65 19___	12. Signature of Notary: Halland E Cox		13. Notary Commission expires: 3/21/67 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #440004	Date Issued: -----	Date Orig. Entry: child born June 29, 1947	
	Date of Birth: Age 37	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding membership in lodge	By whom issued and signed: Middleton I.O.O.F. Lodge#52	Date Issued: Sept.20, 1963	Date Orig. Entry: Nov.8,1950	
	Date of Birth: May 1,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Eusta Lanning	Date Issued: Jan.9,1965	Date Orig. Entry: -----	
	Date of Birth: May 1,1910	Birth Place: Weiser, Idaho	Full Name of Mother: Eusta Lanning	Name of Father: Charles Edward Lanning	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 13, 1965

FORM BH 56067

1 cp pd rec # 8371

1-7-66

JAN 13 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

January 1965

944-220-044-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-058

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Vena Zumalt			2. Date of Birth (month) June (day) 20 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: James Fredrick Zumalt			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Bertha Lee Moore			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Vena Zumalt		11. Present Address of Registrant: P.O. Box 96 Gerber, California
NOTARY (Seal)	Subscribed and sworn to before me on: September 29 1964	12. Signature of Notary: Floyd C. Hicks		13. Notary Commission expires: January 5 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Bertha Lee Moore	Date Issued: Sept. 29, 1964	Date Orig. Entry: ---
	Date of Birth: June 20, 1910 / Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Bertha Lee Moore	Name of Father: James Fredrick Zumalt	
SUPPORTING RECORD 2.	Type of Document: Photocopy of page from Bible	By whom issued and signed: Family Bible, John P. Fanciani, Notary, Gerber, Calif.	Date Issued: Oct. 14, 1964	Date Orig. Entry: Obviously Old
	Date of Birth: June 20, 1910 / Birth Place: ---	Full Name of Mother: Bertha Zumalt	Name of Father: J. F. Zumalt	
SUPPORTING RECORD 3.	Type of Document: Photocopy of application for social security #549-28-7747	By whom issued and signed: Treasury Department form SS-5	Date Issued: -----	Date Orig. Entry: Dec. 15, 1939
	Date of Birth: June 20, 1910 / Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Bertha Lee Moore	Name of Father: James Fredrick Zumalt	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 21, 1965

FORM BH 56067

JAN 21 1965

255-104-004-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-075

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Victor Loveland Kent			2. Date of Birth (month) August (day) 4 (year) 1910	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Wardboro (mail Montpelier)	
FATHER	6. Full Name of Father: Martin Marlin Kent			7. State or Country of Father's Birth: Lewiston, Cache, Utah	
MOTHER	8. Full Maiden Name of Mother: Dora Lillian Loveland			9. State or Country of Mother's Birth: Fish Haven, Bear Lake, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Victor Loveland Kent	11. Present Address of Registrant: Rt # 1, Star, Idaho 83669	
NOTARY (Seal)	Subscribed and sworn to before me on: 25th January 1965		12. Signature of Notary: Libby P. Tidwell	13. Notary Commission expires: May 30 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application to insurance company#56454		By whom issued and signed: Idaho Mutual Benefit Association, Boise, Idaho	Date Issued: April 28,	Date Orig. Entry: April 28, 1958
	Date of Birth: Aug.4,1910	Birth Place: Wardboro, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person closeby at time of birth		By whom issued and signed: Elgin S. Bridges (67 yrs. old)	Date Issued: Jan.16,1965	Date Orig. Entry: ----
	Date of Birth: Aug.4,1910	Birth Place: Wardboro, Idaho Bear Lake County	Full Name of Mother: Dora Lillian Loveland	Name of Father: Martin Marlin Kent	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #49-00475	Date Issued: -----	Date Orig. Entry: child born Jan.24,1949
	Date of Birth: Age 38	Birth Place: Montpelier,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 1, 1965

FORM BH 56067

Kent

FEB 1 1965

766-20-3021-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-084

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veda M. Goodwin		2. Date of Birth (month) October (day) 3 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Weston.
FATHER	6. Full Name of Father: F. C. Goodwin		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Edith Phillips		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veda M. Wigington	11. Present Address of Registrant: R# 3 Buhl, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 28, 1965	12. Signature of Notary: Jack O. Eastman	13. Notary Commission expires: Feb. 4, 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with State of Idaho # 208192	Date Issued: -------	Date Orig. Entry: child born Nov. 5, 1932	
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Written Statement from L. D. S. Church -Buhl, Idaho	By whom issued and signed: Bishop- Herbert L. School Clerk LaMar W. Orton	Date Issued: Jan. 28, 1965	Date Orig. Entry: Baptized July 2, 1919	
	Date of Birth: Oct. 3 1910	Birth Place: Weston, Idaho	Full Name of Mother: Edith Phillips	Name of Father: Frank C. Goodwin	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who has known her since birth	By whom issued and signed: Mrs. Lois V. Phillips AGE: 78	Date Issued: Jan.30,1965	Date Orig. Entry: ----	
	Date of Birth: Oct.3,1910	Birth Place: Weston, Idaho	Full Name of Mother: Edith Phillips	Name of Father: Frank C. Goodwin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	fc Glenda Larson	Feb. 3, 1965

FORM BH 56067

1 cpd rec # 9384 to file

1-29-65

FEB 3 1965

962-2101003-958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-106

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Retura Robins		2. Date Of Birth (month) (day) (year): December 10, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Lava Hot Springs, Idaho
FATHER	6. Full Name of Father: George Wilbur Robins		7. State or Country of Father's Birth: Iowa, Linn County
MOTHER	8. Full Maiden Name of Mother: Martha Ella Reynolds		9. State or Country of Mother's Birth: Iowa, Linn County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Retura Kempton	11. Present Address of Registrant: Rt #2, Twin Falls, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: February 1 1965	12. Signature of Notary: Vivian Fulton	13. Notary Commission expires: February 20 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #518-14-3251	By whom issued and signed: Treasury Dept. form SS-5	Date Issued: -----	Date Orig. Entry: Feb. 7, 1928
	Date of Birth: Dec.10,1910; Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: Martha Ella Reynolds	Name of Father: George Wilbur Robins	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #423137	Date Issued: ---	Date Orig. Entry: child born July 13, 1946
	Date of Birth: Age:35; Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: M. Ella Robins	Date Issued: Jan.8,1965	Date Orig. Entry: -----
	Date of Birth: Dec.10,1910; Birth Place: near Lava Hot Springs	Full Name of Mother: M. Ella Robins	Name of Father: George W. Robins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 9, 1965

FORM BH 56067

Kimpton

FEB 10 1965

513230-038-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Marie Eaton			2. Date of Birth (month) July (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, County
FATHER	6. Full Name of Father: Lafeyette Thomas Eaton			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Minnie Cox			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Marie Eaton		11. Present Address of Registrant: Rt. 4 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 18 Feb 1965	12. Signature of Notary: W W Benson		13. Notary Commission expires: 1 Aug 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Minnie Cox Eaton		Date Issued: Feb. 5, 1965	Date Orig. Entry: -----
	Date of Birth: July 30, 1910	Birth Place: Payette, Idaho Payette County	Full Name of Mother: Minnie Cox Eaton	Name of Father: Lafeyette Thomas Eaton	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Samaritan Community Hospital Nampa, Idaho		Date Issued: Sept. 24, 1964	Date Orig. Entry: Aug. 1, 1955
	Date of Birth: July 30, 1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #378053		Date Issued: -------	Date Orig. Entry: child born August 1, 1943
	Date of Birth: Age 33	Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 17, 1965

FORM BH 56067

FEB 17 1965

2437091028-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-153

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES ARVID GORDON BUTTENHOFF		2. Date of Birth (month) JAN. (day) 9 (year) 1910
	3. Color or Race: CAU	4. Sex: MALE	5. Place of Birth a. County: KOOTENAI; b. City or Town of Birth: COEUR D'ALENE
FATHER	6. Full Name of Father: CHARLES FRANCIS BUTTENHOFF		7. State or Country of Father's Birth: WISCONSIN
MOTHER	8. Full Maiden Name of Mother: MARY JANE CAMERON		9. State or Country of Mother's Birth: CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon Buttenhoff	11. Present Address of Registrant: Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 12 1965	12. Signature of Notary: D.W. Brown Jr.	13. Notary Commission expires: Nov. 18 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record sheet		By whom issued and signed: Family records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Jan.9,1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Mary Jane	Name of Father: Charles Francis Buttenhof	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance polity		By whom issued and signed: Great Northwest Life Ins. Co. Spokane, Washington	Date Issued: ------	Date Orig. Entry: June 25, 1947
	Date of Birth: Jan.9,1910	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #264172	Date Issued: ------	Date Orig. Entry: child born Jan. 31, 1938
	Date of Birth: Age 28	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 4, 1965

FORM BH 56067

Butterfly

MAR 4 1965

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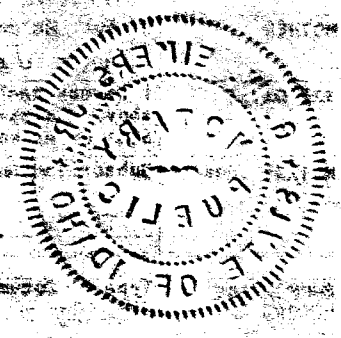

294-204.032-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Elva Sidwell		2. Date of Birth (month) June (day) 4, (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln now Jerome	b. City or Town of Birth: Jerome, Idaho
FATHER	6. Full Name of Father: Homer Mills Sidwell		7. State or Country of Father's Birth: Fairview, Utah	
MOTHER	8. Full Maiden Name of Mother: LuEthel Kelsey		9. State or Country of Mother's Birth: St. George, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Annie Elva Riendeau	11. Present Address of Registrant: 603 So 8 ave Yakima Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 4 1965	12. Signature of Notary: E C Gunter	13. Notary Commission expires: Jan 12 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: LuEthel K. & Homer M. Sidwell	Date Issued: Oct.9,1964	Date Orig. Entry: ------	
	Date of Birth: June 4,1910	Birth Place: Jerome, Idaho (Lincoln Now Jerome)	Full Name of Mother: LuEthel Kelsey	Name of Father: Homer Mills Sidwell	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Vital Statistics, Olympia, Washington	Date Issued: Sept.18, 1961	Date Orig. Entry: child born Dec. 19, 1941	
	Date of Birth: Age 31	Birth Place: Gerome, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital record	By whom issued and signed: Yakima Valley Memorial Hosp. Yakima, Washington	Date Issued: Feb.16,1965	Date Orig. Entry: Feb.16,1951	
	Date of Birth: June 4,1910	Birth Place: Idaho	Full Name of Mother: Kelsey	Name of Father: Homer Sidwell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 8, 1965

FORM BH 56067

1 cp. pd. rec. #6599

2-5-65

Riendeau

MAR 8 1965

AUG 0 3 1999

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	Certified copy of our child's birth certificate	Vital Statistics, Olympia, Washington	Sept. 18, 1961 / Dec. 1[illegible], 1961
	Age 31 Jerome, Idaho	----	----
[illegible]	Statement regarding hospital record	Yakima Valley Memorial Hosp. Yakima, Washington	Feb. 16, 1961 / Feb. 16, 1961
	June 4, 1910 Idaho	Valley	Homer Sidwell
[illegible]			
[illegible]	[illegible]	[illegible]	March 5, 1965

913-20-025-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-194

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Matilda Ellen Mattson			2. Date of Birth (month) Nov. (day) 10 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: Mathias Mattson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Dorothea Schaefer			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Matilda E. Pejsika		11. Present Address of Registrant: 201 E. North St., Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 12 1965	12. Signature of Notary: N. C. MacGregor		13. Notary Commission expires: October 1 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital record	By whom issued and signed: General Hospital, Grangeville Idaho	Date Issued: ----	Date Orig. Entry: admitted Jan.15,1957	
	Date of Birth: Nov.10,1910	Birth Place: -----	Full Name of Mother: Mary Shaffer	Name of Father: Matt Mattson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Emma Earp Age 80	Date Issued: March 3,1965	Date Orig. Entry: ------	
	Date of Birth: Nov.10,1910	Birth Place: Grangeville,Idaho Idaho County	Full Name of Mother: Dorothea Mattson	Name of Father: Mathias Mattson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #174094	Date Issued: ------	Date Orig. Entry: child born Aug. 17, 1929	
	Date of Birth: Age 18	Birth Place: Grangeville,Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson		Date Filed: March 29,1965	

FORM BH 56067

MAR 29 1965

249-123-026-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65- 205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Worth Smith		2. Date Of Birth (month) January (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Jefferson b. City or Town of Birth: Ririe
FATHER	6. Full Name of Father: Richard Thompson Smith		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Rose Emma Killian		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D Worth Smith	11. Present Address of Registrant: Route 2, Box 299 Rigby, Idaho 83442
NOTARY (Seal)	Subscribed and sworn to before me on: 3-15- 1965	12. Signature of Notary: Lois Holt	13. Notary Commission expires: June 18 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Holy Baptism notarized	By whom issued and signed: Lois Holt, Notary Public	Date issued: Feb.28,1958	Date Orig. Entry: baptized Aug. 20, 1919
	Date of Birth: Jan.23,1910 / Birth Place: ----	Full Name of Mother: Rose Killian Smith	Name of Father: Richard Thompson Smith	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: New York Life Insurance Co.	Date issued: ---	Date Orig. Entry: Nov. 1, 1939
	Date of Birth: Jan.23,1910 / Birth Place: Ririe, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: notarized photo copy of own child's hospital Birth Cert.	By whom issued and signed: Lois Holt, Notary Public	Date issued: Feb.28,1958	Date Orig. Entry: child born Aug. 4, 1945
	Date of Birth: Jan.23,1910 / Birth Place: Ririe, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Glenda Larson	March 30, 1965

FORM BH 56067 / Copy Paid #10365

MAR 30 1965

S12-121-035-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roy William Eastwood			2. Date Of Birth (month) (day) (year): September 21, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Lewiston a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Emmett Edward Eastwood			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Annie Louise Kroutinger			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 30 1968	12. Signature of Notary: [signature]		13. Notary Commission expires: April 15 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by relative		By whom issued and signed: Virginia F. Shearer	Date issued: Nov.30,1964	Date Orig. Entry: -----
	Date of Birth: Sept. 21, 1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Annie Louise Eastwood	Name of Father: Emmett E. Eastwood	
SUPPORTING RECORD 2.	Type of Document: photocopy of military separation paper		By whom issued and signed: Army of the United States	Date issued: June 1,1946	Date Orig. Entry: Aug. 26, 1943
	Date of Birth: Sep.21,1910	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #48-4637	Date issued: -----	Date Orig. Entry: child born April 29,1948
	Date of Birth: Age 37	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Glenda Larson	Date Filed: March 30, 1965

FORM BH 56067

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MAR 30 1965

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DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1 copy paid 3-13-62

693-11-1044-362

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-214

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Henry Williams			2. Date Of Birth (month) September (day) 17 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser, Idaho
FATHER	6. Full Name of Father: Edward Willis Williams			7. State or Country of Father's Birth: St. Paul, Arkansas
MOTHER	8. Full Maiden Name of Mother: Eliza Cobbs			9. State or Country of Mother's Birth: Logan County, Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward H. Williams		11. Present Address of Registrant: McKay, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 1965	12. Signature of Notary: V. L. Kenny		13. Notary Commission expires: 7-13- 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle		By whom issued and signed: James D. Cobbs Age 76	Date Issued: Sept.2,1963	Date Orig. Entry: -----
	Date of Birth: Sept. 17, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Eliza Cobbs	Name of Father: Edward Willis Williams	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: The Mutual Life Insurance Co. of New York	Date Issued: -----	Date Orig. Entry: Oct.3,1935
	Date of Birth: Sept. 17, 1910	Birth Place: Weiser, Idaho	Full Name of Mother: Elizabeth S. Williams	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #53-12456	Date Issued: ----	Date Orig. Entry: child born Oct.15,1953
	Date of Birth: Age 43	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 31, 1965

FORM BH 56067

MAR 31 1965

Williams

915-201-029-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-220

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS NAOMI RANDALL		2. Date of Birth (month) (day) (year): August 1 1910
	3. Color or Race: caucasian	4. Sex: female	5. Place of Birth a. County: Moscow, Idaho Latah; b. City or Town of Birth: Moscow,
FATHER	6. Full Name of Father: Frank Otis Randall		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Elizabeth Haner		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Naomi McQuarrie	11. Present Address of Registrant: 1633 S. E. First, Bellevue, Wash.
NOTARY (Seal) X	Subscribed and sworn to before me on: March 17 1965	12. Signature of Notary: X Mrs McQuarrie	13. Notary Commission expires: X October 12 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record		By whom issued and signed: Kalispell Public Schools	Date Issued: ---	Date Orig. Entry: 1916
	Date of Birth: Aug.1,1910	Birth Place: Moscow, Idaho	Full Name of Mother: ------	Name of Father: F. O. Randall	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #11420		By whom issued and signed: Seattle, Washington, King County	Date Issued: Jan.25,1965	Date Orig. Entry: child born Oct.16,1949
	Date of Birth: Age 39	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (born 5/25/1884)		By whom issued and signed: Viola Haner Olin	Date Issued: Feb.18,1965	Date Orig. Entry: ------
	Date of Birth: Aug.1,1910	Birth Place: ------	Full Name of Mother: Elizabeth Haner Randall	Name of Father: Frank Otis Randall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	March 31, 1965

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MAR 31 1965

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-230

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Eunice Pingel
2. Date of Birth (month) (day) (year): November 6, 1910
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Coeur d' Alene

FATHER

6. Full Name of Father: Ernest W. Pingel
7. State or Country of Father's Birth: Waupace County, Wis., USA

MOTHER

8. Full Maiden Name of Mother: Emma Wilhelmina Gluesing
9. State or Country of Mother's Birth: Buffalo County, Wis. USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: (Mrs.) Alice E. Olson nee Alice E Pingel
11. Present Address of Registrant: Route 2, Bonduel, Wis.

NOTARY (Seal)

Subscribed and sworn to before me on: MARCH 24 1965

12. Signature of Notary: Alex Peterson
13. Notary Commission expires: DEC. 11 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for wage statement from Social Security	Social Security Administration #397 28 4873	-----	postmarked Feb.1,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.6,1910	------	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Ernest W. Pingel	Dec.22,1964	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.6,1910	Coeur d'Alene, Idaho Kootenai, County	Emma Wilhelmina Gluesing	Ernest William Pingel

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #132	Brown County, Wisconsin, Harold P. Loch, Register Deeds	Mar.22,1965	child born Oct.11,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 31	Courde Alene, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	April 5,1965

FORM BH 56067 5-5-60

APR 5 1965

655-217.033-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-246

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nora Opal Weekes		2. Date of Birth (month) (day) (year): Jan 17 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sunny Dell, Madison b. City or Town of Birth: Sunnydell Idaho
FATHER	6. Full Name of Father: John Samuel Weekes		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ida Isabel Grover		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal W. Clements	11. Present Address of Registrant: Thornton, Ida R1
NOTARY (Seal)	Subscribed and sworn to before me on: March 27, 1965	12. Signature of Notary: [signature]	13. Notary Commission expires: October 1, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #47508	By whom issued and signed: Idaho Mutual Benefit Association, Boise, Idaho	Date Issued: -----	Date Orig. Entry: July 19, 1957
	Date of Birth: Jan.17,1910 / Birth Place: Sunnydell,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: transcript of school record	By whom issued and signed: Ricks College, Rexburg, Idaho	Date Issued: May 30,1939	Date Orig. Entry: Sept. 1928
	Date of Birth: Jan.17,1910 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: application for membership	By whom issued and signed: The Society of Daughters of Utah Pioneers, Kate Carter, Pres.	Date Issued: April 1, 1957	Date Orig. Entry: Feb.12,1957
	Date of Birth: Jan.17,1910 / Birth Place: Sunny Dell, Idaho	Full Name of Mother: Ida Grover	Name of Father: John Weekes	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	April 8, 1965

FORM BH 56067

Cecil Clements

APR 8 1965

216-273028-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-256

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Hildur Bjork			2. Date of Birth (month) 9 (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Spirit Lake, Idaho
FATHER	6. Full Name of Father: John Bjork			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Indiana Olsen			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Hildur Whitehead		11. Present Address of Registrant: 2235 So. 7th St. Louisville, Ky.
NOTARY (Seal)	Subscribed and sworn to before me on: March 1st 1965	12. Signature of Notary: Jackie Tally		13. Notary Commission expires: March 7th 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: General Hospital of Everett Everett, Washington	Date Issued: ----	Date Orig. Entry: child born Dec.1,1932
	Date of Birth: Sept. 23, 1910 / Birth Place: Spirit Lake, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of page from Family Bible	By whom issued and signed: Family Bible/Lillian Fackler Notary	Date Issued: Mar.15,1965	Date Orig. Entry: obviously old
	Date of Birth: Sept. 23, 1910 / Birth Place: -----	Full Name of Mother: -----	Name of Father: John Bjork	
SUPPORTING RECORD 3.	Type of Document: certified copy of license to wed application #20769	By whom issued and signed: Snohomish County, Washington	Date Issued: Apr.13,1965	Date Orig. Entry: June 30,1928
	Date of Birth: Age 17 / Birth Place: -----	Full Name of Mother: Mrs. John Bjork	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	April 20, 1965

FORM BH 56067

Whitehouse

APR 20 1965

619-202.020-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-281

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPHINE E. WARING		2. Date Of Birth (month) (day) (year): March 2 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Elmore; b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: Gilbert Horace Waring		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Laura Bell Thornton		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine E. Barber	11. Present Address of Registrant: 3096 Eaton St Denver, Colo
NOTARY (Seal)	Subscribed and sworn to before me on: February 18, 1965	12. Signature of Notary: John W. Sunkel	13. Notary Commission expires: 3-5-1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #19688	By whom issued and signed: Vital Statistics, Colorado	Date issued: Sept. 6, 1950	Date Orig. Entry: child born Oct. 16, 1945
	Date of Birth: Age 35 / Birth Place: Mt. Home, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Laura Bell Thornton, Waring	Date issued: March 13, 1965	Date Orig. Entry: -----
	Date of Birth: March 2, 1910 / Birth Place: Mountain Home, Elmore County, Idaho	Full Name of Mother: Laura Bell Thornton, Waring	Name of Father: Gilbert Horace Waring	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Anthony Hospital, Denver, Colorado	Date issued: Apr. 5, 1965	Date Orig. Entry: July 28, 1951
	Date of Birth: March 2, 1910 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	gml Glenda Larson	May 3, 1965

FORM BH 56067 nm 2-16-65 (B)

MAY 3 1965

Barber

236-22-7022-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-290

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Ozula Stoddard		2. Date of Birth (month) Sept. (day) 27, (year) 1910
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Lyman
FATHER	6. Full Name of Father: Archibald Williamson Raymond Stoddard		7. State or Country of Father's Birth: Wellsville, Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Amanda Gilbert		9. State or Country of Mother's Birth: Grousecreek, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma O. Heston	11. Present Address of Registrant: 355 West Halliday
NOTARY (Seal)	Subscribed and sworn to before me on: April 13 19 65	12. Signature of Notary: Nellie B. Wright	13. Notary Commission expires: August 20 19 66

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of blessing		By whom issued and signed: LDS Church, Lyman Ward	Date Issued: Jan.1,1911	Date Orig. Entry: blessed Jan. 1, 1911
	Date of Birth: Sept. 27, 1910	Birth Place: Lyman, Fremont County, Idaho	Full Name of Mother: Eliza Gilbert	Name of Father: Archibald W. Stoddard	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #20 284 072		By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: May 1953	Date Orig. Entry: Mar. 17, 1953
	Date of Birth: Sept. 27, 1910	Birth Place: Lyman, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #246786	Date Issued: -----	Date Orig. Entry: child born Sept.23,1936
	Date of Birth: Age 25	Birth Place: Lymon, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: May 5, 1965

FORM BH 56067

Weston

MAY 5 1965

168-229-001-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-291

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glyda Luella Johnson			2. Date of Birth (month) October (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: George Johnson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Julia Crandall			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Glyda Luella Webb		11. Present Address of Registrant: Melba, Idaho Box #6
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: E. L. Webb, Bishop; John C. Cram, Clerk	Date Issued: May 4, 1965	Date Orig. Entry: Sept. 4, 1920 Baptized
	Date of Birth: Oct. 29 1910 / Birth Place: Boise, Idaho	Full Name of Mother: Julia Crandall		Name of Father: George Johnson
SUPPORTING RECORD 2.	Type of Document: Ins. ½ Policy Modern Woodmen of America	By whom issued and signed: J. G. Ray National Secretary	Date Issued: Jan. 1, 1937	Date Orig. Entry: Dec. 12 1936
	Date of Birth: Oct. 29 1910 / Birth Place: Boise, Idaho	Full Name of Mother: ----------		Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with state of Idaho # 266004	Date Issued: ----	Date Orig. Entry: child born Mar. 2, 1938
	Date of Birth: Age 27 / Birth Place: Boise, Idaho	Full Name of Mother: ----------		Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 5, 1965

FORM BH 56067

MAY 5 1965

Wibb

JUL 24 1975

DECEASED

986-20-1036-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-312

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David L. Thomas			2. Date Of Birth: (month) April (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Oneida	b. City or Town of Birth: Malad City
FATHER	6. Full Name of Father: David M Thomas			7. State or Country of Father's Birth: Idaho N.S.A.
MOTHER	8. Full Maiden Name of Mother: Ella Elizabeth Lilly			9. State or Country of Mother's Birth: Nevada U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David L. Thomas Jr.		11. Present Address of Registrant: Holbrook Rt. Malad Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1965	12. Signature of Notary: Colen H. Sweeten Jr.		13. Notary Commission expires: Clerk of the district court

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #1373083	By whom issued and signed: Occidental Life Insurance Co. of California	Date Issued: -----	Date Orig. Entry: Aug. 15, 1942
	Date of Birth: April 4, 1910 / Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Ella E. Lilly Thomas Age 85	Date Issued: May 19, 1965	Date Orig. Entry: -----
	Date of Birth: April 4, 1910 / Birth Place: Malad, Idaho	Full Name of Mother: Ella E. Lilly Thomas	Name of Father: David M. Thomas	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: Reorganized Church of Jesus Christ of Latter Day Saints	Date Issued: -----	Date Orig. Entry: Mar. 7, 1920 Baptized
	Date of Birth: April 4, 1910 / Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	May 20, 1965

FORM BH 56067

966203-039-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-323

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Helen Rowley		2. Date of Birth (month) December (day) 3 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: John Elmer Rowley		7. State or Country of Father's Birth: Peoria, Illinois	
MOTHER	8. Full Maiden Name of Mother: Margie Elisabeth Hartshorn		9. State or Country of Mother's Birth: Grand Junction, Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet H. Opsa	11. Present Address of Registrant: 213 A Street Grand Coulee, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: April 26th 1965	12. Signature of Notary: [signature]	13. Notary Commission expires: June 28 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Bessie E. Holland 79 Age	Date Issued: March 16, 1965	Date Orig. Entry: -------	
	Date of Birth: Dec.3,1910	Birth Place: American Falls, Idaho	Full Name of Mother: Margie Elizebeth Hartshorn	Name of Father: John Elmer Rowley	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Division of Vital Statistics State of Washington	Date Issued: Oct.3,1944	Date Orig. Entry: child born Mar. 25, 1930	
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #232969-S	By whom issued and signed: Royal Neighbors of America	Date Issued: Oct.30,1939	Date Orig. Entry: Aug.21,1939	
	Date of Birth: Dec.3,1910	Birth Place: American Falls, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

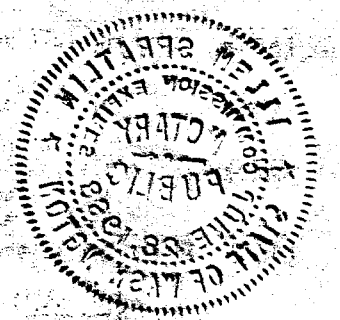
State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	May 25, 1965

FORM BH 56067

1 copy paid rec. 10258 (0)

MAY 25 1965

Copy



343-227-014-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-338

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Jeanne Tucker		2. Date Of Birth (month) (day) (year): February 27, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: near Parma, Idaho
FATHER	6. Full Name of Father: Sidney Grant Tucker		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jessie Emma Stafford		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Jeanne Tucker Kuhns	11. Present Address of Registrant: 154 F St. S.W. Ephrata, Wn
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1965	12. Signature of Notary: John W. Baird	13. Notary Commission expires: January 19 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: S. G. Tucker and Jessie E. Tucker	Date issued: Feb.29,1952	Date Orig. Entry: ------
	Date of Birth: Feb.27,1910; Birth Place: near Parma, Idaho	Full Name of Mother: Jessie E. Tucker	Name of Father: S. G. Tucker	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: St.Luke's Hospital, Boise, Idaho	Date issued: ------	Date Orig. Entry: child born July 12,1945
	Date of Birth: Feb.27,1910; Birth Place: Parma, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Central Washington Deaconess hospital, Wenatchee, Wash.	Date issued: Apr.30,1965	Date Orig. Entry: August 1957
	Date of Birth: Feb.27,1910; Birth Place: Parma, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 27, 1965

FORM BH 56067

2 cps. pd. rec. # 10410 and #60-1840 (K) 3-31-65

MAY 27 1965

296-207-006-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-340

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Brown			2. Date Of Birth (month) April (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Aberdeen-Bingham	b. City or Town of Birth: Aberdeen, Idaho
FATHER	6. Full Name of Father: William Edgar Brown			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Cora Lee Cisco			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Webster		11. Present Address of Registrant: 1739 Cedar St Forest Grove, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: May 3rd 1965	12. Signature of Notary: Louise Marshall		13. Notary Commission expires: My Commission Expires October 19, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister 10 years 4 months older	By whom issued and signed: Ilo Brown	Date Issued: Apr.8,1965	Date Orig. Entry: -----
	Date of Birth: April 7, 1910 / Birth Place: Aberdeen, Idaho	Full Name of Mother: Cora Lee Cisco	Name of Father: William Edgar Brown	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #5127066	By whom issued and signed: Metropolitan Life Insurance Company	Date Issued: -----	Date Orig. Entry: Oct.22,1928
	Date of Birth: Apr.7,1910 / Birth Place: Aberdeen, Idaho	Full Name of Mother: Cora C. Brown	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage record	By whom issued and signed: Dorothy Rogers, Co. Clerk Klamath County, Oregon	Date Issued: Apr.5,1965	Date Orig. Entry: July 3,1938
	Date of Birth: Age 28 / Birth Place: Aberdeen, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	May 28, 1965

FORM BH 56067

3-8-62

MAY 28 1965

DELAYED CERTIFICATE OF BIRTH

State File No. [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible]	
	3. Color or Name: [illegible]	4. Sex: [illegible]	5. Place of Birth: [illegible] County: [illegible] City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]		7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: [illegible]
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	9. Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: The Brown	Date Issued: Apr. 8, 1965	Date Orig. Entry: ----
		Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: Oct. [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: ----	
SUPPORTING RECORD 3	Type of Document: Certified copy of marriage record	By whom issued and signed: [illegible]	Date Issued: Apr. 7, 1965	Date Orig. Entry: July 2, 1938
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Glenda Larsen	May 24, 1965

FORM [illegible] 3-8-62

025-213-033-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-341

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Amelia Steiner			2. Date of Birth (month) Feb. (day) 13 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County: Madison	b. City or Town of Birth: Rexburg	
FATHER	6. Full Name of Father: John Emil Steiner			7. State or Country of Father's Birth: Logan Utah	
MOTHER	8. Full Maiden Name of Mother: Emelia (Emma) Buchmiller			9. State or Country of Mother's Birth: Logan, Utah	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Amelia Steiner		11. Present Address of Registrant: Route 1 Rexburg	
NOTARY (Seal)	Subscribed and sworn to before me on: April 26 1965	12. Signature of Notary: Henry Dietrich		13. Notary Commission expires: April 16 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle	By whom issued and signed: J. H. Buchmiller Age 81		Date Issued: Apr.26,1965	Date Orig. Entry: -----
	Date of Birth: Feb.13,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Emelia (Emma) Buchmiller	Name of Father: John Emil Steiner	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of blessing	By whom issued and signed: LDS Church, Ernest Blaser, clerk		Date Issued: Apr.3,1910	Date Orig. Entry: blessed Apr.3,1910
	Date of Birth: Feb.13,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Emily Buckmiller	Name of Father: John E. Steiner	
SUPPORTING RECORD 3.	Type of Document: Photocopy of certificate of baptism and confirmation	By whom issued and signed: LDS Church Rexburg 3rd Ward		Date Issued: Nov.27,1918	Date Orig. Entry: baptized Mar.2,1918
	Date of Birth: Feb.13,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Emma Buckmiller	Name of Father: John E. Steiner	

QUALIFYING INFORMATION

Own child's birth certificate on file Idaho #224578 gives mother's age as 24, mother's birthplace as Idaho. Child was born on July 21, 1934.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	May 28, 1965

FORM BH 56067

In office - no search

MAY 28 1968

433-209-040-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-366

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amelia Beatrice McLean			2. Date of Birth (month) 2 (day) 9 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Burke	
FATHER	6. Full Name of Father: William J. McLean			7. State or Country of Father's Birth: Newfoundland	
MOTHER	8. Full Maiden Name of Mother: Sarah Collins			9. State or Country of Mother's Birth: Newfoundland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Franch		11. Present Address of Registrant: Wallace, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 23rd 1965	12. Signature of Notary: Marie Thompson		13. Notary Commission expires: 5/15 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Records	By whom issued and signed: On file Idaho #47-5994		Date Issued: -----	Date Orig. Entry: Dec. 5, 1947
	Date of Birth: Age 37	Birth Place: Burke, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic, St. Vincent de Paul, Burke, Idaho Rev. Becker		Date Issued: Mar. 24, 1965	Date Orig. Entry: baptized Mar. 1, 1910
	Date of Birth: Feb. 9, 1910	Birth Place: Burke, Idaho	Full Name of Mother: Sarah Collins	Name of Father: William McLean	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Anna T. Magnuson Age 67		Date Issued: Apr. 23, 1965	Date Orig. Entry: -----
	Date of Birth: Feb. 9, 1910	Birth Place: Burke, Idaho	Full Name of Mother: Sarah Collins	Name of Father: William McLean	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	June 8, 1965

FORM BH 56067

JUN 8 1965

French

493-216-025-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-370

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DELLA FRANCIS Miller			2. Date Of Birth (month) (day) (year): September 16, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: James Henry Miller			7. State or Country of Father's Birth: Weston, Oregon
MOTHER	8. Full Maiden Name of Mother: Inis Verdie Bay			9. State or Country of Mother's Birth: Weston, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della Francis Wyatt		11. Present Address of Registrant: Rt 1, Lapwai, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 1965	12. Signature of Notary: [illegible]		13. Notary Commission expires: March 23 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #198545		Date Issued: -----	Date Orig. Entry: child born Dec. 31, 1931
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Stella Broneske		Date Issued: Feb. 19, 1965	Date Orig. Entry: -----
	Date of Birth: Sept. 16, 1910	Birth Place: Stites, Idaho	Full Name of Mother: Inis Verdie Bay	Name of Father: James Henry Miller	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records Dist. #7	By whom issued and signed: Asotin County, Washington Dewey Scheibe, Co. School Supt.		Date Issued: Feb. 1, 1965	Date Orig. Entry: May 1, 1922
	Date of Birth: Sept. 16, 1910	Birth Place: -----	Full Name of Mother: Mrs. J. H. Miller	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 8, 1965

FORM BH 56067

JUN 8 1965

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name at Birth: DELLA FRANCIS Miller	2. Date of Birth: September 14, 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Idaho; 6. County: Idaho	7. City or Town of Birth: Stites
FATHER	8. Full Name of Father: James Henry Miller	9. State or Country of Father's Birth: Weston, Oregon
MOTHER	10. Full Maiden Name of Mother: Iris Verdie Hay	11. State or Country of Mother's Birth: Weston, Oregon
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]
	13. Present Address of Registrant: Ft. Lauderdale, Idaho	
	Subscribed and sworn to before me on: February 18, 1965	14. Signature of Notary: [signature]
	15. Notary Commission Expires: March 23, 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

RECORD 1	Type of Document: Amphibious birth certificate	By whom issued and signed: [illegible]	Date Issued: -----
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: -----
			Name of Father: -----
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Stella Brownlee	Date Issued: Feb. 19, 1965
	Date of Birth: [illegible]	Birth Place: Stites, Idaho	Full Name of Mother: Iris Verdie Hay
			Name of Father: James Henry Miller
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Asotin County, Washington Dewey Sprague, Co. School Supt.	Date Issued: Feb. 1, 1965
	Date of Birth: Sept. 16, 1910	Birth Place: -----	Full Name of Mother: Mrs. J. H. [illegible]
			Name of Father: -----
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION

I hereby certify that my prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]	Evidence reviewed by: [signature]	Date Filed: June 4, 1965

25/-22/-001-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-371

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Alice Kearns		2. Date of Birth (month) January (day) 21, (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho . . . Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Clayton Jackson Kearns		7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Maud Ellen Wilson		9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Martha Alice Kearns Wilborn	11. Present Address of Registrant: 3425 Norton Everett, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 19 65	12. Signature of Notary: D Connie Britt	13. Notary Commission expires: April 18 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: First Baptist Church, Everett, Washington, Edith Erickson, Clrk.	Date Issued: -----	Date Orig. Entry: baptized Apr. 6, 1950	
	Date of Birth: Jan. 21, 1910	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Providence Hospital, Everett Wash. St. Vincent Med. Rec. Lib.	Date Issued: Apr. 27, 1965	Date Orig. Entry: July 27, 1943	
	Date of Birth: Jan. 21, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Maude Wilson	Name of Father: Clayton Kearne	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Maud Ellen Kearns	Date Issued: Mar. 25, 1965	Date Orig. Entry: -----	
	Date of Birth: Jan. 21, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Maud Ellen Kearns	Name of Father: Clayton Jackson Kearns	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: June 8, 1965

Jordan & Britt, attys

JUN 8 1965

219-220-010-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-376

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clive Barnes		2. Date Of Birth (month) Jan (day) 20 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville County; b. City or Town of Birth: Shelton Idaho
FATHER	6. Full Name of Father: Thomas Hillman Barnes		7. State or Country of Father's Birth: Rumney Monmouthshire Eng.
MOTHER	8. Full Maiden Name of Mother: Maryellen Cleverley		9. State or Country of Mother's Birth: Salt Lake City Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clive Barnes Schwieder	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 5 May 1965	12. Signature of Notary: Vera Kowallis	13. Notary Commission expires: NOTARY PUBLIC IDAHO FALLS, IDAHO 19___ MY COMM. EXPS. 3-24-68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Idaho Falls, LDS Hospital Idaho	Date Issued: May 7,1965	Date Orig. Entry: May 7, 1941
	Date of Birth: Jan.20,1910 / Birth Place: Shelton, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church Shelton Ward Jos. T. Moore, clerk	Date Issued: Apr.19,1910	Date Orig. Entry: blessed March 6, 1910
	Date of Birth: Jan.20,1910 / Birth Place: Shelton, Idaho	Full Name of Mother: Mary E Cleverley	Name of Father: Thomas H. Barnes	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #236973	Date Issued: ----	Date Orig. Entry: child born Oct. 6, 1935
	Date of Birth: Age 25 / Birth Place: Shelton, Idaho	Full Name of Mother: ------	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: June 9, 1965

FORM BH 56067

1 copy paid rec. 10020 (S) 2-17-65

JUN 9 1965

Schneider

238-126-021-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-377

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Carvel Schwieder			2. Date of Birth (month) (day) (year): MAR 26 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: MINK CREEK IDAHO
FATHER	6. Full Name of Father: Arthur William Schwieder			7. State or Country of Father's Birth: LEWISTON MINNESOTA
MOTHER	8. Full Maiden Name of Mother: Louella Keller			9. State or Country of Mother's Birth: MINK CREEK IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Carvel Schwieder		11. Present Address of Registrant: RT 1 Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5 May 1965	12. Signature of Notary: Vera Kowallis		13. Notary Commission expires: VERA KOWALLIS NOTARY PUBLIC IDAHO FALLS, IDAHO MY COMM. EXPS. 3-24-68 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Arthur W. Schwieder Age 77	Date Issued: May 13,1965	Date Orig. Entry: -----
	Date of Birth: Mar.26,1910	Birth Place: Mink Creek, Idaho Franklin County	Full Name of Mother: Louella Keller	Name of Father: Arthur W. Schwieder	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Iona Ward	Date Issued: Apr.29,1965	Date Orig. Entry: blessed May 1910
	Date of Birth: Mar.26,1910	Birth Place: Franklin County Mink Creek,Idaho	Full Name of Mother: Louella Keller	Name of Father: Arthur W. Schwieder	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #236973	Date Issued: -----	Date Orig. Entry: child born Oct.6,1935
	Date of Birth: Age 25	Birth Place: Mink Creek,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 9, 1965

FORM BH 56067

1 copy paid rec. 10020 (S) 2-17-65

JUN 9 1965

Schroeder

331-27001-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Laurelia Clark		2. Date of Birth (month) Sept (day) 27 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Starr - Ada -	b. City or Town of Birth: Starr - Idaho
FATHER	6. Full Name of Father: George Grenville Clark		7. State or Country of Father's Birth: Starr - Idaho	
MOTHER	8. Full Maiden Name of Mother: Carrie Laura Beverly Brown		9. State or Country of Mother's Birth: Bellevue - Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Ellen Laurelia Oleman	11. Present Address of Registrant: Siletz, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 30 1965	12. Signature of Notary: Betty A Coates	13. Notary Commission expires: Nov 6 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Page from Family Bible	By whom issued and signed: Family Record	Date Issued: --------	Date Orig. Entry: Obviously old
	Date of Birth: Sept. 27 1910	Birth Place: Idaho	Full Name of Mother: Carrie Laura Brown Clark	Name of Father: George Grenville Clark
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 69	By whom issued and signed: Thelma Brown Laidlaw	Date Issued: Feb. 8 1965	Date Orig. Entry: ------
	Date of Birth: Sept. 27 1910	Birth Place: Starr, Idaho	Full Name of Mother: Carrie Laura Beverly Brown	Name of Father: George Grenville Clark
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #81	By whom issued and signed: State of Oregon, Vital Statistics.	Date Issued: May 18, 1965	Date Orig. Entry: child born Apr. 26, 1926
	Date of Birth: Age 15	Birth Place: Starr, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	fc Glenda Larson	June 14, 1965

FORM BH 56067

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JUN 14 1965

STATE OF OREGON
NOTARY
PUBLIC

Page from Family Bible	Family Record	--------	Obviously old
1910	Idaho	Carrie Laura Brown Clark	George Grenville Clark
Affidavit by Aunt Age 69		Thelma Brown Laidlaw	Feb. 8 1965
Sept. 27 1910	Starr, Idaho	Carrie Laura Beverly Brown	George Grenville Clark
		---	---

766-217-022-537

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-408

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hannah Esther Poole		2. Date Of Birth (month) (day) (year): Feb. 17 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: was Fremont now Jefferson; b. City or Town of Birth: Menan, Idaho
FATHER	6. Full Name of Father: Lewis Henry Poole		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hannah Dudley Ellsworth		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hannah Esther Poole Morgenegg	11. Present Address of Registrant: 1085 Canal Ave. Idaho Falls Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 24TH 1965	12. Signature of Notary: [illegible]	13. Notary Commission expires: 6/26 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding hospital records	By whom issued and signed: Idaho Falls L.D.S. Hospital Idaho Falls, Idaho	Date Issued: May 26,1965	Date Orig. Entry: Jan.13,1943
	Date of Birth: Feb.17,1910 / Birth Place: Menan, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #420016	Date Issued: ----	Date Orig. Entry: child born May 11, 1946
	Date of Birth: Age 36 / Birth Place: Menan, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Hannah D. Ellsworth	Date Issued: May 24,1965	Date Orig. Entry: -----
	Date of Birth: Feb.17,1910 / Birth Place: Menan, Idaho	Full Name of Mother: Hannah D. Ellsworth	Name of Father: Lewis Henry Poole	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 14, 1965

FORM BH 56067

JUN 14 1965

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445-26-024-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-425

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Irene Duvall
2. Date Of Birth (month) 6 (day) 6 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County
b. City or Town of Birth: Gooding, Idaho

FATHER

6. Full Name of Father: Lloyd Frederick Duvall
7. State or Country of Father's Birth: Illinois (?)

MOTHER

8. Full Maiden Name of Mother: Ella Christine Fraser
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois I. Anglin
11. Present Address of Registrant: Rt 1 Box 565A Yakima Estates, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: April 5 1965
12. Signature of Notary: Paula Hansen
13. Notary Commission expires: 9-12 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #331	Vital Statistics, State of Washington	Sept. 19, 1952	child born March 3, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 35	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt	Mrs. Sadie Jones Age 73	April 1, 1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 6, 1910	Gooding, Idaho U.S.A.	Ella Christine Duvall	Lloyd Frederick Duvall

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding doctor's records	Howard R. Bowman, M.D. Naches, Wash of records by D.C. Bowman (dec.)	June 22, 1965	1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 6, 1910	Gooding, Idaho	Ella C. Fraser	Lloyd Duvall

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	June 30, 1965

FORM BH 56067

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JUN 30 1965

966-21-042-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elma Lucille Rowberry		2. Date of Birth (month) (day) (year): March 11 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Thomas Rowberry		7. State or Country of Father's Birth: Utah UNITED STATES
MOTHER	8. Full Maiden Name of Mother: Bertha Sibbett		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elma R. Call	11. Present Address of Registrant: 231-10th St. Idaho Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1965	12. Signature of Notary: A. W. Hunter	13. Notary Commission expires: 2-20-1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by half brother	By whom issued and signed: Wilber N. Rowberry Age 67		Date Issued: Mar.8,1965	Date Orig. Entry: -----
	Date of Birth: Mar.11,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Bertha Rowberry	Name of Father: Thomas Rowberry	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #293849		Date Issued: ----	Date Orig. Entry: child born May 5, 1940
	Date of Birth: Age 30	Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #231446		Date Issued: -----	Date Orig. Entry: child born April 12, 1935
	Date of Birth: Age 25	Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. N. Barron	gml Glenda Larson	July 1, 1965

FORM BH 56067

5-22

JUL 1 1965

Call

Thomas Rowberry

Notary Commission Expires

Date Issued	Date Orig. Entry		
Date Issued	Date Orig. Entry		
Date of Birth	Date of Death		

CERTIFICATION

I hereby certify that [illegible] the foregoing abstract.

Date Registered: [illegible]

Evidence Verified by: [illegible]

Date Filed: July 1, 1965

393-218033-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-428

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Liljenquist		2. Date of Birth (month) June (day) 18 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Otto Erastus Liljenquist		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ivy May Allen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Liljenquist	11. Present Address of Registrant: RT-Box 54, Lorenzo, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: 5-7 1965	12. Signature of Notary: Lydell Whiting	13. Notary Commission expires: 6-28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #237231	Date Issued: ----	Date Orig. Entry: child born Sept. 15, 1935
	Date of Birth: Age 25	Birth Place: Rexburg, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church	Date Issued: Apr. 26, 1965	Date Orig. Entry: blessed Aug. 7, 1910
	Date of Birth: June 18, 1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Ivy May Allen	Name of Father: Otto E. Liljenquist
SUPPORTING RECORD 3.	Type of Document: Notarized photocopy of page from family book	By whom issued and signed: Family Records/T. Harold Lee, Notary	Date Issued: June 9, 1965	Date Orig. Entry: published 1947
	Date of Birth: June 18, 1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Ivy May Allen	Name of Father: Otto Erastus Liljenquist
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 1, 1965

FORM BH 56067

6-7-65

Hall

JUL 1 1965

268-228-020-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theressa Nellie Boyle			2. Date of Birth: (month) July (day) 28 (year) 1910	
	3. Color or Race: White or Caucasian	4. Sex: Female	5. Place of Birth: Idaho a. County: Elmore	b. City or Town of Birth: Mountain Home,	
FATHER	6. Full Name of Father: Henry Arlington Boyle			7. State or Country of Father's Birth: Rodney, Ontario, Canada	
MOTHER	8. Full Maiden Name of Mother: Nellie Laura Brown			9. State or Country of Mother's Birth: Bradley, South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theressa Nellie Boyle		11. Present Address of Registrant: Boise, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 15 1965	12. Signature of Notary: [signature]		13. Notary Commission expires: September 28 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: First Congretational Church		Date Issued: -------	Date Orig. Entry: Baptised Dec. 13, 1912
	Date of Birth: July 28 1910	Birth Place: Mountain Home	Full Name of Mother: Nellie Laura Brown		Name of Father: Henry Arlington Boyle
SUPPORTING RECORD 2.	Type of Document: ~~Notorized~~ School Record	By whom issued and signed: Boise High School		Date Issued: -----	Date Orig. Entry: Admission date Sept. 22, 1924
	Date of Birth: July 28 1910	Birth Place: Mountain Home	Full Name of Mother: Nellie Fleischman (Mother)		Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Born May 1890 Affidavit by Mother	By whom issued and signed: Nellie Fleischman		Date Issued: Dec. 4 1963	Date Orig. Entry: -------
	Date of Birth: July 28 1910	Birth Place: Mountain Home	Full Name of Mother: Nellie Laura Brown		Name of Father: Henry Arlington Boyle
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 16, 1965

FORM BH 56067

JUL 16 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State Reg. No. De 65-460

REGISTRANT

1. Registrant's Full Name of Birth: Theresa Nellie Boyle
2. Date of Birth: July 28 1910
3. Color or Race: Caucasian
4. Sex: Female
5. Place of Birth: Idaho
6. County: Elmore
7. City or Town of Birth: Mountain Home

FATHER

8. Full Name of Father: Henry Arlington Boyle
9. State or Country of Father's Birth: Rodney, Ontario, Canada

MOTHER

10. Full Maiden Name of Mother: [illegible]
11. State or Country of Mother's Birth: Bradley, South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

19. Signature of Registrant: [illegible]
20. Present Address of Registrant: Boise, Idaho

NOTARY

Subscribed and sworn to before me on 19 65
22. Signature of Notary: [illegible]
23. Notary Commission expires: September 28 1965

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	First Congregational Church	-------	Baptised Dec. 13, 1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 28 1910	Mountain Home	Nellie Laura Brown	Henry Arlington Boyle

SUPPORTING RECORD 2.

Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Motorized Record School Record	Boise High School	-------	Admission date Sept. 22, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 28 1910	Mountain Home	Nellie Fleischman (Mother)	----------

SUPPORTING RECORD 3.

Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Born May 1890 Affidavit by Mother	Nellie Fleischman	Dec. 1963	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 28 1910	Mountain Home	Nellie Laura Brown	Henry Arlington Boyle

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 16, 1965

595-118-023 & 19

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-473

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer J. Nielson			2. Date of Birth (month) (day) (year): June 18 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Sweet
FATHER	6. Full Name of Father: Daniel S. Nielson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Hardy			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elmer J. Nielson	11. Present Address of Registrant: 311 N23R Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: July 17 1965		12. Signature of Notary: Larry Nielson	13. Notary Commission expires: Nov. 12 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth cert.		By whom issued and signed: On file with state of Idaho # 256414	Date Issued: ------	Date Orig. Entry: child born June 20, 1937
	Date of Birth: Age 27	Birth Place: Sweet, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Ins. Policy		By whom issued and signed: Perpetual Security Life. Ins Robert Templin, Sec.	Date Issued: Dec. 29 1959	Date Orig. Entry: Dec. 29 1959
	Date of Birth: June 18 1910	Birth Place: Sweet, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 66		By whom issued and signed: Byron Hardy Nielson	Date Issued: July 17 1965	Date Orig. Entry: ---------
	Date of Birth: June 18, 1910	Birth Place: Sweet, Idaho	Full Name of Mother: Elizabeth Nielson	Name of Father: Daniel S Nielson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: July 22, 1965

FORM BH 56067

JUL 22 1965

813-218-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-65-511

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY JOHANNA HATHAWAY			2. Date Of Birth (month) (day) (year): APRIL 18, 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: FREMONT	b. City or Town of Birth: CHESTER
FATHER	6. Full Name of Father: ROBERT HENRY HATHAWAY			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: JOHANNA FREDRICKA JOHNSON			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Johanna Carter		11. Present Address of Registrant: SAINT ANTHONY, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: March 1, 1957	12. Signature of Notary: Phyllis Happeadietzel		13. Notary Commission expires: December 20, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho State File #226189		Date Issued: ----	Date Orig. Entry: child born Oct. 24, 1934
	Date of Birth: Age: 24	Birth Place: Chester, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding social security records	By whom issued and signed: J.L. Fay, Assistant Director		Date Issued: ----	Date Orig. Entry: Nov. 27, 1956
	Date of Birth: April 18, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: July 6, 1965	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Hannah F. Hathaway	Name of Father: Robert H. Hathaway	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: sm Glenda Larson		Date Filed: August 2, 1965	

FORM BH 56067

1 copy paid

AUG 2 1965

Carter

25580 Y-1014-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-514

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ervine Margaret Snell			2. Date Of Birth: (month) 9 (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Howard G. Snell			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Lucy Keys			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ervine Margaret Snell		11. Present Address of Registrant: 1513 Hale, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 1965	12. Signature of Notary: E. Colon B. Sato Pilant		13. Notary Commission expires: 2-9 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #318025		Date Issued: ———	Date Orig. Entry: child born July 19,1941
	Date of Birth: Age 30	Birth Place: Nampa, Idaho	Full Name of Mother: ———		Name of Father: ———
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy K. Snell		Date Issued: July 24,1965	Date Orig. Entry: ———
	Date of Birth: Sept. 4, 1910	Birth Place: Nampa, Canyon County, Idaho	Full Name of Mother: Lucy Keys		Name of Father: Howard G. Snell
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Nampa Senior High School Roberta Showalter, registrar		Date Issued: July 27,1965	Date Orig. Entry: Sept.8,1924
	Date of Birth: Sept.4,1910	Birth Place: ———	Full Name of Mother: ———		Name of Father: Howard Snell
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 2, 1965

FORM BH 56067 In office 4-13-65.

AUG 2 1965

713-106-021-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-515

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Elmo Packer			2. Date Of Birth (month) April (day) 6 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Franklin	
FATHER	6. Full Name of Father: James Manuel Packer			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Lonetta Christine Johnson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elmo Packer	11. Present Address of Registrant: 2460 N.8 E. Logan Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1965		12. Signature of Notary: Paul A Beck	13. Notary Commission expires: Apr. 23 1966	

APPLICANT - DO NOT WRITE BELOW THIS LINE

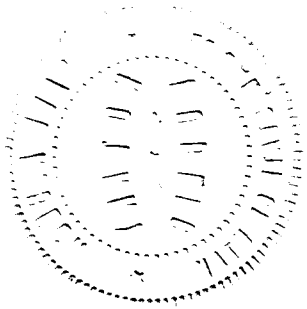
SUPPORTING RECORD 1.	Type of Document: photocopy of employment record		By whom issued and signed: Cache Valley Breeding Ass'n Logan, Utah	Date Issued: -----	Date Orig. Entry: July 1, 1949
	Date of Birth: Apr.6,1910	Birth Place: Franklin, Idaho	Full Name of Mother: Lonnetta Christine Johnson	Name of Father: James Manuel Packer	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for license to marry #68968		By whom issued and signed: Salt Lake County, Utah	Date Issued: -----	Date Orig. Entry: Aug.6,1934
	Date of Birth: Apr.6,1910	Birth Place: Franklin, Idaho	Full Name of Mother: Lonetta Johnson	Name of Father: J. M. Packer	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #233320	Date Issued: -----	Date Orig. Entry: child born June 4, 1935
	Date of Birth: Age 25	Birth Place: Franklin, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: August 3, 1965

FORM BH 56067

AUG 3 1965

FEB 6 1974



463-109-028-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-531

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Bruce Mottern			2. Date of Birth: (month) November (day) 9 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth: a. County: Harrison Kootenia Idaho	b. City or Town of Birth: Harrison Idaho
FATHER	6. Full Name of Father: Edwin Lockwood Mottern			7. State or Country of Father's Birth: Knoxville Tenn.
MOTHER	8. Full Maiden Name of Mother: Ella Mae ~~Mae~~ Cavanaugh			9. State or Country of Mother's Birth: Romeo, Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph B Mottern		11. Present Address of Registrant: St. Maries, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 5 1965	12. Signature of Notary: Stanley Shipp		13. Notary Commission expires: January 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt (27 yrs. old at time of birth)	By whom issued and signed: Mamie Taylor		Date Issued: Dec.20,1963	Date Orig. Entry: ------
	Date of Birth: Nov.9,1910	Birth Place: Harrison,Idaho	Full Name of Mother: Ella Mae Cavanaugh	Name of Father: Edwin Mottern	
SUPPORTING RECORD 2.	Type of Document: photocopy of lodge record	By whom issued and signed: Benevolent & Protective Order of Elks		Date Issued: -----	Date Orig. Entry: Feb.12,1932
	Date of Birth: Nov.9,1910	Birth Place: Harrison, Idaho Kootenai County	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance Policy	By whom issued and signed: Metropolitan Life Insurance Company		Date Issued: -----	Date Orig. Entry: May 9,1945
	Date of Birth: Nov.9,1910	Birth Place: Harrison, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 9, 1965

FORM BH 56067

AUG 9 1965

Mottern

659-212-007-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-533

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Eleanor Werry			2. Date Of Birth (month) 5 (day) 12 (year) 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Idaho a. County: Blaine	b. City or Town of Birth: Bellevue	
FATHER	6. Full Name of Father: Joe Werry Jr.			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Sarah Roberts			9. State or Country of Mother's Birth: New Jersey	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Florence Hulme	11. Present Address of Registrant: Wagerman, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 17 1965		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968	

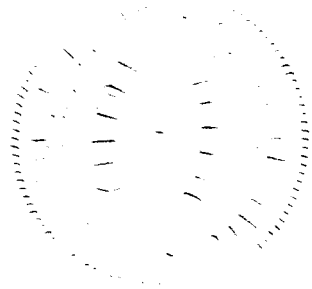
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license affidavit		By whom issued and signed: Blaine County, Idaho, Hazel Barber, Deputy	Date Issued: Nov.2,1965	Date Orig. Entry: Oct. 31, 1936
	Date of Birth: May 12,1910	Birth Place: Bellevue, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 66		By whom issued and signed: Ellison R. Werry	Date Issued: Nov.29,1965	Date Orig. Entry: -----
	Date of Birth: May 12,1910	Birth Place: Bellevue, Idaho	Full Name of Mother: Sarah Werry	Name of Father: Joe Werry, Jr.	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Hospital Records		By whom issued and signed: St. Benedict's Hospital, Inc. Jerome, Idaho	Date Issued: Nov.8,1965	Date Orig. Entry: June 3,1959
	Date of Birth: May 12,1910	Birth Place: Bellevue, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 20, 1965

FORM BH 56067

DEC 20 1965



764-210-022-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orpha Minerva Poulson		2. Date of Birth (month) (day) (year): August 10, 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Kilgore, Idaho
FATHER	6. Full Name of Father: Niels Poulsen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Minnie Nelson ~~Poulsen~~		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Orpha Kehrer	11. Present Address of Registrant: 710 So. Kilgore
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1965	12. Signature of Notary: L. J. Jacoby	13. Notary Commission expires: May 12 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #270425	Date Issued: ------	Date Orig. Entry: child born Aug.15,1938
	Date of Birth: Age 28	Birth Place: Kilgore, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate	By whom issued and signed: On file Idaho #54-7256	Date Issued: -----	Date Orig. Entry: Nov.4,1954
	Date of Birth: Age 44	Birth Place: Kilgore, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Family Record Page	By whom issued and signed: Family Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Aug.10,1910	Birth Place: -----	Full Name of Mother: Minnie Poulsen	Name of Father: Neils Poulsen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda M. Larson	Date Filed: August 17, 1965

FORM BH 56067

AUG 17 1965

533428-001-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-591

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jonathan Blumquist Ellsworth			2. Date of Birth (month) December (day) 28, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Oliver Dudley Ellsworth			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Brena Dena Blumquist			9. State or Country of Mother's Birth: Stockholm, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. B. Ellsworth		11. Present Address of Registrant: 1242 KAINS AVE BERKELEY CALIF
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 1965	12. Signature of Notary: Harold L. Hurlbert		13. Notary Commission expires: Sept 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record Book	By whom issued and signed: Editor John Orval Ellsworth, Ph.D.	Date Issued: 1956	Date Orig. Entry: -----	
	Date of Birth: December 28, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Bernadena Blumquist Washburn	Name of Father: Oliver Dudley Ellsworth	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister	By whom issued and signed: Erena D. Mathews, Age 72	Date Issued: August 30, 1965	Date Orig. Entry: ------	
	Date of Birth: December 28, 1910	Birth Place: Boise, Idaho	Full Name of Mother: Bernadina Blumquist	Name of Father: Oliver Dudley Ellsworth	
SUPPORTING RECORD 3.	Type of Document: Notorized statement of Hospital Records	By whom issued and signed: St. Lukes Hospital Patricia Ross, MRL Asst.	Date Issued: Aug. 31 1965	Date Orig. Entry: IN Hospital Sept. 11, 1924	
	Date of Birth: Age 13	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: br Florence Curtright	Date Filed: Aug. 31, 1965

FORM BH 56067

AUG 31 1965

Age 13 Idaho

294-207014-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-605

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minna Simpson		2. Date of Birth (month) (day) (year): July 7, 1910
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Parma, Idaho
FATHER	6. Full Name of Father: Oscar Cleveland Simpson		7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Ada Mary Foster		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: La Courage Minna Simpson	11. Present Address of Registrant: 1411 Jackson Red Bluff, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: August 16 1965	12. Signature of Notary: Lloyd A. Hicks	13. Notary Commission expires: January 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Royal Neighbors of America	Date Issued: -----	Date Orig. Entry: Mar. 28, 1936
	Date of Birth: July 7,1910 / Birth Place: Parma, Canyon County, Idaho	Full Name of Mother: -----	Name of Father: Oscar Simpson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment records	By whom issued and signed: Red Bluff Public Schools, Calif., W.M. Metteer, Supt.	Date Issued: Jul.21,1965	Date Orig. Entry: Sept.1958
	Date of Birth: July 7,1910 / Birth Place: Parma, Idaho	Full Name of Mother: -----	Name of Father: O. C. Simpson	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from Family Bible	By whom issued and signed: Family Bible	Date Issued: Jul.20,1965	Date Orig. Entry: obviously old
	Date of Birth: July 7,1910 / Birth Place: -----	Full Name of Mother: Ada Mary Foster Simpson	Name of Father: Oscar C. Simpson	

QUALIFYING INFORMATION

affidavit by uncle age 68 gives place of birth as Parma, Idaho-Canyon County; date of birth as July 7, 1910; ~~mothers name as Mary~~ ada Foster Simpson; and ~~father's name~~ as Oscar Cleveland Simpson. Affidavit made July 7,1910.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Sept. 1, 1965

FORM BH 56067 NR.

9-29-61

SEP 1 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR (Person whose birth is being registered)	1. Registrar's Full Name at Birth: [illegible] Simpson	2. Date of Birth: July 7, 1910	Year: 1910
	3. Sex: Male; Race: Sex; Place of Birth: Wilson County	Date of Birth: [illegible]	
FATHER	4. Full Name of Father: Oscar [illegible]	5. State of Country of Father's Birth: [illegible]	
MOTHER	6. Full Maiden Name of Mother: Ada Mary [illegible]	7. State of Country of Mother's Birth: [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	8. Signature of Registrant	9. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on	10. Signature of Notary	11. Notary Commission Expires

AFFIDAVIT DO NOT [illegible]

SUPPORTING RECORD 1	Type of Document: Notarized [illegible]	By whom Issued and Signed: Royal [illegible]	Date Issued: ----	Date Orig. Entry: Nov. 20, 1936
	Date of Birth: July 7, 1910	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: Oscar Simpson
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: Jul. 21, 1965	Date Orig. Entry: Sept. 1965
	Date of Birth: July 7, 1910	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: O. [illegible] Simpson
SUPPORTING RECORD 3	Type of Document: Notarized [illegible]	By whom Issued and Signed: [illegible]	Date Issued: Jul. [illegible], 1965	Date Orig. Entry: Obviously old
	Date of Birth: July 7, 1910	Birth Place: ----	Full Name of Mother: [illegible]	Name of Father: Oscar C. Simpson

QUALIFYING INFORMATION: [illegible] Date of Birth: July 7, 1910. [illegible] July 7, 1910.

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that on [illegible] has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed. [illegible] the facts as set forth in the foregoing abstract.

State Registrar	Assistant Registrar	Date Filed
[illegible]	[illegible]	Sept. 1, 1965

FORM NO. [illegible]

553-207-029-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-636

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Mildred Nelson			2. Date Of Birth (month) February (day) 7 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy
FATHER	6. Full Name of Father: Emil Nelson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Wilhelmina Anderson			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes M. Allen		11. Present Address of Registrant: 4417 - 38th S.W. Seattle 6, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1958	12. Signature of Notary: Hazel L. Hurlbut		13. Notary Commission expires: Sept. 28 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affadavit by father	By whom issued and signed: Emil Nelson, Father	Date Issued:	Date Orig. Entry: Nov. 5, 1941
	Date of Birth: Feb. 7, 1910 / Birth Place: Troy, Idaho	Full Name of Mother: Wilhelmina Anderson	Name of Father: Emil Nelson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Church Record	By whom issued and signed: Ev. Lutheran, Jno, E. Oslund, Pastor,	Date Issued: -----	Date Orig. Entry: July 5, 1910
	Date of Birth: Feb.7,1910 / Birth Place: Troy, Idaho	Full Name of Mother: Minnie Nelson	Name of Father: Emil Nelson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #264668	Date Issued: -----	Date Orig. Entry: child born March 13, 1938
	Date of Birth: Age 28 / Birth Place: Troy, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson		Date Filed: Sept. 9, 1965

FORM BH 56067

SEP 9 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Bureau of Vital Statistics
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Agnes Mildred Nelson	2. Date of Birth (month) (day) (year): February
	3. Color or Race: White	4. Sex: female
	5. Place of Birth: Utah	6. Place of Birth: Troy
FATHER	6. Full Name of Father: Emil Nelson	7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Wilhelmina Andersen	9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	10. Person who was born that the above is true to the best of my knowledge and belief	11. Present Address of Registrant: [illegible]
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: Affidavit by father	By whom issued and signed: Emil Nelson, Father	Date Issued: Nov. 5, 1910
	Date of Birth: Feb. 7, 1910	Place of Birth: Troy, Idaho	Name of Father: Emil Nelson
SUPPORTING RECORD 2	Type of Document: Certificate of Church Record	By whom issued and signed: Rev. Lutheran, Jac. T. Osland	Date Issued: ----
	Date of Birth: Feb. 7, 1910	Place of Birth: Troy, Idaho	Name of Father: Emil Nelson
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #26[illegible]	Date Issued: ----
	Date of Birth: Aug 28	Place of Birth: Troy, Idaho	Name of Father: ----
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that no contrary evidence has been reviewed. I, the subscribed, the facts as set forth in the foregoing abstract.

State Registrar: [signature]

Evidence reviewed by: Glenda Lawson

Date Filed: Sept. [illegible], 1965

FORM 3H 56067

168-125 0036-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-657

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: La Velle Johnson			2. Date of Birth (month) (day) (year): November 25 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: James Johnson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary E. Marston			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaVelle Johnson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 21 1965	12. Signature of Notary: George F. Halberton		13. Notary Commission expires: Feb. 1st 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Alf Satterfield, Bishop	Date Issued: Nov. 1, 1925	Date Orig. Entry: Baptized Nov. 1, 1925
	Date of Birth: Nov. 25 1910	Birth Place: Malad, Idaho	Full Name of Mother: Mary E. Marston	Name of Father: James Johnson
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age 78	By whom issued and signed: William A. Marston	Date Issued: Sept. 14 1965	Date Orig. Entry: -------
	Date of Birth: Nov. 25, 1910	Birth Place: Malad City, Idaho	Full Name of Mother: Mary Elvira Marston	Name of Father: James Loris Johnson
SUPPORTING RECORD 3.	Type of Document: Railroad Retirement Record	By whom issued and signed: Union Pacific Railroad Co.	Date Issued: July 19 1940	Date Orig. Entry: ------
	Date of Birth: Nov. 25, 1910	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Sept. 23, 1965

FORM BH 56067

SEP 23 1965

La Vella Johnson		November 25 1910
White Male	Oneida	Malad
James Johnson		Idaho
Mary E. Marston		Montana
		Address of Registrar
		Commission expires
Certificate of Baptism	Alf Satterfield Fisher	Date Issued Nov. 1, 1925 Date Original Entry Baptized Nov. 1, 1925
1910 Malad, Idaho	Mary E. Marston	James Johnson
Affidavit by Uncle Age 78	William A. Marston	Date Issued Sept. 14 1965 Date Original Entry -------
1910 Malad Cat, Idaho	Mary Elvira Marston	James Loris Johnson
Railroad Retirement Record	Union Pacific Railroad Co.	Date Issued July 19 Date Original Entry -------
Nov. 25, 1910 Idaho	----------	----------

SUBJECTING INFORMATION

REGISTRAR & CERTIFICATION

Hereby certify that my prior [illegible] Division of Vital Statistics for this [illegible] are the documentary [illegible] and have been reviewed [illegible] the facts as set forth in the foregoing abstract.

Name Registrar | Signature Reviewed by | Date Filed

W. M. Benson | Florence Curtright | Sept. 23, 1965

753-206-004-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-678

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Bertha Peterson
2. Date Of Birth (month) (day) (year): July 6 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: St. Charles

FATHER

6. Full Name of Father: Alvin Ola Peterson
7. State or Country of Father's Birth: Idaho Bear Lake

MOTHER

8. Full Maiden Name of Mother: Bertha Ann Benson
9. State or Country of Mother's Birth: Idaho Bear Lake

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna B. Peterson Cochran
11. Present Address of Registrant: 2722 So 87 St Omaha Nebr.

NOTARY (Seal)

Subscribed and sworn to before me on: 4th of September 1968
12. Signature of Notary: P W Kelly
13. Notary Commission expires: August 15 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Pacific National Life Assurance Co., Salt Lake City	-----	Feb.13,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 6,1910	St. Charles,Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Bertha Benson Peterson	Aug.9,1965	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 6,1910	St. Charles,Bear Lake County, Idaho	Bertha Benson Peterson	Alvin Ole Peterson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Blessing	LDS Church St.Charles Ward book 2, no.179,	------	blessed Sept.4,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 6,1910	St. Charles,Bear Lake County,Idaho	Bertha Benson	Alvin Peterson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	Sept.27,1965

FORM BH 56067

Cochran

SEP 27 1965

613-204038-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-685

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rena Florence Waldrop		2. Date of Birth (month) 10 (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho; a. County: Payette; b. City or Town of Birth: Fruitland
FATHER	6. Full Name of Father: Frank Wiley Waldrop		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Genett Clark		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rena F. Brookins	11. Present Address of Registrant: 12726-Palatine ave N Seattle Wash.
NOTARY (Seal)	Subscribed and sworn to before me on 8/30 1965	12. Signature of Notary: K. G. Monson	13. Notary Commission expires 12/24 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of employment record application		By whom issued and signed: J.C.Penney,Co., Inc.,Seattle, Washington,	Date Issued: -----	Date Orig. Entry: Apr.8,1949
	Date of Birth: Oct. 1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record		By whom issued and signed: Raymond Duvall, County Recorder, Fairfield, California	Date Issued: Aug.16,1965	Date Orig. Entry: June 29, 1954
	Date of Birth: Age 43	Birth Place: Idaho	Full Name of Mother: Jeanette Clark	Name of Father: Frank Waldrop	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from Family Bible		By whom issued and signed: Family Bible	Date Issued: Aug.30,1965	Date Orig. Entry: obviously old
	Date of Birth: Oct.4,1910	Birth Place: Fruitland, Idaho	Full Name of Mother: Genett Clark Waldrop	Name of Father: Frank Wiley Waldrop	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	Sept. 28, 1965

FORM BH 56067

SEP 28 1965

Brookins

968-209-006-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-717

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~Clara Cecelia Roy~~ Clara Cecelia Roy		2. Date of Birth (month) July (day) 9 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Walter C. Roy		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Christina Kaus		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Cecelia Turpin	11. Present Address of Registrant: Aberdeen Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 27 1965	12. Signature of Notary: [signature]	13. Notary Commission expires: December 8 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of birth record filed with county office	By whom issued and signed: Bingham County, Idaho Grace Williams, Clerk	Date Issued: Feb.8,1965	Date Orig. Entry: 1910
	Date of Birth: July 9,1910 / Birth Place: Blackfoot,Idaho	Full Name of Mother: Christina Kaus Roy	Name of Father: Walter C. Roy	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Holy Rosary Church, Ida.Falls Ida.,Father Fuchs,Roman Cath.	Date Issued: May 6,1965	Date Orig. Entry: baptized Aug.21,1910
	Date of Birth: July 9,1910 / Birth Place: Blackfoot,	Full Name of Mother: Christina Kaus	Name of Father: Walter Roy	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #287868	Date Issued: -----	Date Orig. Entry: child born Dec.21,1939
	Date of Birth: Age 29 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Oct. 4, 1965	

FORM BH 56067

OCT 12 1965

693-23-025-547

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-730

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Ferdinand Willenborg	2. Date Of Birth (month) (day) (year): December 23 1910
	3. Color or Race: White; 4. Sex: M.; 5. Place of Birth a. County: Greencreek Idaho	b. City or Town of Birth: Greencreek, Idaho
FATHER	6. Full Name of Father: Michael John Willenborg	7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Philomena Nuxoll	9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Ferdinand Willenborg; 11. Present Address of Registrant: Cottonwood Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 20 1965	12. Signature of Notary: David A. Cornwell; 13. Notary Commission expires: 8-1-1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #261174	Date issued: ----	Date Orig. Entry: child born Nov.28,1937
	Date of Birth: Age 26	Birth Place: Greencreek, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: St.Anthony Church, Roman Catholic, James F.Shinnick, Pastor	Date issued: Aug.12,1965	Date Orig. Entry: baptized Dec.24,1910
	Date of Birth: Dec.23,1910	Birth Place: Greencreek, Idaho	Full Name of Mother: Philomena Nuxoll	Name of Father: Michael Willenborg	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Northern Life Ins. Co., Seattle, Wash.	Date issued: -----	Date Orig. Entry: Aug. 7, 1944
	Date of Birth: Dec.23,1910	Birth Place: Greencreek, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	gml Glenda Larson	October 14, 1965

FORM BH 56067

Willenborg

OCT 14 1966

391-120-042-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-757

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GUY FRANKLIN CRANDALL			2. Date of Birth (month) (day) (year): August 20, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls, Twin Falls County, Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: Richard Grover Crandall,			7. State or Country of Father's Birth: Grand Junction, Colorado.
MOTHER	8. Full Maiden Name of Mother: Frankie May Thrower,			9. State or Country of Mother's Birth: Lincoln County, New Mexico.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Guy Franklin Crandall	11. Present Address of Registrant: 1210 N. Union Avenue, Roswell, New Mexico.
NOTARY (Seal)	Subscribed and sworn to before me on: September 20th, 19 65.		12. Signature of Notary: Arline Gilbreath	13. Notary Commission expires: March 28, 1968 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of military discharge by county recorder	By whom issued and signed: U.S. Army, Louis Vogler, Jr. Major Air Corps	Date Issued: discharged Oct. 13, 1945	Date Orig. Entry: enlisted Feb. 17, 1942
	Date of Birth: Aug. 20, 1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record #864	By whom issued and signed: Lincoln County, New Mexico County Clerk's Office	Date Issued: Sep. 16, 1965	Date Orig. Entry: July 29, 1954
	Date of Birth: Aug. 20, 1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Frankie May Davis	Date Issued: Oct. 11, 1965	Date Orig. Entry: -----
	Date of Birth: Aug. 20, 1910 / Birth Place: Twin Falls County Twin Falls, Idaho	Full Name of Mother: Frankie May Thrower Crandall Davis	Name of Father: Richard Grover Crandall	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	October 26, 1965

FORM BH 56067

ICP pd rec # 5122

9-2-65

David

OCT 2 6 1965

JUN 2 1975

365-204-005-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-766

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Conarroe		2. Date of Birth (month) (day) (year): Nov. 4 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Benewah Co. Plummer, Idaho; b. City or Town of Birth: Plummer
FATHER	6. Full Name of Father: Walter Jerome Conarroe		7. State or Country of Father's Birth: Ohio, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Janie Lucinda Munt		9. State or Country of Mother's Birth: Illinois, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Welsh	11. Present Address of Registrant: 14332-92 Ave, Edmonton, Alberta
NOTARY (Seal)	Subscribed and sworn to before me on: May 3, 1965	12. Signature of Notary: [signature]	13. Notary Commission expires: [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding membership		By whom issued and signed: Tweedsmuir Chapter #94, O.E.S. Mary Dinsmore, Sec'y	Date issued: May 19, 1965	Date Orig. Entry: April 16, 1945
	Date of Birth: Nov. 4, 1910	Birth Place: Plummer, Idaho U.S.A.	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: University of Alberta Hosp. Jessie Nairn, Med. Rec. Lib.	Date issued: May 11, 1965	Date Orig. Entry: Sept. 21, 1958
	Date of Birth: Nov. 4, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother		By whom issued and signed: Floyd W. Conarroe Age 66	Date issued: Oct. 14, 1965	Date Orig. Entry: -----
	Date of Birth: Nov. 4, 1910	Birth Place: Plummer, Idaho USA	Full Name of Mother: Janie Lucinda Munt	Name of Father: Walter Jerome Conarroe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Berson	gml Glenda Larson	October 26, 1965

FORM BH 56067

8-11-65

Welsh

OCT 27 1965

365-204005 445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MYRTLE CONARROE		2. Date of Birth (month) (day) (year): NOV 4 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Bonneville Co. b. City or Town of Birth: Plummer, Idaho
FATHER	6. Full Name of Father: Walter Jerome Conarroe		7. State or Country of Father's Birth: Ohio, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Janie Lucinda Munt		9. State or Country of Mother's Birth: Illinois, U.S.A.
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Cottrell	11. Present Address of Registrant: FABYAN ALBERTA
NOTARY (Seal)	Subscribed and sworn to before me on: April 23 1965	12. Signature of Notary: [illegible]	13. Notary Commission expires: at death 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport #198733 Canada	By whom issued and signed: Vancouver, B.C. Canadian Passport office.	Date Issued: Mar.10,1942	Date Orig. Entry: Mar.10,1942	
	Date of Birth: Nov.4,1910	Birth Place: Plummer, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Lloydminster Hospital, Saskatchewan, Mrs. Sutherland, Med.Rec.Lib.	Date Issued: May 10,1965	Date Orig. Entry: May 19,1937	
	Date of Birth: Age 26	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Floyd W. Conarroe Age 66	Date Issued: Oct.14,1965	Date Orig. Entry: -----	
	Date of Birth: Nov.4,1910	Birth Place: Plummer, Idaho USA	Full Name of Mother: Janie Lucinda Munt	Name of Father: Walter Jerome Conarroe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	October 26, 1965

FORM BH 56067

8-11-65

Wilk

OCT 27 1965

415-12-003-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-781

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dan Larue Daniels		2. Date of Birth (month) 12 (day) 22 (year) 10	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: John M. Daniels		7. State or Country of Father's Birth: Brigham City Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Rosetta Richards		9. State or Country of Mother's Birth: Malad City Idaho	
AFFIDAVIT	I (Mother) declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dan Larue Daniels	11. Present Address of Registrant: 3924 S Dameron Seattle Wash	
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 1965	12. Signature of Notary: Robert J. Hammer	13. Notary Commission expires: July 5 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military discharge paper	By whom issued and signed: U.S. Army, Wilfred G. Threader Major, Air Corps	Date Issued: Aug.22,1945	Date Orig. Entry: inducted Nov.18,1943	
	Date of Birth: Dec.22,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #382122	Date Issued: -----	Date Orig. Entry: child born Oct.27,1943	
	Date of Birth: Age 32	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Martha Rosetta Daniels	Date Issued: Oct.26,1965	Date Orig. Entry: -----	
	Date of Birth: Dec.22,1910	Birth Place: Pocatello	Full Name of Mother: Martha Rosetta Richards Daniels	Name of Father: John M. Daniels	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	October 28,1965

FORM BH 56067 RUSH

Daniels

OCT 28 1965

299202.004-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-794

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winifred Elizabeth Bridges		2. Date of Birth (month) July (day) 2 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Montpelier Bear Lake b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Thomas Pearson Bridges		7. State or Country of Father's Birth: Idaho (Bear Lake Co.)
MOTHER	8. Full Maiden Name of Mother: Elnora Vilate Kent		9. State or Country of Mother's Birth: Bountiful, Davis Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winifred Elizabeth Bridges	11. Present Address of Registrant: 182 Country Club Dr. Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: November 2 19 65	12. Signature of Notary: [illegible]	13. Notary Commission expires: Oct - 15 1965

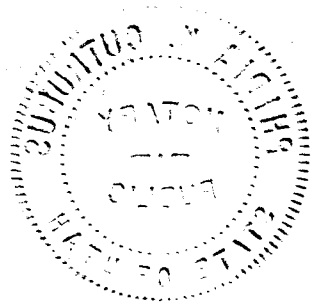
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: page from family records	By whom issued and signed: Family Records	Date Issued: ------	Date Orig. Entry: obviously old
	Date of Birth: July 2,1910 / Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Elnora Vilate Kent Bridges	Name of Father: Thomas Pearson Bridges	
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: blessed Sept.4,1910
	Date of Birth: July 2,1910 / Birth Place: Montpelier, Idaho	Full Name of Mother: Elnora V. Kent	Name of Father: Thomas P. Bridges	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 67	By whom issued and signed: Elgin S. Bridges	Date Issued: July 8,1965	Date Orig. Entry: ------
	Date of Birth: July 2,1910 / Birth Place: Montpelier, Idaho Bear Lake County	Full Name of Mother: Elnora Vilate Kent	Name of Father: Thomas Pearson Bridges	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: November 3,1965

FORM BH 56067

NOV 9 1965



7952171025-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-819

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Louise Greene		2. Date of Birth (month) Dec. (day) 17 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: John Leonard Greene		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Cora Eulala Ross		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude L. Stone	11. Present Address of Registrant: Box 331, Packwood Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 1 1965	12. Signature of Notary: [illegible]	13. Notary Commission expires: 7-8 1969

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy #35092166		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Feb.20,1933	Date Orig. Entry: Feb.20,1933
	Date of Birth: age next bd. 23	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Cora Lynch	Date Issued: Sept.23,1965	Date Orig. Entry: ------
	Date of Birth: Dec.17,1910	Birth Place: Cambridge,Idaho	Full Name of Mother: Cora Lynch	Name of Father: John L. Greene	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage return		By whom issued and signed: Thurston,County, Washington	Date Issued: Oct.15,1965	Date Orig. Entry: Feb.19,1931
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: Cora Ross	Name of Father: John L. Greene	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	November 9,1965

FORM BH 56067

NOV 9 1965

313-130-042-144

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-828

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Willard Lattimer			2. Date Of Birth (month) Nov (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: George Mulford Lattimer			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Verda Irene Judson			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willard Lattimer		11. Present Address of Registrant: Eden, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 29 1965	12. Signature of Notary: Vern Roberts		13. Notary Commission expires: March 22 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: George Mulford Lattimer		Date Issued: Sep.29,1965	Date Orig. Entry: ------
	Date of Birth: Nov.30,1910 / Birth Place: Twin Falls,Idaho	Full Name of Mother: Verda Irene Judson Lattimer		Name of Father: George Mulford Lattimer	
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate	By whom issued and signed: Franklin Guthrie, Minister		Date Issued: ------	Date Orig. Entry: baptized Nov.24,1946
	Date of Birth: Age 35 / Birth Place: -----	Full Name of Mother: -----		Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Old American Life Company		Date Issued: -----	Date Orig. Entry: Oct.14,1947
	Date of Birth: Nov.30,1910 / Birth Place: Idaho	Full Name of Mother: -----		Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: November 16,1965	

FORM BH 56067 MR

11-5

DECLARED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 16 1965

296-212-029-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-841

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stella Lillian Broadley		2. Date of Birth (month) (day) (year): Oct. 12 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: on farm Latah; b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: William E. Broadley		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Minnie Ann McMillan		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Speck	11. Present Address of Registrant: 2222 E. Pacific ave. Spokane Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 31 1965	12. Signature of Notary: John F Black	13. Notary Commission expires: Washington Dec. 2 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #174852	Date Issued: -----	Date Orig. Entry: child born August 22,1929	
	Date of Birth: Age 18	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Birth Announcement	By whom issued and signed: family (mailed to Mrs.Robert Haynes,Edwall,Wash)	Date Issued: -----	Date Orig. Entry: postmarked Oct.18,1910 at	
	Date of Birth: Oct.12,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: (Moscow,Idaho) -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: William E. Broadley	Date Issued: Nov.10,1965	Date Orig. Entry: -----	
	Date of Birth: Oct.12,1910	Birth Place: farm at Moscow, Latah Co., Idaho	Full Name of Mother: Minnie Ann (McMillan)Broadley	Name of Father: William E. Broadley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	November 17, 1965

FORM BH 56067

ICPAD rec # 18620

NOV 17 1965

Speck

649-103006-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-855

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BURTON EARL FURNISS			2. Date of Birth (month) JUNE (day) 3 (year) 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: MORELAND
FATHER	6. Full Name of Father: EARL LEWIS FURNISS			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: KATTIE AGNES HANSEN			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Burton E. Furniss	11. Present Address of Registrant: Route #4 BLACKFOOT, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: NOV. 18 1965		12. Signature of Notary: Vivian Williams	13. Notary Commission expires: AUG 1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Elder, William T. England	Date Issued: -----	Date Orig. Entry: blessed Oct. 2, 1910
	Date of Birth: June 3, 1910	Birth Place: Moreland, Idaho Bingham County	Full Name of Mother: Kate Hansen	Name of Father: Earl Furniss	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #351466	Date Issued: -----	Date Orig. Entry: child born June 4, 1942
	Date of Birth: Age 32	Birth Place: Moreland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #383687		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Dec. 19, 1952	Date Orig. Entry: Dec. 19, 1952
	Date of Birth: June 3, 1910	Birth Place: Moreland, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 29, 1965

FORM BH 56067 2nd form sent 7-20-65 1 copy paid rec. #16399

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NOV 29 1965

819-106-032-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-861

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Chester Roy Harden			2. Date of Birth (month) June (day) 6 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Shoshone rural
FATHER	6. Full Name of Father: Harry Herbert Harden			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Eva Minett Barney			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester Roy Harden		11. Present Address of Registrant: 7828-Roosevelt Way NE Seattle Wash
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 19th 1965	12. Signature of Notary: Wilma Louise Langford		13. Notary Commission expires: Dec. 16 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Seattle-King County registrar's office	Date Issued: Dec.5,1960	Date Orig. Entry: child born July 13, 1938	
	Date of Birth: Age 28	Birth Place: Shoshone, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #GN11,991,710	By whom issued and signed: The Equitable Life Assurance Society of the U.S.	Date Issued: July 18,1945	Date Orig. Entry: July 12,1945	
	Date of Birth: June 6,1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 79	By whom issued and signed: Edith N. Sefton	Date Issued: Nov.17,1965	Date Orig. Entry: -----	
	Date of Birth: June 6,1910	Birth Place: Shoshone rural Idaho	Full Name of Mother: Eva Minett Barney Harden	Name of Father: Harry Herbert Harden	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	Nov. 30, 1965

FORM BH 56067

NOV 30 1965

Harden

484-225-035-454

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-910

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: May Louise Meurer		2. Date of Birth (month) May (day) 25 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Peter Meurer		7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Augusta Zebrasky Meurer		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Mary Louise Meurer	11. Present Address of Registrant: Caldwell, Idaho 2703 South Illinois,	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 16 1965	12. Signature of Notary: A Ben Dunlap	13. Notary Commission expires: January 1 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Security Mutual Life Ins. Co.	Date Issued: -----	Date Orig. Entry: Jan. 23, 1958
	Date of Birth: May 25, 1910 / Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Peter Meurer	Date Issued: Nov. 15, 1965	Date Orig. Entry: -----
	Date of Birth: May 25, 1910 / Birth Place: Lewiston, Idaho Nez Perce County	Full Name of Mother: Augusta Zebrasky Meurer	Name of Father: Peter Meurer	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage register No. 3, Page 70	By whom issued and signed: Canyon County, Idaho, Lavona Sayre, Deputy	Date Issued: June 8, 1965	Date Orig. Entry: June 21, 1938
	Date of Birth: Age 28 / Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 14, 1965

FORM BH 56067

(D) 11-30

DEC 14 1965

Member

Dunlap, Atty.

685-129-033-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1910 DE65-0922

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Edgar Wynn			2. Date of Birth (month) (day) (year): August 29 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Geogge B. Wynn			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Cora E. Straight			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Edgar Wynn		11. Present Address of Registrant: Mbl Rt Emmett
NOTARY (Seal)	Subscribed and sworn to before me on: December 20 1965	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

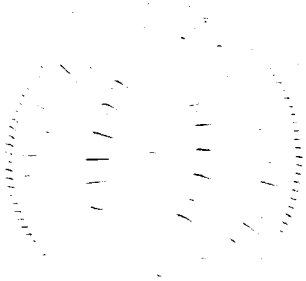
SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 71	By whom issued and signed: Daniel Albert Wynn	Date Issued: Sept. 3 1965	Date Orig. Entry: --------
	Date of Birth: Aug. 29 1910 / Birth Place: Rexburg, Idaho	Full Name of Mother: Cora E. Straight	Name of Father: George B. Wynn	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Omer L. Blair, Clerk L. D. S. Church	Date Issued: Aug 17 1964	Date Orig. Entry: Original record 1910
	Date of Birth: Aug. 29 1910 / Birth Place: Rexburg, Idaho	Full Name of Mother: Cora E. Straight	Name of Father: George B. Wynn	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Utan Cooperative Life Ins. # 7095	Date Issued: Oct. 1, 1946	Date Orig. Entry: Oct. 1 1946
	Date of Birth: Age 36 / Birth Place: Rexburg, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Dec. 20, 1965

FORM BH 56067

FILE # CHANGED FROM 65-922 ON 5/8/08 KMC

DEC 21 1965



318-110-003-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-948

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wallace Cahoon		2. Date of Birth (month) Oct (day) 10 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cleveland, Bannock Co. b. City or Town of Birth: Cleveland Idaho
FATHER	6. Full Name of Father: Alonzo Alvro Cahoon		7. State or Country of Father's Birth: Perry Bannock, Idaho
MOTHER	8. Full Maiden Name of Mother: Chloe Elizabeth Ransom		9. State or Country of Mother's Birth: Cleveland, Bannock Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wallace Cahoon	11. Present Address of Registrant: 2501 Grandee, Boise Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: December 15 1965	12. Signature of Notary: Floyd C Christensen	13. Notary Commission expires: Sept 14 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Chloe E. Cahoon	Date Issued: Dec.15,1965	Date Orig. Entry: ------
	Date of Birth: Oct. 10,1910 / Birth Place: Cleveland, Idaho Bannock County	Full Name of Mother: Chloe Elizabeth Ransom	Name of Father: Alonzo Alvro Cahoon	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Deacon	By whom issued and signed: LDS Church, Myron Richards, patriarch,	Date Issued: Jan.19,1923	Date Orig. Entry: Dec.24,1922
	Date of Birth: Oct.10,1910 / Birth Place: Cleveland, Idaho Bannock County	Full Name of Mother: Chloe E. Ransom	Name of Father: Alonzo Cahoon	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #10 462 645	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: July 1,1945	Date Orig. Entry: May 22,1945
	Date of Birth: Oct.10,1910 / Birth Place: Cleveland, Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

Certified copy of own child's birth certificate from Seattle, Washington gives age as 31 when child was born on Jan. 26, 1942, birthplace: Cleveland, Idaho, Copy made on Oct.1,1945.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	Glenda Larson	Dec. 29, 1965

FORM BH 56067

DEC 29 1965

APR 23 1975

235-109-001-349

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William David Stephens			2. Date Of Birth: (month) March (day) 9 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Samuel I. Stephens			7. State or Country of Father's Birth: Kansas City, Mo.	
MOTHER	8. Full Maiden Name of Mother: Adda Current			9. State or Country of Mother's Birth: Victory, Montana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: William David Stephens		11. Present Address of Registrant: caldwell Idaho RT 2 Box 213	
NOTARY (Seal)	Subscribed and sworn to before me on: December 24 1965	12. Signature of Notary: Barbara M. Phillips		13. Notary Commission expires: June 10 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Book of family records	By whom issued and signed: Family Records		Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Mar.9,1910	Birth Place: Boise, Idaho	Full Name of Mother: Adda L. Current		Name of Father: Samuel I. Stephens
SUPPORTING RECORD 2.	Type of Document: Own child*s birth certificate	By whom issued and signed: On file Idaho #243090		Date Issued: ----	Date Orig. Entry: child born Apr.12,1936
	Date of Birth: Age 26	Birth Place: Boise, Idaho	Full Name of Mother: --------		Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Affidavit by close friend & neighbor at time of birth	By whom issued and signed: Lydia White		Date Issued: Dec.24,1965	Date Orig. Entry: ------
	Date of Birth: Mar.9,1910	Birth Place: Boise, Idaho	Full Name of Mother: Adda Current Stephens		Name of Father: Samuel I. Stephens
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Dec. 30, 1965

FORM BH 56067

in office 12-24-65 no other corres.

1 cp. ppd rec. #45559 gml

DEC 30 1965

718-121-004-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fawn Briscoe Payne		2. Date of Birth (month) Jan. (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bloomington Idaho Bear Lake; b. City or Town of Birth: Bloomington Idaho Bear Lake
FATHER	6. Full Name of Father: Joseph Burton Payne		7. State or Country of Father's Birth: Bloomington Idaho Bear Lake
MOTHER	8. Full Maiden Name of Mother: Margaret Alice Briscoe		9. State or Country of Mother's Birth: Bloomington Idaho Bear Lake
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fawn B. Payne	11. Present Address of Registrant: Box 246 Lava Hot Springs Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec-3- 1965	12. Signature of Notary: Paul A Bock	13. Notary Commission expires: Dec 2 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Joseph Burton Payne	Date issued: Dec.13,1965	Date Orig. Entry: ----
	Date of Birth: Jan.21,1910	Birth Place: Bloomington, Bear Lake County, Idaho	Full Name of Mother: ------	Name of Father: Joseph Burton Payne	
SUPPORTING RECORD 2.	Type of Document: Certificate of Record of Membership		By whom issued and signed: LDS Church, Salt Lake City, Utah	Date issued: Dec.6,1965	Date Orig. Entry: blessed May 13, 1910
	Date of Birth: Jan.21,1910	Birth Place: Bloomington, Idaho	Full Name of Mother: M. Alice Briscoe	Name of Father: Joseph Burton Payne	
SUPPORTING RECORD 3.	Type of Document: photocopy of registration card		By whom issued and signed: Selective Service, State of Washington	Date issued: -----	Date Orig. Entry: Oct.16,1940
	Date of Birth: Jan.21,1910	Birth Place: Bloomington, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	January 10,1966

FORM BH 56067 [illegible] #4049 (P) 12-23-65

JAN 1 0 1966

795-224-036-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-008

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nettie Pierce		2. Date of Birth (month) May (day) 24 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: William Pierce		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Jones Pierce		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nettie Pierce Smith	11. Present Address of Registrant: 360-11th St. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 21 1965	12. Signature of Notary: John M. Corless	13. Notary Commission expires: April 11 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

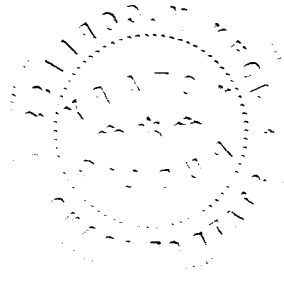
SUPPORTING RECORD 1.	Type of Document: County Record of Birth Certificate	By whom issued and signed: Colen H. Sweeten, Jr. Oneida County Recorder	Date Issued: July 13 1965	Date Orig. Entry: -------
	Date of Birth: May 24 1910; Birth Place: Malad, Idaho	Full Name of Mother: Sarah Jones	Name of Father: William Pierce	
SUPPORTING RECORD 2.	Type of Document: Notorized statement of Application of Ins.	By whom issued and signed: Occidental Life Ins. Jackson C. Brownson, Asst.V.P.	Date Issued: July 14 1965	Date Orig. Entry: ---------
	Date of Birth: May 24 1910; Birth Place: Malad, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Operators Renewal Stub	By whom issued and signed: State of Idaho	Date Issued: -----	Date Orig. Entry: June 20 1939
	Date of Birth: May 24, 1910; Birth Place: Malad, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Glenda Larson	Date Filed: Jan. 10, 1966

FORM BH 56067

1 Cp pd rec # 3973

JAN 10 1966



455-206-042-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-009

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALICE LENORE DEEDS			2. Date Of Birth (month) Dec. (day) 6 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: TWIN FALLS	b. City or Town of Birth: KIMBERLY IDAHO	
FATHER	6. Full Name of Father: JOHN IRA DEEDS			7. State or Country of Father's Birth: NEBRASKA	
MOTHER	8. Full Maiden Name of Mother: BERTHA ELMA ENTREKIN			9. State or Country of Mother's Birth: NEBRASKA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lenore DeHaullon		11. Present Address of Registrant: AMERICAN FALLS IDAHO Box 12	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 3 1965	12. Signature of Notary: Robert J. Ewing		13. Notary Commission expires: Aug. 20 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage records	By whom issued and signed: Bannock County, Idaho, Sarah Devaney, clerk		Date Issued: Nov.9,1965	Date Orig. Entry: July 2, 1956
	Date of Birth: Age 45	Birth Place: Kimberly, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 28455	By whom issued and signed: Old West Life Ins. Co.		Date Issued: ----	Date Orig. Entry: April 18, 1960
	Date of Birth: Dec.6,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital admission record	By whom issued and signed: Bannock Memorial Hospital Catherine Tracy, rec. Lib.		Date Issued: Dec.17,1965	Date Orig. Entry: May 8, 1956
	Date of Birth: Dec.6,1910	Birth Place: Kimberly, Idaho	Full Name of Mother: Bertha Entrekin	Name of Father: John Deeds	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	January 10,1966

FORM BH 56067 7-12-60 one copy paid #04440 R 12-10-65

JAN 1 0 1966

231-225-025-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-018

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Della Aleen Stayton
2. Date Of Birth: (month) May (day) 25 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Idaho; b. City or Town of Birth Kooskia

FATHER

6. Full Name of Father: John Lee Stayton
7. State or Country of Father's Birth: Arkansas Benton County

MOTHER

8. Full Maiden Name of Mother: Carrie Florence Davis.
9. State or Country of Mother's Birth: Nebraska Davis County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Della Aleen Stayton
11. Present Address of Registrant: Gross Valley Ore

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 17th 1962
12. Signature of Notary: D Glenn Snow
13. Notary Commission expires: Dec. 22 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Page from Family records	Family Bible Record	-----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25,1910	----	Carrie F. Stayton	John L. Stayton

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #1203564	Guarantee Mutual Life Co.	June 17,1957	June 14,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25,1910	Kooskia, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Identification Card, Permit #14738	Oregon Liquor Control Commission, Salem, Oregon	----	1954-55 expires June 30,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 25,1910	-----	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 11, 1966

FORM BH 56067

1 copy paid 10-9-62

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JAN 11 1966

DECEASED

020 689-105-044-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-020

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jay Maxwell White		2. Date of Birth (month) 2 (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Ray Merton White.		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Zeta Elizabeth Maxwell		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jay Maxwell White	11. Present Address of Registrant: Rt #1 Meridian Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: January 10 1966	12. Signature of Notary: Roger L. Welker	13. Notary Commission expires: August 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Ownchilds birth certificate	By whom issued and signed: # 209808 On file with state of Idaho	Date Issued: -----	Date Orig. Entry: child born Feb. 7, 1933
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Occidental Life	Date Issued: Feb.16,1956	Date Orig. Entry: Feb 16, 1956
	Date of Birth: Feb.5,1910	Birth Place: Weiser, Idaho	Full Name of Mother: --------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Affidavit by parents	By whom issued and signed: Ray Merton White Age 82 Zeta Elizabeth Maxwell -81	Date Issued: Jan.10,1966	Date Orig. Entry: --------
	Date of Birth: Feb.5,1910	Birth Place: Weiser, Idaho	Full Name of Mother: Zeta Elizabeth Maxwell	Name of Father: Ray Merton White
QUALIFYING INFORMATION				

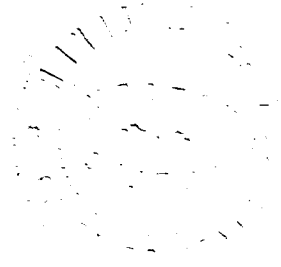
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan. 11, 1966

FORM BH 56067 In office - No Copies

JAN 12 1966



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915-228:014-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SARAH RUTH RANKIN			2. Date of Birth (month) APRIL (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Parents' home a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: CHRISTOPHER MORTON RANKIN			7. State or Country of Father's Birth: TENNESSEE
MOTHER	8. Full Maiden Name of Mother: NANNIE LOUISE BANNING			9. State or Country of Mother's Birth: NORTH CAROLINA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth R. Rea		11. Present Address of Registrant: HAGERMAN, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: November 29 1965	12. Signature of Notary: Ronald L. Conrad		13. Notary Commission expires: Dec 8 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #10,433,494		By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: July 27, 1937	Date Orig. Entry: June 8, 1937
	Date of Birth: Apr.28,1910	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #330262	Date Issued: ----	Date Orig. Entry: child born December 16,1941
	Date of Birth: Age 31	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: St. Benedict's Hospital,Inc. Jerome,Idaho	Date Issued: Jul.14,1965	Date Orig. Entry: July 25,1959
	Date of Birth: Apr.28,1910	Birth Place: Caldwell,Idaho	Full Name of Mother: Nannie Banning	Name of Father: C. M. Rankin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 11, 1966

FORM BH 56067

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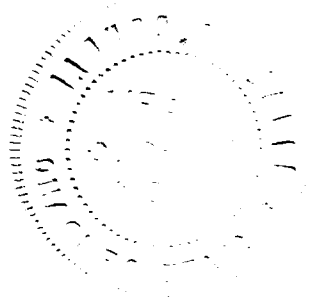

113-22901-45

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-055

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: PHYLLIS FAY JACKSON		2. Date of Birth: (month) April (day) 29 (year) 1910	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Bonners Ferry, Idaho	b. City or Town of Birth:
FATHER	6. Full Name of Father: AUDREY JACKSON		7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: HANNAH MEACHEM		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Fay Christoffersen	11. Present Address of Registrant: 3633-43rd Avenue So., Mpls., Minn.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 29, 1965	12. Signature of Notary: Harold J. Sorensen	13. Notary Commission expires: September 23 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: Minneapolis Public Schools	Date Issued: ----	Date Orig. Entry: enrolled Sept. 5, 1922
	Date of Birth: Apr. 29, 1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 9-786-290	By whom issued and signed: New York Life Ins. Co.	Date Issued: -----	Date Orig. Entry: March 4, 1927
	Date of Birth: Apr. 29, 1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Hannah M. Buhrow	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by step-father	By whom issued and signed: Fred H. Aronson Age 86	Date Issued: Nov. 29, 1965	Date Orig. Entry: -----
	Date of Birth: Apr. 29, 1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Hannah Meachem Jackson Buhrow Aronson	Name of Father: Audrey Jackson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Jan. 17, 1966

FORM BH 56067

JAN 17 1968

849-119-003-957

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Wallace Quinn			2. Date of Birth (month) 6 (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho (Bannock)	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: James Albert Quinn			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Albertina Wilhemena Elizebeth Ingelstrom			9. State or Country of Mother's Birth: Utah
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Wallace Quinn		11. Present Address of Registrant: 4479 Springdale Ave. Las Vegas, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 25 1966	12. Signature of Notary: Arden J. Larson		13. Notary Commission Expires: My Commission Expires April 19, 1968

ARDEN J. LARSON
NOTARY PUBLIC - STATE OF NEVADA
COUNTY OF CLARK
My Commission Expires April 19, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: patriarchal blessing		By whom issued and signed: Edwin D. Harrison, Patriarch	Date Issued: Dec.13,1922	Date Orig. Entry: Dec.13,1922
	Date of Birth: June 19,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Albertina Engelstrom Quinn	Name of Father: James Albert Quinn	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Deacon		By whom issued and signed: LDS Church, James A. Quinn, Bishop, D.T. Hawkley, Clerk	Date Issued: July 2,1922	Date Orig. Entry: ordained July 2,1922
	Date of Birth: June 19,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Albertina Wilhemena Elizebeth Inglestrom	Name of Father: James A. Quinn	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #65264		By whom issued and signed: Old West Life Ins. Co.	Date Issued: ----	Date Orig. Entry: Jan. 20, 1960
	Date of Birth: June 19,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 9, 1966

FORM BH 56067

FEB 10 1966

418-229-011-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-145

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isabell Marie Mayer			2. Date of Birth (month) Aug. (day) 29 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Boundary County	b. City or Town of Birth: Bonners Ferry, Idaho	
FATHER	6. Full Name of Father: Ernest Joseph Mayer			7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Matilda Laura Gillard			9. State or Country of Mother's Birth: Canada	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Isabell Marie (Mayer) Wyllet		11. Present Address of Registrant: Okanogan Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 4 1966	12. Signature of Notary: Teresa G Millett		13. Notary Commission expires: 17 June 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy #320929	By whom issued and signed: Royal Neighbors of America		Date Issued: Nov.11,1946	Date Orig. Entry: Oct. 21,1946
	Date of Birth: Aug.29,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Matilda Laura Mayer		Date Issued: Feb.4,1966	Date Orig. Entry: -----
	Date of Birth: Aug.29,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Matilda Laura Mayer	Name of Father: Ernest Joseph Mayer	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism Roman Catholic Church	By whom issued and signed: St.Joseph Church,Sandpoint,Ida. Rev. James F. Kelly,		Date Issued: Oct.31,1965	Date Orig. Entry: baptized Sept.23,1910
	Date of Birth: Aug.29,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Matilda Gillard	Name of Father: Ernest Mayer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 17, 1966

FORM BH 56067 REV. 7-26-65 (W) 2 copies paid rec. 17777

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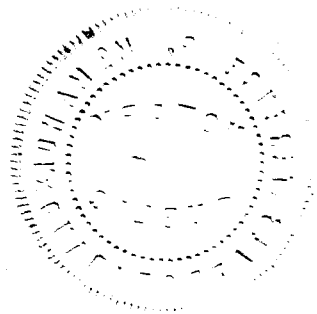


212-109-026-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-148

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James LeRoy Baker			2. Date Of Birth: (month) June (day) 9 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Jefferson	b. City or Town of Birth: Lewisville	
FATHER	6. Full Name of Father: Charles William Baker			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Maria Page			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James LeRoy Baker		11. Present Address of Registrant: 5407 Lanham Station Road, Lanham, Maryland	
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1966	12. Signature of Notary: Gina L. Nicholas		13. Notary Commission expires: July 1 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge paper	By whom issued and signed: U.S. Navy, L.C.Leonard Jr, LTJG	Date Issued: Oct.22, 1953	Date Orig. Entry: July 23,1953	
	Date of Birth: June 9,1910	Birth Place: Lewisville, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Navy discharge	By whom issued and signed: C.W.A.Campbell, Commander U.S.Navy,	Date Issued: July 20, 1942	Date Orig. Entry: enlisted July 6,1935	
	Date of Birth: June 9,1910	Birth Place: Lewisville, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: William Erwin Baker (Jan.28,1897)	Date Issued: Feb.14,1966	Date Orig. Entry: -----	
	Date of Birth: June 9,1910	Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Sarah Maria Page Baker	Name of Father: Charles William Baker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	March 4, 1966

FORM BH 56067

1-21-66

MAR 4 1966

H.H. OK'd 2 [illegible].

691-107.025 - 799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-149

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARCH L. ORAM			2. Date Of Birth (month) SEPT. (day) 7 (year) 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: LORENZO
FATHER	6. Full Name of Father: JOHN G. ORAM			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARY PRIEST			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Archie L. Oram		11. Present Address of Registrant: 10550 MURAT DR. ST. LOUIS MO. 63136
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 8, 1966 19	12. Signature of Notary: Edward P. Rodenbeck		13. Notary Commission expires: Nov. 9 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Ted Wright, Principal, Rigby High School, Idaho	Date issued: Mar. 30, 1965	Date Orig. Entry: graduated May 18, 1928
	Date of Birth: Sept. 7, 1910	Birth Place: -----	Full Name of Mother: ------	Name of Father: J. G. Oram	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Mar. 23, 1965	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Mary Oram	Name of Father: John Oram	
SUPPORTING RECORD 3.	Type of Document: copy of application for insurance policy		By whom issued and signed: National Service Life Ins. Veterans Administration	Date issued: Nov. 25, 1943	Date Orig. Entry: Oct. 1943
	Date of Birth: Sept. 7, 1910	Birth Place: Lorenzo, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

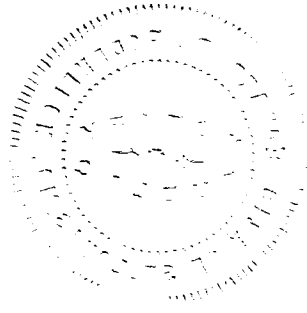
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	March 4, 1966

FORM BH 56067

1 Cp Rd Ltr # 7228

2-22-66 gml

MAR 4 1966



396-105-010-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-163

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEARALD CECIL CROFTS			2. Date of Birth (month) August (day) 5 (year) 1910
	3. Color or Race: white	4. Sex: m	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona,
FATHER	6. Full Name of Father: William Daniel Crofts			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Margaret Ellen Crofts (cousin to Wm.)			9. State or Country of Mother's Birth: X Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gearald Cecil Crofts		11. Present Address of Registrant: 1186 Bear, Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 8 1966	12. Signature of Notary: Rulon R. Price		13. Notary Commission expires: July 21 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage record	By whom issued and signed: Bonneville County, Idaho Wallace Hanson, Recorder	Date Issued: Feb.2,1966	Date Orig. Entry: Apr.3,1929
	Date of Birth: Age 18 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of page from family record book	By whom issued and signed: Family Records/Rulon Price, Notary Public	Date Issued: Feb.8,1966	Date Orig. Entry: obviously old
	Date of Birth: Aug.5,1910 / Birth Place: Iona, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age 77	By whom issued and signed: William H. Croft	Date Issued: Feb.18,1966	Date Orig. Entry: -----
	Date of Birth: Aug.5,1910 / Birth Place: Iona, Bonneville County, Idaho	Full Name of Mother: Margaret Ellen Crofts	Name of Father: William Daniel Crofts	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 28, 1966

FORM BH 56067

2-11-66 gs

FEB 28 1966

318-202-021-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-168

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ada May Taylor		2. Date of Birth (month) May (day) 2 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Winder
FATHER	6. Full Name of Father: Heman Caldwell Taylor		7. State or Country of Father's Birth: Franklin County, Idaho	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Alfretta Bennett		9. State or Country of Mother's Birth: Kaysvill Davis Co., Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada May Taylor Sharp	11. Present Address of Registrant: 3422 So 4300 West	
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1965	12. Signature of Notary: Keith W. Openshaw	13. Notary Commission expires: Oct 14 1966	

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: Oct.11,1965	Date Orig. Entry: June 5, 1910	
	Date of Birth: May 2,1910	Birth Place: Winder, Franklin County, Idaho	Full Name of Mother: Elizabeth W. Bennett	Name of Father: Heamon C. Taylor	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, G. A. Bennett, Elder	Date Issued: May 5,1918	Date Orig. Entry: baptized May 2, 1918	
	Date of Birth: May 2, 1910	Birth Place: Winder, Idaho	Full Name of Mother: Elizabeth Bennett	Name of Father: Hamon C. Taylor	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age 78	By whom issued and signed: Florence Hancock	Date Issued: Feb.10,1966	Date Orig. Entry: ----	
	Date of Birth: May 2,1910	Birth Place: Winder, Idaho Franklin County	Full Name of Mother: Elizabeth Alfretta Bennet Taylor	Name of Father: Heman Caldwell Taylor	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

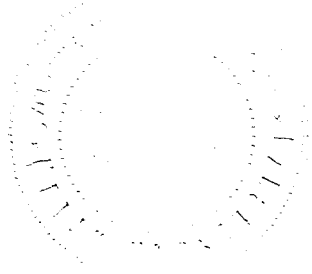
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 28, 1966

FORM BH 56067

(5) 11-16-5 90

MAR 1 1966



365-102-021-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-178

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ~~Rufus Cleveland~~ Wendell Long
2. Date Of Birth: (month) May (day) 2 (year) 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Franklin
b. City or Town of Birth: [redacted]

FATHER

6. Full Name of Father: Rufus Cleveland Long
7. State or Country of Father's Birth: Forest Miss

MOTHER

8. Full Maiden Name of Mother: Lettie B Perkins
9. State or Country of Mother's Birth: Preston Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wendell Long
11. Present Address of Registrant: Preston Ida RR 3

NOTARY (Seal)

Subscribed and sworn to before me on: February 5 1966
12. Signature of Notary: Norman A. Ricks
13. Notary Commission expires: July 1 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing (duplicate copy)	LDS Church, MapletonWard, Franklin Stake, O.J.Gregory, Bishop	Jan.3,1966	blessed June 12,1910
	Date of Birth May 2,1910 / **Birth Place** Mapleton, Idaho Franklin County	**Full Name of Mother** Lettie Porkins		**Name of Father** Rufus C. Long
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #31297	By whom issued and signed: The Inter-mountain Life Ins. Co. of Salt Lake City, Utah	Date Issued: -----	Date Orig. Entry: Jan.12,1928
	Date of Birth May 2,1910 / **Birth Place** Mapleton, Idaho	**Full Name of Mother** Lettie P. Long		**Name of Father** -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lettie Long	Date Issued: Feb.5,1966	Date Orig. Entry: -----
	Date of Birth May 2,1910 / **Birth Place** Mapleton, Idaho Franklin County	**Full Name of Mother** Lettie B. Perkins		**Name of Father** Rufus Cleveland Long

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barson
Evidence reviewed by: Glenda Larson
Date Filed: March 4, 1966

FORM BH 56067 (L) 4-30-63. one copy pd. rec. #03825.

MAR 8 1966

1 Affidavit Signed By Mother (Letter P. Long.
2 Birth Certificate of My Child. (Gaylene Long)
3 Life Insurance
4) Certificate of Membership In Church of Jesus Christ of Letter Day Saints

Rufus Wendell Long

413-109-028-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-187

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alfred Mack.
2. Date of Birth (month) (day) (year): Feb. 8 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Cataldo, Idaho Kootenai
b. City or Town of Birth: Cataldo Ida.

FATHER

6. Full Name of Father: Sam Mack.
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Pauline Lingquist
9. State or Country of Mother's Birth: Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred Mack
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: 2/22 1966
12. Signature of Notary: Edward O Schutt
13. Notary Commission expires: Sept. 6 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of original application for social security #518-05-2207	By whom issued and signed: Social Security Administration.	Date Issued: ---	Date Orig. Entry: Mar.18,1937	
	Date of Birth: Feb.8,1910	Birth Place: Cataldo, Kootenai County, Idaho	Full Name of Mother: Paulina Lindquist	Name of Father: Sam Mack	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #368881	Date Issued: ---	Date Orig. Entry: child born Feb.27,1943	
	Date of Birth: Age: 33	Birth Place: Cataldo, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment examination	By whom issued and signed: Gardner Hospital, Kellogg, Idaho	Date Issued: -----	Date Orig. Entry: Nov.7,1945	
	Date of Birth: Age 35	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barsom	Glenda Larsen	March 7, 1966

FORM BH 56067

MAR 8 1966

699-216-032-4856

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Lucille Wright			2. Date of Birth (month) 3 (day) 16 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Richfield
FATHER	6. Full Name of Father: Arthur H. Wright			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Anne Downey Dew Wright			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Wright Flanagan		11. Present Address of Registrant: 1432 West Street, Grinnell, Iowa
NOTARY (Seal)	Subscribed and sworn to before me on: 3/1/1966	12. Signature of Notary: Betty Weaver		13. Notary Commission expires: 7/4/1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 070108	By whom issued and signed: Peoples Life Ins. Co. of Frankfort, Indiana	Date Issued: Mar.11,1932	Date Orig. Entry: -----	
	Date of Birth: Mar.16,1910	Birth Place: Ritchfield,Idaho	Full Name of Mother: Anne Downey Wright	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. A. H. Wright	Date Issued: Feb.21,1966	Date Orig. Entry: -----	
	Date of Birth: Mar.16,1910	Birth Place: Richfield, Idaho	Full Name of Mother: Mrs. A. H. Wright	Name of Father: A. H. Wright	
SUPPORTING RECORD 3.	Type of Document: phtocopy of school record	By whom issued and signed: Dike Community School, Dike, Iowa	Date Issued: -----	Date Orig. Entry: year beginning Sept.6,1926	
	Date of Birth: Mar.16,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: A. H. Wright	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 15, 1966

FORM BH 56067

5-14-65

MAR 1 6 1966

Flanagan

695-31-025-483

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alphonse Anthony Frei		2. Date Of Birth (month) January (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Ferdinand Idaho; b. City or Town of Birth
FATHER	6. Full Name of Father: Clemens C. Frei		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Philomena Uhlorn		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alphons A. Frei	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1964	12. Signature of Notary: [signature]	13. Notary Commission expires: 24 October 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Northern Life Ins. Co. Seattle Washington	Date issued: ----	Date Orig. Entry: Nov. 12, 1948
	Date of Birth: Jan.31,1910	Birth Place: Ferdinand, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license		By whom issued and signed: Idaho County, Idaho	Date issued: Jan.27,1966	Date Orig. Entry: Jan.8,1935
	Date of Birth: Age 24	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of page of family records and news clippings		By whom issued and signed: Family Records and Newspaper Clippings	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jan.21,1910	Birth Place: ----	Full Name of Mother: Minnie Uhlorn	Name of Father: Cemens Frei	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	March 17, 1966

FORM BH 56067 1 cp to me # 12606 9-66 gml

MAR 1 7 1966

MAY 1 7 1974

4195-225-003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel M. Minshew		2. Date Of Birth (month) (day) (year): December 25, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: John H. Minshew		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Libbie C Williamson		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel M. Draker	11. Present Address of Registrant: 1305 Grell Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 1-13 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file with state of Idaho # 303955	Date issued: -----	Date Orig. Entry: child born July 22, 1940
	Date of Birth: Age 29	Birth Place: Pocatello, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Henry Minshew	Date issued: Jan.29,1966	Date Orig. Entry: ------
	Date of Birth: Dec.25,1910	Birth Place: Pocatello, Idaho Bannock, County	Full Name of Mother: Libbie Williamson Minshew	Name of Father: Henry Minshew	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Harry Anderson, Elder, Poca. 4th Ward	Date issued: Aug.8,1921	Date Orig. Entry: baptized Aug.7,1921
	Date of Birth: Dec.25,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Libbie Williamson	Name of Father: John Henry Minshew	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	March 17, 1966

FORM BH 56067

MAR 1 7 1966

459-104-005-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-241

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mark Mathison Derry		2. Date Of Birth (month) May (day) 4 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Benewah b. City or Town of Birth: Sanders
FATHER	6. Full Name of Father: James Franklin Derry		7. State or Country of Father's Birth: Iowa U.S.A.
MOTHER	8. Full Maiden Name of Mother: Cora Belle Miller		9. State or Country of Mother's Birth: North Carolina U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mark M. Derry	11. Present Address of Registrant: St. Maries Rt #3
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1964	12. Signature of Notary: Richard J. McStadel	13. Notary Commission expires: 2-6 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #L 11364		By whom issued and signed: Great Western Mutual Association, Lewiston, Idaho	Date issued: Nov.22,1943	Date Orig. Entry: Nov.17,1943
	Date of Birth: May 4,1910	Birth Place: Sanders, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age 73		By whom issued and signed: Charles M. Miller	Date issued: Jan.15,1966	Date Orig. Entry: -----
	Date of Birth: May 4,1910	Birth Place: Sanders, Idaho	Full Name of Mother: Cora Belle Derry	Name of Father: James Franklin Derry	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #219980	Date issued: -----	Date Orig. Entry: child born Mar.19,1934
	Date of Birth: Age 23	Birth Place: Sanders, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 24, 1966

FORM BH 56067 1CP [illegible] #15255 [illegible]

MAR 2 4 1966

689-123-016-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-244

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WINSLOW BECK WHITELEY			2. Date Of Birth: (month) Sept. (day) 23 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County: Cassia	b. City or Town of Birth: Oakley	
FATHER	6. Full Name of Father: JOSEPH EARL WHITELEY			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: AMANDA BECK			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Winslow Beck Whiteley	11. Present Address of Registrant: Oakley Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: march 7th 1966		12. Signature of Notary: Wallace A Hale	13. Notary Commission expires: May 12th 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #56-15519	Date Issued: ----	Date Orig. Entry: child born Dec.13,1956
	Date of Birth: Age 46	Birth Place: Oakley, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, William O.Wilson, Ward Clerk, Oakley, Idaho	Date Issued: Feb.24,1966	Date Orig. Entry: blessed Nov.13,1910
	Date of Birth: Sep.23,1910	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Amanda Beck	Name of Father: Joseph Earl Whiteley	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Amanda Beck Whiteley	Date Issued: Mar.7,1966	Date Orig. Entry: -----
	Date of Birth: Sep.23,1910	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Amanda Beck Whiteley	Name of Father: Joseph Earl Whiteley	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Larson		Evidence reviewed by: Glenda Larson	Date Filed: March 24, 1966	

FORM BH 56067 icp pd rec # 1881

MAR 24 1966
NOV 7 1972

168-221-006-767

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-265

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lela Mae Johnson			2. Date of Birth (month) August (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Basalt
FATHER	6. Full Name of Father: Joseph Moroni Johnson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Arminta Pope			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lela Mae Johnson Wiseman		11. Present Address of Registrant: Basalt Ida Box 164
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1966	12. Signature of Notary: James E. Lyon		13. Notary Commission expires: 2-5 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Basalt Ward, John Johnson, Elder	Date Issued: Feb. 1911	Date Orig. Entry: Blessed Aug.22,1910
	Date of Birth: Aug.21,1910 / Birth Place: Basalt, Idaho Bingham County	Full Name of Mother: Mamie Pope		Name of Father: Moroni Johnson
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho 329569	Date Issued: -----	Date Orig. Entry: child born Dec.18,1941
	Date of Birth: Age 31 / Birth Place: Basalt, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mary A. Johnson	Date Issued: Mar.10,1966	Date Orig. Entry: -----
	Date of Birth: Aug.21,1910 / Birth Place: Basalt, Idaho	Full Name of Mother: Mary Arminta Pope		Name of Father: Joseph Moroni Johnson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 29, 1966

FORM BH 56067

(W) 3-7-66

Wiseman

MAR 30 1966

696-225-001386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De 66-279

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA MABLE FROST			2. Date of Birth (month) (day) (year): JUNE 25 1910
	3. Color or Race: W	4. Sex: F.	5. Place of Birth a. County: BOISE IDAHO (Ada)	b. City or Town of Birth: BOISE IDAHO
FATHER	6. Full Name of Father: MARTIN SPENCER FROST			7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: ROSE MABLE THOMPSON			9. State or Country of Mother's Birth: Republic County, KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ella Mable Chaney	11. Present Address of Registrant: ROUTE 3-MERIDIAN IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: MARCH 3 19 66		12. Signature of Notary: Wm Dean Mayes	13. Notary Commission expires: SEPT 10 1968 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Boise Public Schools, Idaho T.C. Bird, Superintendent	Date Issued: Mar.9,1966	Date Orig. Entry: 1916-17
	Date of Birth: June 25,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: Martin S. Frost	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin Age 66		By whom issued and signed: Rose Sorensen	Date Issued: Mar.19,1966	Date Orig. Entry: -----
	Date of Birth: June 25,1910	Birth Place: Boise, Ada County, Idaho	Full Name of Mother: Rose Mable Thompson	Name of Father: Martin Spencer Frost	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Mercy Hospital,Nampa, Idaho Sharon Blaser, Med. Rec. Lib.	Date Issued: Mar.3,1966	Date Orig. Entry: Jan.22,1959
	Date of Birth: June 25,1910	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 31, 1966

FORM BH 56067

MAR 31 1966

389-20-006-155

RECEIVED
APR 5 1966
Bureau of Vital Statistics

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 66-284
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH
   (a) County Bingham (b) City Shelley
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home at home Days
   In THIS County 19 years months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? 19 yrs.
   (f) Mother's mailing address (for registration notice): Shelley (Street or R. F. D.) Idaho (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Irene Christensen

5. DATE OF BIRTH (Month, day, year) 11-10-1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Godfrey Christensen

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Denmark (City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Doreina Jensen

17. Color or Race White

18. Age at time of THIS birth 43 yrs.

19. Birthplace Denmark (City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business at home

22. Was a standard serological test for syphilis performed? Yes ____ No X Approximate date ____

23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %

24. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 (c) Born alive and now dead None (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Albert G. Christensen (First name) (Last name), who is related to this child as Father (Mother, etc.).

27. (a) April 5, 1966 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ____ by ____ (Registrar's signature)

26. Attendant's OWN signature Edwin Carter, M. D. (D.O., Midwife, etc.)
and address Shelley Date 4/7/66

APR 13 1966

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician:

_____

DELAYED

815730.006-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-302

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard E Yancey		2. Date Of Birth (month) (day) (year): July 30 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot, Idaho
FATHER	6. Full Name of Father: Emron Yancey		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Eliza Dorothy Dean		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard E. Yancey	11. Present Address of Registrant: Route #3 Blackfoot, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1966	12. Signature of Notary	13. Notary Commission expires: Jan. 6, 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #30266	By whom issued and signed: Pacific National Life Assurance Co., Salt Lake City, Utah	Date Issued: Jan. 29, 1940	Date Orig. Entry: Jan. 16, 1940
	Date of Birth: July 30, 1910 / Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Eliza Dorothy Yancey	Date Issued: Mar. 16, 1966	Date Orig. Entry: -----
	Date of Birth: July 30, 1910 / Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Eliza Dorothy Dean	Name of Father: Emron Yancey	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #376432	Date Issued: ----	Date Orig. Entry: child born July 6, 1943
	Date of Birth: Age 32 / Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 13, 1966

FORM BH 56067

APR 13 1966

653-231-021-413

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De66-306
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Effie Winward Felstet		2. Date of Birth (month) (day) (year): March 31 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Whitney, Idaho Franklin b. City or Town of Birth: West Gordon, Utah
FATHER	6. Full Name of Father: Bertie William Winward		7. State or Country of Father's Birth: Parawan, Utah
MOTHER	8. Full Maiden Name of Mother: Lula Effie Dalley		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Effie W. Felstet	11. Present Address of Registrant: Box 228 200 Spaulding, Pullman, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: 11th April 1966	12. Signature of Notary: [illegible]	13. Notary Commission expires: 6-10 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of insurance policy #84805		By whom issued and signed: California-Western States Life Ins. Co.	Date Issued: Sep.30,1931	Date Orig. Entry: Sept.20,1931
Class*	Date of Birth: Mar.31,1910	Birth Place: Whitney, Idaho	Full Name of Mother: Lula Effie D. Winward	Name of Father: Bertie William Winward	
SUPPORTING RECORD 2.	Type of Document: Statement re. Church Records		By whom issued and signed: L.D.S.Church, Pullman Ward Grant A. Harris, Bishop	Date Issued: April 11 1966	Date Orig. Entry: October 1955
Class	Date of Birth: March 31, 1910	Birth Place: Whitney, Idaho Franklin County	Full Name of Mother: Lula Dalley	Name of Father: Bertie William Winward	
SUPPORTING RECORD 3.	Type of Document: Copy of College Transcript		By whom issued and signed: State College of Washington Pullman, Washington	Date Issued: April 13, 1966	Date Orig. Entry: Nov. 16, 1956
Class	Date of Birth: March 31, 1910	Birth Place: Whitney, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: April 14, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 cp pd rec # 10278

APR 1 4 1966

OCT 1 8 1972

453-103-001-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-314

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BRYANT MOREHEAD MECHAM			2. Date of Birth (month) (day) (year): NOV. 3 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: PRESTON FDA., FRANKLIN	b. City or Town of Birth: PRESTON
FATHER	6. Full Name of Father: BRYANT CLINTON MECHAM			7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: FENRETTA Thomas			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bryant Morehead Mecham		11. Present Address of Registrant: 1856 BILLESPIE SALT LAKE CITY UTAH
NOTARY (Seal)	Subscribed and sworn to before me on: 5-3-1966	12. Signature of Notary: Donald L Roe		13. Notary Commission expires: 6-3-1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

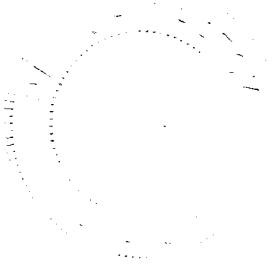
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #216200	Date Issued: -----	Date Orig. Entry: child born Oct. 17, 1933	
	Date of Birth: Age 22	Birth Place: Preston	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry #63342	By whom issued and signed: Salt Lake County recorder's office, Utah	Date Issued: Nov.15,1965	Date Orig. Entry: Dec.9,1931	
	Date of Birth: Nov.3,1910	Birth Place: Preston, Idaho	Full Name of Mother: Feurebba Thomas	Name of Father: B. C. Mecham	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #10 414 748	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Mar.28,1944	Date Orig. Entry: Jan. 26, 1944	
	Date of Birth: Nov.3,1910	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 19, 1966

FORM BH 56067

In effect - 5-25-65 NM

APR 19 1966



469-114-039-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-316

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Call Morris		2. Date of Birth (month) July (day) 14, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Power County, Idaho; b. City or Town of Birth: Neeley (American Falls) mail
FATHER	6. Full Name of Father: George William Morris		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Call		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: 1053 Rosevelt Avenue Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on March 16, 19 66	12. Signature of Notary: [signature]	13. Notary Commission expires: [illegible] 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: George W. Morris	Date issued: Nov.30,1965	Date Orig. Entry: -----
	Date of Birth: July 14,1910	Birth Place: Neeley, Idaho	Full Name of Mother: -----	Name of Father: George W. Morris
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Salt Lake County recorder's office, Utah	Date issued: Mar.14,1966	Date Orig. Entry: child born Dec.16,1938
	Date of Birth: Age 28	Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for lecense to marry #71017	By whom issued and signed: Salt Lake County recorder's office, Utah	Date issued: Oct.20,1965	Date Orig. Entry: June 14,1935
	Date of Birth: July 14,1910	Birth Place: American Falls, Idaho	Full Name of Mother: Margaret Call	Name of Father: George W. Morris
QUALIFYING INFORMATION				

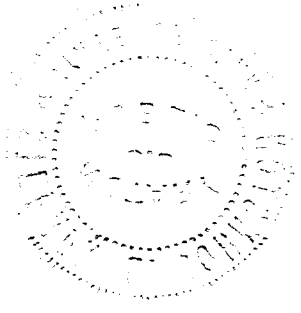
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 19, 1966

FORM BH 56067 2 cps [illegible] rec #614 10-5-65

APR 20 1966



389-224-022-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-320

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUBY EDNA CHRISTESEN	2. Date of Birth (month) AUG (day) 24 (year) 1910	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: GARFIELD FREMONT b. City or Town of Birth (mail RIGBY): IDAHO
FATHER	6. Full Name of Father: CHRISTIAN PETER CHRISTESEN	7. State or Country of Father's Birth: Copenhagen DENMARK	
MOTHER	8. Full Maiden Name of Mother: LUTITIA (LULA) MARIAH NORTH	9. State or Country of Mother's Birth: Mill Creek UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Edna Cramer	11. Present Address of Registrant: Box 235 Rigby R.F.D #1 Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 28 1966	12. Signature of Notary: Alene M. Hill	13. Notary Commission expires: June 25 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Garfield Ward, Chas. E. Jensen, Elder	Date Issued: Nov.8,1910	Date Orig. Entry: blessed Nov.6,1910	
	Date of Birth: Aug.24,1910	Birth Place: Garfield, Idaho Fremont County	Full Name of Mother: Lutita North	Name of Father: Christian P. Christensen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lutitia Mariah Christesen	Date Issued: Oct.4,1965	Date Orig. Entry: -----	
	Date of Birth: Aug.24,1910	Birth Place: Garfield Ward, Rigby, Idaho	Full Name of Mother: Lutitia (Lula) Mariah North	Name of Father: Christian Peter Christesen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #242164	Date Issued: ----	Date Orig. Entry: child born April 22,1936	
	Date of Birth: Age 25	Birth Place: Garfield, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 19, 1966

FORM BH 56067

JAN 27 1967

764-27-010-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-332

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Glen Poulsen		2. Date Of Birth (month) Sept. (day) 27 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Coltman
FATHER	6. Full Name of Father: Joseph Emil Poulsen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alice Cole		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Glen Poulsen	11. Present Address of Registrant: 126 Spruce St. Box 365 Shelley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 29 1966	12. Signature of Notary: Ruby Nielsen	13. Notary Commission expires: Jan. 2 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #446732	Date Issued: ----	Date Orig. Entry: child born Dec. 4, 1947
	Date of Birth: Age 37; Birth Place: Coltman, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Sanford W. Judd, Elder, Coltman Ward	Date Issued: July 6, 1919	Date Orig. Entry: baptized July 6, 1919
	Date of Birth: Sep. 27, 1919; Birth Place: Coltman, Idaho	Full Name of ~~[illegible]~~ father: Joseph Poulsen	Name of ~~Father~~ mother: Alice Cole	
SUPPORTING RECORD 3.	Type of Document: Certificate of Ordination as a Deacon (photocopy)	By whom issued and signed: LDS Church, Hyrum Severson, Bishop	Date Issued: Feb. 15, 1925	Date Orig. Entry: ordained Feb. 9, 1925
	Date of Birth: Sep. 27, 1910; Birth Place: Coltman, Idaho Bonneville County	Full Name of ~~Mother~~ father: Joseph E. Poulsen	Name of ~~Father~~ mother: Alice Cole	
QUALIFYING INFORMATION	DECEASED 9-30-03 ID 03-7463			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 25, 1966

FORM BH 56067 Rpd Rec # 11306 3-24-66

APR 25 1966

MAY 12 1966

356-220-022 -113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-360

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jean Lewis			2. Date Of Birth (month) Jan. (day) 20 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Darby	b. City or Town of Birth: Darby	
FATHER	6. Full Name of Father: Eleazer Lewis			7. State or Country of Father's Birth: Utah	Summit
MOTHER	8. Full Maiden Name of Mother: Roxie Jean Jackson			9. State or Country of Mother's Birth: Utah	Emery
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jean Lewis (Poole)	11. Present Address of Registrant: Dubois, Wyo.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 31 1966		12. Signature of Notary: Helen Seymour	13. Notary Commission expires: My Commission Expires 19	

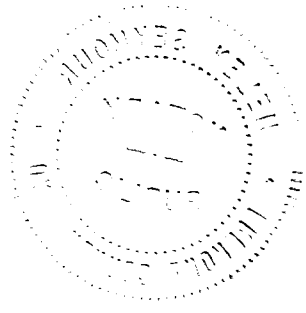
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation (photocopy)		By whom issued and signed: LDS Church, D.P.Sorensen, Clerk	Date Issued: Aug.1,1920	Date Orig. Entry: baptized July 31,1920
	Date of Birth: Jan.20,1910	Birth Place: Darby, Idaho	Full Name of Mother: Roxie Jackson	Name of Father: Eleazar Lewis	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing (photocopy)		By whom issued and signed: LDS Church, Elder Hans P. Hansen, Sr. Darby Ward	Date Issued: Apr.4,1910	Date Orig. Entry: blessed Mar.6,1910
	Date of Birth: Jan.20,1910	Birth Place: Darby, Fremont County, Idaho	Full Name of Mother: Roxie J. Jackson	Name of Father: Eleazar Lewis	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Roxie J. Lewis	Date Issued: Mar.28,1966	Date Orig. Entry: -----
	Date of Birth: Jan.20,1910	Birth Place: Darby, Idaho Fremont County	Full Name of Mother: Roxie Jean Jackson Lewis	Name of Father: Eleazer Lewis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 27, 1966

FORM BH 56067

APR 28 1966



793-206.021 261

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-361

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEAH GILBERT
2. Date Of Birth: (month) MARCH (day) 6 (year) 1910
3. Color or Race: WHITE
4. Sex: Female
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Whitney

FATHER
6. Full Name of Father: JAMES HARRIS GILBERT
7. State or Country of Father's Birth: WYOMING

MOTHER
8. Full Maiden Name of Mother: JENNIE SWAINSTON
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT
I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Leah Gilbert Wilson
11. Present Address of Registrant: ROUTE 2 BOX 470-D ACAMPO, CALIFORNIA

NOTARY (Seal)
Subscribed and sworn to before me on: March 9 1966
12. Signature of Notary: Ruth C. Mori
13. Notary Commission expires: December 19 1967

NOTARY SEAL — RUTH C. MORI — EUREKA — SACRAMENTO CO.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by parents	James Harris Gilbert and Jennie S. Gilbert	Mar.9,1966	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.6,1910 / Whitney, Idaho	Jennie S. Gilbert	James Harris Gilbert	
SUPPORTING RECORD 2.	photocopy of own child's birth certificate	Westwood Hospital, Westwood, California	July 11,1939	child born July 11,1939
	Mar.6,1910 / Whitney, Idaho	-----	-----	
SUPPORTING RECORD 3.	certified copy of affidavit for marriage information	county clerk's office, Bear Lake County, Idaho	Mar.31,1966	July 5,1928
	Age 18 / Franklin County, Idaho	-----	-----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	April 27,1966

FORM BH 56067

3-2-66

APR 28 1966

918-201-028-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-366

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stella Iva Rayburn		2. Date Of Birth (month) Sept. (day) 1 (year) 1910
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County: Post Falls, Kootenai; b. City or Town of Birth: Post Falls, Idaho
FATHER	6. Full Name of Father: Wilbur Leland Rayburn		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Iva Brugger		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella R. Harrold	11. Present Address of Registrant: Route 2, Box 190, Creswell, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 8 1965	12. Signature of Notary: Calvin C. Taylor	13. Notary Commission expires: 9-4 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 73	By whom issued and signed: Mary B. Bishop	Date issued: Oct.1,1965	Date Orig. Entry: ------
	Date of Birth: Sept.1,1910 / Birth Place: Post Falls, Idaho	Full Name of Mother: Iva B. Rayburn	Name of Father: Wilbur L. Rayburn	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: California-Western States Life Ins. Co., Sacramento, Cal.	Date issued: -----	Date Orig. Entry: Mar. 2, 1932
	Date of Birth: Sept.1,1910 / Birth Place: Idaho	Full Name of Mother: Iva B. Rayburn	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Wm.C.Jones, Co. School Supt. Lane County, Eugene, Oregon	Date issued: Mar.11,1966	Date Orig. Entry: Nov.25,1916
	Date of Birth: Age 6 / Birth Place: ------	Full Name of Mother: ------	Name of Father: W. L. Rayburn	
QUALIFYING INFORMATION				

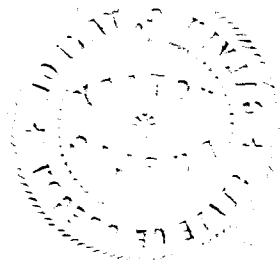
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 28, 1966

FORM BH 56067 1 cp pd rec #7246 (H) 3-4-66 gml

APR 28 1966



271-11-6004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-384

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Raymond Sparks
2. Date of Birth (month) (day) (year): February 16, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bear Lake
   b. City or Town of Birth: Dingle

FATHER

6. Full Name of Father: John H. Sparks
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Helen C. Wilcox
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X John Raymond Sparks
11. Present Address of Registrant: 3/6 monte vista vacaville Calif

NOTARY (Seal)

Subscribed and sworn to before me on: April 18 19 66

12. Signature of Notary: David R. Hawkins
13. Notary Commission expires: March 21, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	S. Humphreys, Bishop L. D. S. Church	May 1, 1910	Blessed May 1, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
1910 Feb.16,	Dingle, Idaho Bear Lake Co.	Helen C. Wilcox	John H. Sparks

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Edwin Cook, Bishop L. D. S. Church	-----	Baptized July 6, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.16,1910	Dingle, Idaho	Helen C. Wilcox	John H. Sparks

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Helen C. Esterholdt	Mar. 24, 1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 16, 1910	Dingle, Idaho	Helen Charlotta Wilcox Sparks	John Henry Sparks

QUALIFYING INFORMATION

DAVID R. HAWKINS
NOTARY PUBLIC—CALIFORNIA
PRINCIPAL OFFICE IN
SOLANO COUNTY

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	fc Glenda Larson	May 3, 1966

FORM BH 56067

In office - no record

MAY 3 1966

JOHN R. SPARKS
316 Monte Vista Avenue
Vacaville, California

734-213-021-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-403

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fannie Brunette Plunkett		2. Date Of Birth (month) SEPT. (day) 13 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Idaho Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Everett L. Plunkett		7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Fannie Brunette Beasley		9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fannie Brunette Martin	11. Present Address of Registrant: 627 W. Conbourne Ferndale, Mich.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 5, 1966	12. Signature of Notary: Admiral Dewey Gulls	13. Notary Commission expires: ADMIRAL DEWEY GULLS Notary Public, Oakland County, Michigan My commission expires February 14, 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding insurance policy #124 180 182	By whom issued and signed: Metropolitan Life Ins. Co. New York		Date Issued: Mar.21,1966	Date Orig. Entry: May 22,1936
	Date of Birth: Sep.13,1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Saline County, Illinois Maynard Cannon, County clerk		Date Issued: Jul.28,1965	Date Orig. Entry: Sept.7,1929
	Date of Birth: Age next bd. 19	Birth Place: Idaho	Full Name of Mother: Fannie Beasley	Name of Father: Everett Plunkett	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate 10719	By whom issued and signed: State of Kentucky, Vital Statistics		Date Issued: Mar.2,1966	Date Orig. Entry: child born October 3, 1931
	Date of Birth: Age 21	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	May 11, 1966

FORM BH 56067

5-21-65

MAY 12 1966

742-724-025-128

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-408
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Wayne Gustin			2. Date Of Birth (month) (day) (year): October 24, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kooskia Idaho	b. City or Town of Birth: Kooskia, Idaho
FATHER	6. Full Name of Father: James Rapheal Gustin			7. State or Country of Father's Birth: Pullman, Whitman Cty, Wash.
MOTHER	8. Full Maiden Name of Mother: Susie Gertrude Ashpaugh			9. State or Country of Mother's Birth: Pullman, Whitman Cty., Wash.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Wayne Gustin		11. Present Address of Registrant: Okanogan, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: February 7th 1966	12. Signature of Notary: John Hancock		13. Notary Commission expires: February 21, 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records		Date Issued: -----	Date Orig. Entry: obviously old
Class*	Date of Birth: Oct.24,1910	Birth Place: ----	Full Name of Mother: Susie Gertrude Ashpaugh	Name of Father: James Rapheal Gustin	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Apr.9,1966	Date Orig. Entry: Jan. 1, 1920
Class	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Susan Gustin	Name of Father: James Gustin	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: James Rapheal Gustin		Date Issued: Feb.3,1966	Date Orig. Entry: -----
Class	Date of Birth: Oct.24,1910	Birth Place: Kooskia, Idaho Idaho County	Full Name of Mother: Susie Gertrude Ashpaugh	Name of Father: James Rapheal Gustin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

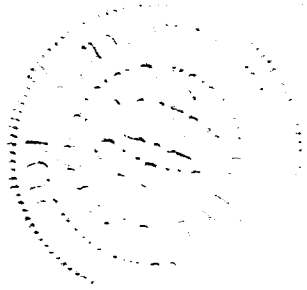
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	May 12, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 19 1966



155 106 036-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-417

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Ray Jensen		2. Date of Birth (month) Sept. (day) 6 (year) 1910
	3. Color or Race: White.	4. Sex: M.	5. Place of Birth: a. County Oneida; b. City or Town of Birth: Malad City,
FATHER	6. Full Name of Father: James Peter Jensen		7. State or Country of Father's Birth: Newton Cache Co. Utah
MOTHER	8. Full Maiden Name of Mother: Laura Baker.		9. State or Country of Mother's Birth: Mendon, Cache Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: A. Ray Jensen	11. Present Address of Registrant: 4409 S. 200 W. Malad, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1966	12. Signature of Notary: E. L. Scott	13. Notary Commission expires: 5/19 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #31983	By whom issued and signed: Commercial Travelers Ins. Co. Salt Lake City, Utah	Date Issued: Oct.18,1952	Date Orig. Entry: Oct.5,1949	
	Date of Birth: Sept.6,1910	Birth Place: Malad, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #291996	Date Issued: -----	Date Orig. Entry: child born Mar.8,1940	
	Date of Birth: Age 29	Birth Place: Malad, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Ordination as an Elder	By whom issued and signed: LDS Church, Malad 1st Ward R.J.Harding, High Priest	Date Issued: Feb.24,1930	Date Orig. Entry: ordained Feb.18,1930	
	Date of Birth: Sept.6,1910	Birth Place: Malad, Oneida County, Idaho	Full Name of Mother: Laura Baker	Name of Father: James Peter Jensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	May 16, 1966

FORM BH 56067

4-12-

MAY 1 6 1966

622-209-042-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-420

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nona Geneve Osborn		2. Date Of Birth (month) 6 (day) 9 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Jess Osborn		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Frances Gentry		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nona G. Von Houten	11. Present Address of Registrant: Route 2, Twin Falls
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1966	12. Signature of Notary: Avery Floyd	13. Notary Commission expires: July 31 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Frances Osborn	Date issued: Mar.17,1966	Date Orig. Entry: -----
	Date of Birth: June 9,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Frances Osborn	Name of Father: Jess Osborn
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #185900	Date issued: -----	Date Orig. Entry: child born Sept.26,1930
	Date of Birth: Age 20	Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certificate of Age from Marriage Record	By whom issued and signed: Twin Falls, County, Idaho H.A.Lancaster, recorder	Date issued: Mar.11,1966	Date Orig. Entry: Nov.2,1929
	Date of Birth: Age 19	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Berson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 16, 1966

FORM BH 56067 1 cp pd rec #9274 4-19-66 901

MAY 1 6 1966

919-223-020-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA MAY RAINEY			2. Date of Birth (month) MARCH (day) 23 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: GLENNS FERRY, ELMORE	b. City or Town of Birth: GLENNS FERRY, IDAHO
FATHER	6. Full Name of Father: ROBERT BOLT RAINEY			7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: PEARL LEVINAH SCHOCK			9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva May Rainey Thompson		11. Present Address of Registrant: 1802 6th Street, Antioch, California
NOTARY (Seal)	Subscribed and sworn to before me on: October 12, 1959 19	12. Signature of Notary: W. W. Sanders		13. Notary Commission expires: W. March 3, 19 61 Residing at Mt. My Commission

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 79	By whom issued and signed: Pearl Levinah Rainey	Date Issued: 10-12-59	Date Orig. Entry:
	Date of Birth: March 23, 1910 / Birth Place: Elmore Co. Glenns Ferry, Idaho	Full Name of Mother: Pearl Levinah Schock	Name of Father: Robert Bolt Rainey	
SUPPORTING RECORD 2.	Type of Document: Transcript of high school record	By whom issued and signed: Mtn. Home Senior High, Idaho Betty Antonson, Secretary	Date Issued: Oct.15,1959	Date Orig. Entry: Sept.10,1925
	Date of Birth: Mar.23,1910 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-36-6073	By whom issued and signed: Social Security Administration	Date Issued: -----	Date Orig. Entry: Oct.26,1950
	Date of Birth: Mar.23,1910 / Birth Place: Glenns Ferry, Idaho Elmore County	Full Name of Mother: Pearl Levina Shock	Name of Father: Robert Bolt Rainey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: nr Glenda Larson	Date Filed: May 16, 1966

FORM BH 56067

JUN 23 1966

319-11-011-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-433

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Thomas Carratt			2. Date Of Birth (month) (day) (year): July 14, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boundary	b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Harry B. Carratt			7. State or Country of Father's Birth: Jackson County, Iowa
MOTHER	8. Full Maiden Name of Mother: Louvina Hooker			9. State or Country of Mother's Birth: Bateman County, Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Thomas Carratt		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 3rd. 1972	12. Signature of Notary: Dennis H. Meucher		13. Notary Commission expires: August 23rd. 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return #3122	By whom issued and signed: Franklin County, Washington		Date Issued: July 16,1963	Date Orig. Entry: Feb.4,1939
	Date of Birth: Age: 28	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Louvina Hooker	Name of Father: Harry B. Carratt	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible/copy taken by Oregon Blue Print Co.		Date Issued: Feb.9,1965	Date Orig. Entry: obviously old
	Date of Birth: July 14,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Louvina Hooker	Name of Father: Henry B. Carratt	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school census record	By whom issued and signed: Klickitat County, Washington School Dist. #57		Date Issued: Jan.21,1972	Date Orig. Entry: May 1,1928
	Date of Birth: July 14,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: H. B. Carratt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	March 10, 1972

FORM BH 56067

Carratt

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-433

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Thomas Carratt
2. Date of Birth (month) (day) (year): July 14th 1911
3. Color or Race: W.
4. Sex: M.
5. Place of Birth a. County: Boundary County
b. City or Town of Birth: Bonners Ferry Idaho

FATHER

6. Full Name of Father: Harry B. Carratt
7. State or Country of Father's Birth: Jackson County Iowa

MOTHER

8. Full Maiden Name of Mother: Louvina Hooker
9. State or Country of Mother's Birth: Bateman County Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x John T. Carratt
11. Present Address of Registrant: Centerville Washington

NOTARY (Seal)

Subscribed and sworn to before me on: 31st of Dec. 1965
12. Signature of Notary: Leo L. Moore
13. Notary Commission expires: 3-30 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate #280	State of Oregon, Vital Statistics Section	July 2,1963	child born Jan. 1, 1945
	Date of Birth: Age 33	Birth Place: Bonners. Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Insurance Policy# 766400	Washington National Insurance Company	Jan.12,1955	Dec.17,1954
	Date of Birth: July 14,1911	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Affidavit by aunt Age 71	Nellie Carratt Tallman	Apr.30,1966	Date Orig. Entry: -----
	Date of Birth: July 14,1911	Birth Place: Bonners, Ferry, Idaho	Full Name of Mother: Louvina Hooker Carratt	Name of Father: Henry Burgess Carratt

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

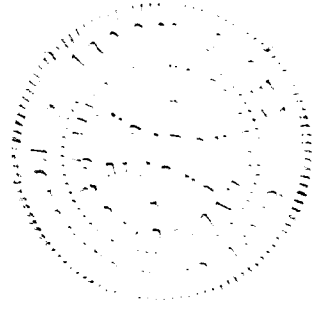
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	May 18, 1966

FORM BH 56067 6-16-61 ~~1 copy paid~~ 1-12-66

MAY 18 1966

MAR 10 1972



649-228-040-362

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-436

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Retha Furnish			2. Date of Birth: (month) October (day) 28 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Shoshone	b. City or Town of Birth: Kellogg, Idaho	
FATHER	6. Full Name of Father: Archie Marion Furnish			7. State or Country of Father's Birth: Clinton, Washington	
MOTHER	8. Full Maiden Name of Mother: Bertha Tokle			9. State or Country of Mother's Birth: Isfjorden, Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Retha Hobbs		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2, 1966	12. Signature of Notary: Bruce A. Harbert		13. Notary Commission expires: May 7, 1966	

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Joint Class A. School Dist. #391, Kellogg, Idaho.		Date Issued: Sep.16,1965	Date Orig. Entry: Sep.2,1924
	Date of Birth: Oct.28,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: Archie Furnish	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: National Public Service Ins. Co.		Date Issued: -----	Date Orig. Entry: Nov.5,1951
	Date of Birth: Oct.28,1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Mar.23,1966	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Bertha Furnich	Name of Father: Archie Furnich	

QUALIFYING INFORMATION: Own child's birth certificate on file Idaho #184957 shows age of mother as 19 and ~~mother's place of birth as Kellogg, Idaho. Child was born September 22, 1930.~~

REGISTRAR'S CERTIFICATION (seal)

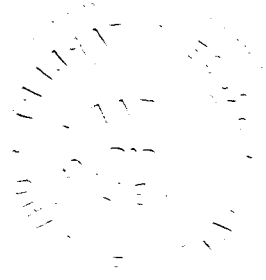
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	gml Glenda Larson	May 18, 1966

FORM BH 56067 1 copy paid rec. 10192 3rd form sent. (H)

4-22-66 gml

MAY 18 1966



791-226-033-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-437

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PhyLLis ~~Faux~~ Pratt
2. Date of Birth (month) AUG (day) 26 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County IDAHO; b. City or Town of Birth: MADISON REXBURG

FATHER

6. Full Name of Father: MARK CASLIN PRATT
7. State or Country of Father's Birth: SALT LAKE CITY, UTAH

MOTHER

8. Full Maiden Name of Mother: AUGUSTA OLSON
9. State or Country of Mother's Birth: SWEDEN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Phyllis Pratt Pack
11. Present Address of Registrant: 451 So 6th East Salt Lake City 24-

NOTARY (Seal)

Subscribed and sworn to before me on April 2, 1966

12. Signature of Notary: Alvin R Erikson
13. Notary Commission expires: May 1, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister (born 12-11-1891)	Edna Pratt Sutherland	Apr.2,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.26,1910	Rexburg, Idaho	Augusta Olson Pratt	Mark Caslin Pratt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Record of Membership	LDS Church, Salt Lake City, Utah	Mar.24,1966	baptized Sept.19,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.26,1910	Rexburg, Idaho	Augusta Olson	Mark C. Pratt

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
hospital certificate of own child's birth	Holy Cross Hospital, Salt Lake City, Utah	-----	child born Aug.11,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.26,1910	Rexburg, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

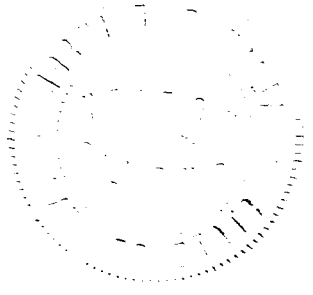
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 18, 1966

FORM BH 56067

(P) 4-28-

MAY 18 1966



22910-018-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-438

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frank Arthur Skillings
2. Date Of Birth: (month) 12 (day) 10 (year) 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Clearwater; b. City or Town of Birth: Russell (no town now)

FATHER

6. Full Name of Father: Charles Linus Skillings
7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: Myrtle Forrest Short
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Frank Arthur Skillings
11. Present Address of Registrant: Silver Lake Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 1965

12. Signature of Notary: L. S. Harris
13. Notary Commission expires: March 17 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Myrtle Forrest Short Skillings	Date Issued: Oct. 21, 1965	Date Orig. Entry: ------	
	Date of Birth: Dec. 10, 1910	Birth Place: Russell, Lewis County, Idaho	Full Name of Mother: Myrtle Forrest Short Skillings	Name of Father: Charles Linus Skillings	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage Certificate	By whom issued and signed: Clark County, Washington	Date Issued: July 2, 1965	Date Orig. Entry: Jan. 14, 1939	
	Date of Birth: Age 28	Birth Place: Idaho	Full Name of Mother: Myrtle Short	Name of Father: Charlie Skillings	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records (Errol Heights school)	By whom issued and signed: Portland Public Schools, Carma Lauderdale, Secretary	Date Issued: Mar. 22, 1966	Date Orig. Entry: 1923-24	
	Date of Birth: Dec. 10, 1910	Birth Place: Russell, Idaho	Full Name of Mother: Myrtle F. Skillings	Name of Father: Charles L. Skillings	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	May 18, 1966

FORM BH 56067 3-14-61 (5) 11-4-65

Skillings

MAY 18 1966

259-21-8040-583

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-452

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olive Ten Eyck Berry		2. Date Of Birth (month) (day) (year): July 18 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: William Holden Berry		7. State or Country of Father's Birth: Virginia, USA
MOTHER	8. Full Maiden Name of Mother: Olive Mary Ten Eyck		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive Ten Eyck Berry Inspit	11. Present Address of Registrant: Box 7, Kalispell, Mt. 59901
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1966	12. Signature of Notary: Esther Quast	13. Notary Commission expires: Dec 13, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: transcript of hospital record	By whom issued and signed: Kalispell General Hospital C.P.Keim, Bus. Mngr., Montana	Date Issued: Apr.29,1966	Date Orig. Entry: Aug.28,1958
	Date of Birth: July 18,1910; Birth Place: Wallace, Idaho	Full Name of Mother: Olive Ten Eyck	Name of Father: William Berry	
SUPPORTING RECORD 2.	Type of Document: hospital certificate of own child's birth	By whom issued and signed: Kalispell General Hospital Montana	Date Issued: -----	Date Orig. Entry: child born April 20,1939
	Date of Birth: July 18,1910; Birth Place: Wallace, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of transcript of high school record	By whom issued and signed: El Monte Union High School El Monte, Calif.	Date Issued: Mar.28,1966	Date Orig. Entry: Sept.9,1925
	Date of Birth: July 18,1910; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	May 19, 1966

FORM BH 56067

1-6-66

JUN 1 1966

JCS 793-217-028-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-465

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Karleen Mary Gillies	2. Date of Birth: (month) May (day) 17 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Spirit Lake
FATHER	6. Full Name of Father: Wilson Palmer Gillies	7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Hulda Matilda Kleist	9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Karleen Mary Gillies	11. Present Address of Registrant: Tallahassee, Florida 533 E. Seventh Ave.,
NOTARY (Seal)	Subscribed and sworn to before me on 23 May 1966	12. Signature of Notary: Lucille S. Powell	13. Notary Commission expires: Notary Public, State of Florida at Large My Commission Expires June 24, 1966 Bonded by ~~American Surety Co. of N. Y.~~

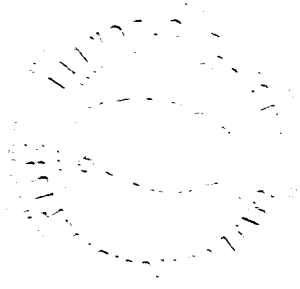
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized copy of Minnesota Board of Nursing Records	By whom issued and signed: Minnesota Board of Nursing Lenora J. Collatz, Exc. Sec.	Date Issued: May 18 1966	Date Orig. Entry: License issued Aug. 3, 1933
	Date of Birth: May 17, 1910 / Birth Place: Spirit Lake, Ida.	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #2185914	By whom issued and signed: The Travelers Ins. Co.	Date Issued: July 23, 1941	Date Orig. Entry: July 17, 1941
	Date of Birth: May 17, 1910 / Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin age 42	By whom issued and signed: Otto Buttenhoff	Date Issued: July 24, 1941	Date Orig. Entry: -----
	Date of Birth: May 17, 1910 / Birth Place: Spirit Lake, Ida.	Full Name of Mother: Hulda Matilda Kleist	Name of Father: Wilson Palmer Gillies	
QUALIFYING INFORMATION	Notorized statement of schools records census taken April 1918 gives name as Karleen Gillies, age 7 father N. P. Gillies			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: May 24, 1966	

FORM BH 56067 50¢ paid rec. 41-23179 (G) 5-18-66

MAY 24 1966

Gillies



292-417.021-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-479

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Rex Bischoff			2. Date of Birth: April 17 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County: Franklin	b. City or Town of Birth: Clifton
FATHER	6. Full Name of Father: Joseph Peter Bischoff			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ella Olsen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Rex Bischoff		11. Present Address of Registrant: Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 10, 1966	12. Signature of Notary: Glenn B Collette		13. Notary Commission expires: Jan 21 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #281126	Date Issued: -----	Date Orig. Entry: child born June 10,1939
	Date of Birth: Age 29 / Birth Place: Clifton, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: J 655060 photocopy of application for insurance policy 29 956	By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: -----	Date Orig. Entry: Sept.21,1926
	Date of Birth: Apr.17,1910 / Birth Place: Clifton, Franklin County, Idaho	Full Name of Mother: Ella Bischoff	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry #1140	By whom issued and signed: Tooele County, Utah	Date Issued: May 4,1966	Date Orig. Entry: Sept.25,1935
	Date of Birth: Apr.17,1910 / Birth Place: Clifton, Idaho	Full Name of Mother: Ella Olson	Name of Father: Joseph P. Bischoff	
QUALIFYING INFORMATION				

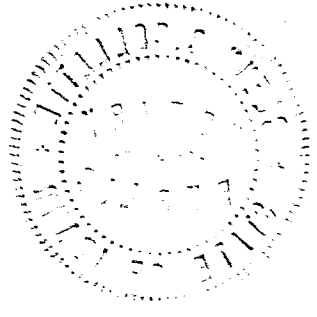
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: June 1, 1966

FORM BH 56067

Application # 1992

4-19-66

JUN 1 1966



293-221-001-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-509

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAVINA Teddy SILLIVAN			2. Date Of Birth (month) Feb. (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise IDAHO Ada	b. City or Town of Birth: Boise IDAHO
FATHER	6. Full Name of Father: George Finley SILLIVAN			7. State or Country of Father's Birth: HARRISBURG INDIANA
MOTHER	8. Full Maiden Name of Mother: CHARLOTTE AGNES GEISER			9. State or Country of Mother's Birth: WAYNE County - IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lavina Teddy McCowan		11. Present Address of Registrant: 214 CASEY - RICHLAND-Wash
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1966	12. Signature of Notary: Robert L. Jensen		13. Notary Commission expires: April 23 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (bd. 5-8-1897)	By whom issued and signed: Russell Sillivan		Date Issued: Sep.13,1961	Date Orig. Entry: -----
	Date of Birth: Feb.21,1910	Birth Place: Boise, Idaho	Full Name of Mother: Charlotte Agnes Geiser	Name of Father: George Finley Sillivan	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #30551	By whom issued and signed: child born in Walla Walla, Washington		Date Issued: ---	Date Orig. Entry: child born June 29,1956
	Date of Birth: Age 46	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record	By whom issued and signed: Parkview Junior High School, Emmett, Idaho		Date Issued: May 17,1966	Date Orig. Entry: Sept.11,1916
	Date of Birth: Age 6	Birth Place: -----	Full Name of Mother: -----	Name of Father: G. F. Sillivan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: June 7, 1966

FORM BH 56067

1 copy paid 7-~~57~~ 26-61

(m) 5-12-66 gml

JUN 7 1966

McGowan

513 394-225-008-545

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Pauline Liming			2. Date of Birth (month) June (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Boise	b. City or Town of Birth: Van Wyck
FATHER	6. Full Name of Father: Paul Oliver Liming			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Adelma Ruth Emery			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Pauline Liming		11. Present Address of Registrant: Council, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 3 19 66	12. Signature of Notary: D Bruce		13. Notary Commission expires: April 10 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend present	By whom issued and signed: Dorothy E. Fowler, Age 77	Date Issued: May 20,1966	Date Orig. Entry: --------
	Date of Birth: June 25,1910 / Birth Place: VanWyck, Idaho	Full Name of Mother: Adelma Ruth Emery	Name of Father: Paul O. Liming	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: Jun.25,1910 / Birth Place: VanWyck, Idaho	Full Name of Mother: Adelma Ruth Emery	Name of Father: Paul Oliver Liming	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: # 223203 on file with state of Idaho	Date Issued: ----	Date Orig. Entry: child born June 12, 1934
	Date of Birth: Age 23 / Birth Place: Van Wyck	Full Name of Mother: -------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 7, 1966

FORM BH 56067

JUN 7 1966

JUL 30 1997

Childs cert # 223203

793-225-6035-437

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 66-540
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eileen Mae Gilmore		2. Date Of Birth (month) Oct. (day) 25 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: ~~Payette~~ (Canyon) Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: William Wilbert Gilmore (W.B.)		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Anna May McGlinchey		9. State or Country of Mother's Birth: Ogden, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ilene M. (Gilmore) Mengele	11. Present Address of Registrant: 710 SW Blvd. New Plymouth, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: February 25, 1966 19__	12. Signature of Notary: Bonnetta B. Hewett	13. Notary Commission expires: July 16, 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Family Record Book	Date Issued: ------	Date Orig. Entry: Obviously old	
Class*_____	Date of Birth: Oct. 25, 1910	Birth Place: Payette, Idaho	Full Name of Mother: Anna May McGlinchey	Name of Father: William Wilbert Gilmore	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: #231750 on file with State of Idaho	Date Issued: -----	Date Orig. Entry: child born Feb. 8, 1935	
Class_____	Date of Birth: Age 24	Birth Place: Payette, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding marriage records	By whom issued and signed: Payette County, Idaho	Date Issued: Apr. 21, 1966	Date Orig. Entry: Feb. 10, 1934	
Class_____	Date of Birth: Age 23	Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: ------	

QUALIFYING INFORMATION: federal census record issued May 31, 1966 by U.S. Dept. of Commerce, Bureau of the Census for January 1, 1920 gives her age as 9 and place of birth as Idaho. Enumerated in the family of Mrs. Mary Gilmore

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	fc Glenda Larson	June 17, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 Cp pd rec # 9407

(11) - 16669

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JUN 17 1966

319-222-014-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-548

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Nellie Carl		2. Date of Birth (month) (day) (year): August 22, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: County of Canyon; b. City or Town of Birth: Town of Nampa
FATHER	6. Full Name of Father: John Roger Carl		7. State or Country of Father's Birth: Indiana, U. S. A.
MOTHER	8. Full Maiden Name of Mother: Carrie Frances DeCoursey		9. State or Country of Mother's Birth: Missouri, U. S. A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Nellie Carl Mark	11. Present Address of Registrant: 149 S. Morrissey Ave. Santa Cruz, Calif. 95060
NOTARY (Seal)	Subscribed and sworn to before me on: June 2, 1966	12. Signature of Notary: Jack Stagnaro	13. Notary Commission expires: JACK STAGNARO My Commission Expires Sept. 19, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Carrie Frances Johnson		Date Issued: May 26,1966	Date Orig. Entry: -----
	Date of Birth: Aug.22,1910	Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: Carrie Frances DeCoursey Carl	Name of Father: John Roger Carl	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: Santa Cruz County, Calif. Vol 7, Page 197 #124		Date Issued: May 27,1966	Date Orig. Entry: child born Nov.6,1932
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry	By whom issued and signed: Santa Clara County, Calif.		Date Issued: May 31,1966	Date Orig. Entry: May 15,1953
	Date of Birth: Age 42	Birth Place: Idaho	Full Name of Mother: Carrie Frances DeCoursey	Name of Father: John R. Carl	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 17, 1966

FORM BH 56067

5-24-66

JUN 17 1966

713-203-025-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-580

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Opal Glenn Patterson			2. Date Of Birth (month) May (day) 3 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Riggins Idaho Idaho	b. City or Town of Birth: Riggins Idaho
FATHER	6. Full Name of Father: John Ernest Patterson			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Emma Ethel Clay			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Opal Carlson		11. Present Address of Registrant: Riggins, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 28th 1965	12. Signature of Notary: Keith Congleton		13. Notary Commission expires: 14th, November 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.21,1966	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 9 / Birth Place: Idaho	Full Name of Mother: Emma Patterson		Name of Father: John E. Patterson
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: May 3,1910 / Birth Place: -----	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Statement regarding lodge records I.O.O.F.	By whom issued and signed: Dorothy Matthews,Rec.Sec. Garnet Rebekah Lodge#120,Riggins.	Date Issued: Feb.11,1965	Date Orig. Entry: Apr.3,1951
	Date of Birth: May 3,1910 / Birth Place: Riggins, Idaho	Full Name of Mother: -----		Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 23, 1966

FORM BH 56067

1-12-65

JUN 23 1966

693-224-010-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-604

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Oralie Wilkinson	2. Date Of Birth (month) June (day) 24 (year) 1910
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth: a. County Idaho Falls Idaho Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Andrew Stephen Wilkinson	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Oralie Amelia Cragun	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence O Swanson; 11. Present Address of Registrant: 734 N. Clementine Anaheim Calif.
NOTARY (Seal)	Subscribed and sworn to before me on Jan 14 1966	12. Signature of Notary: F W Powell; 13. Notary Commission expires 5-15 1969

F. W. POWELL
NOTARY PUBLIC-CALIFORNIA
COUNTY OF ORANGE

F. W. POWELL Notary Public
My Commission Expires May 15, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for retirement	By whom issued and signed: Civil Service Retirement System	Date issued: ---	Date Orig. Entry: Oct.31,1956
	Date of Birth: June 24,1910; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of church certificate of birth	By whom issued and signed: LDS Church, Salt Lake City	Date issued: June 1,1966	Date Orig. Entry: May 4,1919
	Date of Birth: June 24,1910; Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Oralie Cragun	Name of Father: Andrew Stephen Wilkinson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Oralie A. Wilkinson	Date issued: May 5,1966	Date Orig. Entry: -----
	Date of Birth: June 24,1910; Birth Place: Idaho Falls, Idaho	Full Name of Mother: Oralie A. Wilkinson (Cragun)	Name of Father: Andrew Stephen Wilkinson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 7, 1966

FORM BH 56067 1 cp pd rec. #6359 2-9=66 gml

JUL 7 1966

595-22 8021-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-637

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gwen Andrea Nielsen		2. Date of Birth (month) April (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin; b. City or Town of Birth: Weston, Idaho
FATHER	6. Full Name of Father: William Nielsen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Roseina C. Kofoed		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gwen Andrea Campbell Nielsen	11. Present Address of Registrant: 1042 Douglas Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on 7-15- 1966	12. Signature of Notary: Zola L. Kostock	13. Notary Commission expires 10-18- 1967

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 85	By whom issued and signed: Roseina C. Nielsen	Date Issued: Mar.21,1966	Date Orig. Entry: -------
	Date of Birth: Apr.28,1910 / Birth Place: Weston, Idaho	Full Name of Mother: Roseina C. Kofoed	Name of Father: William Nielsen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: Otto Gassman, Bishop L. D. S. Church	Date Issued: July 3,1910	Date Orig. Entry: Blessed July 3,1910
	Date of Birth: Apr.28,1910 / Birth Place: Weston, Idaho	Full Name of Mother: Roseina C. Kofoed	Name of Father: William Nielsen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: H.Raymond Bingham, Elder L. D. S. Church	Date Issued: May 5,1918	Date Orig. Entry: Baptized May 4,1918
	Date of Birth: Apr.28,1910 / Birth Place: Weston, Idaho	Full Name of Mother: Roseina C. Kofoed	Name of Father: William Nielsen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 15, 1966

FORM BH 56067

In office - see letter

JUL 15 1966

6394 249-224.001-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-638

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Luther Smith		2. Date of Birth (month) (day) (year): April 24, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: William W. Smith		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Gertrude Mae Dangler		9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juanita Conner	11. Present Address of Registrant: Eagle Paint Co
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1966	12. Signature of Notary: Maude Purdy	13. Notary Commission expires: Sept. 12, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Page from Bible	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: April 24,1910	Birth Place: Boise, Idaho	Full Name of Mother: Gertrude Mae Dangler	Name of Father: William W. Smith
SUPPORTING RECORD 2.	Type of Document: Notorize Record of Marriage	By whom issued and signed: Jackaon Co. Oregon E. M. Madden, Clerk	Date Issued: March 3 1961	Date Orig. Entry: Married Feb. 16,1929
	Date of Birth: Age 18	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Statement from Hospital	By whom issued and signed: R. Carter, Medical Librarian	Date Issued: June 10 1966	Date Orig. Entry: Patient Oct. 14,1954
	Date of Birth: Age ;40	Birth Place: Boise, Idaho	Full Name of Mother: --------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: June 30,1966

FORM BH 56067

JUL 12 1966

692-224042 - 295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-639

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Kathryn Fisher			2. Date of Birth (month) Sept. (day) 24 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Home; a. County: Twin Falls	b. City or Town of Birth: Filer	
FATHER	6. Full Name of Father: Harlan E.W. Fisher			7. State or Country of Father's Birth: Ozone, Arkansas	
MOTHER	8. Full Maiden Name of Mother: Della Kiernan Fisher			9. State or Country of Mother's Birth: Genoa, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille F. Vea		11. Present Address of Registrant: 431 North Avenue Sheboygan, Wis. 53081	
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1966	12. Signature of Notary: [illegible]		13. Notary Commission expires: My Commission [illegible] 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Della Kiernan Fisher		Date Issued: Aug.21,1940	Date Orig. Entry: -----
	Date of Birth: Sep.24,1910	Birth Place: Filer, Idaho	Full Name of Mother: Della Kiernan Fisher	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record	By whom issued and signed: Winnebago County, Illinois		Date Issued: Mar.3,1966	Date Orig. Entry: Dec.27,1940
	Date of Birth: Sep.24,1910	Birth Place: Filer, Idaho	Full Name of Mother: Della Kiernan	Name of Father: Harlan Fisher	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1287837	By whom issued and signed: The Franklin Life Ins. Co. of Springfield, Illinois		Date Issued: Jul.26,1954	Date Orig. Entry: July 26,1954
	Date of Birth: Sep.24,1910	Birth Place: Filer, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 18, 1966

FORM BH 56067

ICP application # 2765

RUSH

7-8-66 gml

JUL 18 1966

231-218-035-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-640

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Christine Irene Stamper		2. Date Of Birth (month) (day) (year): October 18th 1910
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Peck, Idaho-NezPerce b. City or Town of Birth: Peck, Idaho
FATHER	6. Full Name of Father: Albert Monroe Stamper		7. State or Country of Father's Birth: ~~Athena~~ Umatilla, Oregon-USA
MOTHER	8. Full Maiden Name of Mother: Ida Swenson		9. State or Country of Mother's Birth: ~~Swift Falls~~ Benson, Minnesota-USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Christina Juomineva	11. Present Address of Registrant: R # 1-Orofino, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 12th 1966	12. Signature of Notary: W. H. Benson	13. Notary Commission expires: November 9th 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 86	By whom issued and signed: Adolph R. Swenson	Date Issued: July 12,1966	Date Orig. Entry: -----
	Date of Birth: Oct.18,1910 / Birth Place: Peck, Idaho Nez Perce County	Full Name of Mother: Ida Swenson	Name of Father: Albert Monroe Stamper	
SUPPORTING RECORD 2.	Type of Document: photocopies of pages from family Bible	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Oct.18,1910 / Birth Place: Peck, Idaho	Full Name of Mother: Ida Stamper (Swenson)	Name of Father: Albert M. Stamper	
SUPPORTING RECORD 3.	Type of Document: marriage record and license	By whom issued and signed: On file Idaho #55-4480	Date Issued: -----	Date Orig. Entry: May 31,1955
	Date of Birth: Age 44 / Birth Place: Peck, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	Glenda Larson	July 18, 1966

FORM BH 56067 1 copy paid rec. 15676 (T) 7-11-66

RUSH

Tuominen

(Christina Irene Stamper)

JUL 18 1966
JAN 27 1976

235271 childs birth cert

354-203-014-958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-663

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SARAH ALTHEDA LE MASTER			2. Date of Birth (month) MARCH (day) 3 (year) 1910
	3. Color or Race: WHITE	4. Sex: FE	5. Place of Birth a. County: CANYON	b. City or Town of Birth: CALDWELL
FATHER	6. Full Name of Father: FRANCIS EUREKA LE MASTER			7. State or Country of Father's Birth: ARKANSAS
MOTHER	8. Full Maiden Name of Mother: NORA MELISSA REYNOLDS			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT —	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Altheda Olson		11. Present Address of Registrant: PO Box 1011 Olympia Wash
NOTARY (Seal)	Subscribed and sworn to before me on: July 11th 1966	12. Signature of Notary: Ann L Burley		13. Notary Commission expires: July 12, 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible records		Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Mar.3,1910	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Nora M. Reynolds	Name of Father: Francis Eureka Lemaster	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parent	By whom issued and signed: Nora Melissa Collins		Date Issued: May 27,1966	Date Orig. Entry: -----
	Date of Birth: Mar.3,1910	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Nora Melissa Reynolds	Name of Father: Francis Eureka LeMaster	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: Mendocino County, California L.C. Basley, Pastor		Date Issued: Aug.11,1928	Date Orig. Entry: Aug.11,1928
	Date of Birth: AGE: 18	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 27, 1966

FORM BH 56067

Rec'd from Ann Burley #12564

5-20-66

JUL 27 1966

745-106044-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-677
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Fitchett Greenwood
2. Date Of Birth: (month) April (day) 6 (year) 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Washington; b. City or Town of Birth: close to Cambridge Idaho

FATHER

6. Full Name of Father: Henry Leslie Greenwood
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Bessie Fitchett
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Fitchett Greenwood
11. Present Address of Registrant: Drayton, North Dakota

NOTARY (Seal)

Subscribed and sworn to before me on January 3 1963

12. Signature of Notary: Cameron H. Ferguson
13. Notary Commission expires: CAMERON H. FERGUSON Notary Public, PEMBINA CO., N. DAK. ~~My Commission Expires JUNE 23, 1965~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class*	certified copy of school census record	April 6, 1910	----	Vernon E. Bachman, Co. Supt. of Schools	Bessie Greenwood	Nov.9,1962	-------	1920-21
SUPPORTING RECORD 2. Class	statement regarding application for employment; Northern Pacific Railway; Personnel Dept.	April 6, 1910	Cambridge, Idaho	G.M. deLambert, Director	------	Jan.17,1963	--------	April 13, 1942
SUPPORTING RECORD 3. Class	certified copy of petition to appoint guardian	Age 7 yrs on Apr.6,1917	------	County Court, Eddy, North Dakota	Bessie Breenwood	July 12,1966	Henry L. Greenwood	Nov.23,1917

QUALIFYING INFORMATION

certified copy of own child's birth certificate from the state of Minnesota; file # 204. Copy made May 22, 1943. Child was born June 26, 1933; age given as 23 and place of birth as Cambridge, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Glenda Larson	July 27, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DPH 40067

JUL 28 1966

667-123-031-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-678

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gerdon Burgess Fox			2. Date of Birth (month) Feb. (day) 23 (year) 1910	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Winchester Lewis	b. City or Town of Birth: Winchester, Idaho	
FATHER	6. Full Name of Father: Morgan Burgess Fox			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Clara Emma Gerden			9. State or Country of Mother's Birth: Grangeville, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Gordon B. Fox		11. Present Address of Registrant: 1119 -4th. Ave S.E. Pullup, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 1966	12. Signature of Notary: Donald W. Heath		13. Notary Commission expires: 04-04 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 67	By whom issued and signed: John J. Fox		Date Issued: June 16,1966	Date Orig. Entry: -----
	Date of Birth: Feb.23,1910	Birth Place: Winchester,Idaho	Full Name of Mother: Clara Emma Fox	Name of Father: Morgan Burgess Fox	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage return #53338	By whom issued and signed: Tacoma County, Washington		Date Issued: July 19, 1966	Date Orig. Entry: June 8, 1933
	Date of Birth: Age 23	Birth Place: Winchester, Idaho	Full Name of Mother: Clara E. Gordon	Name of Father: Morgan B. Fox	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Chas H. Bierkemper,Pastor Comm. Presbyterian,Winchester		Date Issued: ----	Date Orig. Entry: baptized Mar.26,1922
	Date of Birth: Feb.23,1910	Birth Place: Winchester,Idaho	Full Name of Mother: Clara Emma Fox	Name of Father: Morgan Burgess Fox	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 28, 1966

FORM BH 56067

In office - No Record

JUL 28 1966

795-220-040-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-682

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VIRGINIA MARY GRENFEL

2. Date Of Birth: (month) APRIL (day) 20 (year) 1910

3. Color or Race: WHITE

4. Sex: F

5. Place of Birth a. County: KELLOGG, IDAHO (SHOSHONE)

b. City or Town of Birth: KELLOGG

FATHER

6. Full Name of Father: HENRY GRENFEL

7. State or Country of Father's Birth: TREWELLARD, ENGLAND-MAY 2, 1870

MOTHER

8. Full Maiden Name of Mother: CHRISTIANA THOMAS LOWERY

9. State or Country of Mother's Birth: TREGEREST IN SANCREED, ENGLAND 6/22/1875

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virginia Grenfell Dunmore

11. Present Address of Registrant: BOX 82 - OSBORN, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: JULY 15, 1966

12. Signature of Notary: Wayne E. Johnson

13. Notary Commission expires: 1-25 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism notarized	Rev. A.F.Kroneman/Wayne Johnson, Notary	July 15, 1966	baptized Aug.12,1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.20,1910	Kellogg, Idaho	Christina Grenfel	Henry Grenfel

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized photocopy of page from family Bible	Family Bible/Wayne Johnson Notary	July 15, 1966	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.20,1910	Kellogg, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of affidavit for marriage license	Shoshone County, Idaho	July 15, 1966	May 18,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 24	-----	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

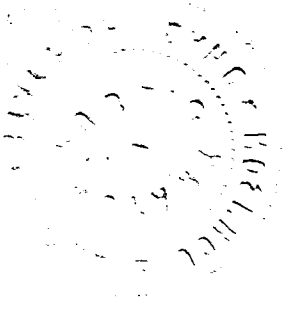
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 28, 1966

FORM BH 56067

JUL 28 1966

JAN 05 2012 x 2



DECEASED

964-209-037-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-687

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie Hazel Rodda		2. Date of Birth (month) July (day) 9 (year) 1910
	3. Color or Race: W.	4. Sex: F.	5. Place of Birth a. County: DeLamar Owyhee; b. City or Town of Birth: DeLamar
FATHER	6. Full Name of Father: James Henry Rodda		7. State or Country of Father's Birth: Mich.
MOTHER	8. Full Maiden Name of Mother: Mary Violet Heazle		9. State or Country of Mother's Birth: Ireland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel R. Critchell	11. Present Address of Registrant: 3773 Simms St. Wheat Ridge Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #49-3090	Date Issued: -----	Date Orig. Entry: child born Mar.28,1949	
	Date of Birth: Age 38	Birth Place: Delamar, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Luke's Hospital, Boise, Idaho	Date Issued: Jul.22,1966	Date Orig. Entry: Dec.28,1944	
	Date of Birth: Age 34	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Mrs. Eileen Heazle Bachman (bd. 12-29-1898)	Date Issued: July 25,1966	Date Orig. Entry: ------	
	Date of Birth: July 9,1910	Birth Place: DeLamar, Idaho	Full Name of Mother: Violet Rodda	Name of Father: James Rodda	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	gml Glenda Larson	July 28, 1966

FORM BH 56067

ICC paid - Rec #16864

JUL 29 1966

281-202027-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-690

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harriette Shannon
2. Date of Birth (month) March (day) 2 (year) 1910
3. Color or Race: Cau
4. Sex: Fem
5. Place of Birth a. County: Eden b. City or Town of Birth: Jerome Eden

FATHER

6. Full Name of Father: Harry Irving Shannon
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Mary Ellen Coolican
9. State or Country of Mother's Birth: Pennsylvania

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harriette Shannon Clos
11. Present Address of Registrant: 1301 Hale Ave., #55 Escondido, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on July 26, 19 66

12. Signature of Notary: Shirley D. Fowler
SHIRLEY D. FOWLER, Notary Public
My Commission Expires January 27, 1970

13. Notary Commission expires: January 27, 19 70

OFFICIAL SEAL SHIRLEY D. FOWLER NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN SAN DIEGO COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Certificate of Baptism	St.Anthony of Padua Church Gardena, Calif. Roman Catholic	Mar.21,1966	baptized July 3,1923
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.2,1910 / Eden, Idaho	Mary Coolican	Harry Shannon	
SUPPORTING RECORD 2.	**Type of Document**	**By whom issued and signed**	**Date Issued**	**Date Orig. Entry**
	notarized photocopy of application for insurance pol. #17,164	Federal Postal Employees Association	Sep.13,1965	Jan.20,1953
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.2,1910 / Eden, Idaho	------	------	
SUPPORTING RECORD 3.	**Type of Document**	**By whom issued and signed**	**Date Issued**	**Date Orig. Entry**
	Affidavit by sister Age 68	Catherine Shannon Little	Sep.15,1965	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.2,1910 / Eden, Jerome County, Idaho	Mary Ellen Coolican	Harry Irving Shannon	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	July 29, 1966

FORM BH 56067

JUL 29 1966

797-219-035-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-691

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fay Irene Pippenger			2. Date of Birth (month) May (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nezperce	b. City or Town of Birth: Cavendish
FATHER	6. Full Name of Father: Clarence H. Pippenger			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lillie M. McPhee			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fay Irene Porter		11. Present Address of Registrant: Rte 2, Box 147 Orofino, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 6 1966	12. Signature of Notary: Warren J Benson		13. Notary Commission expires: Nov. 15 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding insurance records	By whom issued and signed: Gem State Mutual Associations Pocatello, Idaho	Date Issued: Jul.21,1966	Date Orig. Entry: Nov.8,1944
	Date of Birth: May 19,1910 / Birth Place: Nez Perce Co. Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Clearwater County, Idaho Dist. #19	Date Issued: June 6,1966	Date Orig. Entry: Sept. 1917
	Date of Birth: Age 7 / Birth Place: -----	Full Name of Mother: -----	Name of Father: C. Pippenger	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lillie M. Pippenger	Date Issued: July 6, 1966	Date Orig. Entry: ------
	Date of Birth: May 19,1910 / Birth Place: Cavendish, Idaho	Full Name of Mother: Lillie M. McPhee	Name of Father: Clarence H. Pippenger	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 29, 1966

FORM BH 56067

6-2-66

JUL 29 1966

955-13-042 -551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-703

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOYD CHESTER REELS			2. Date Of Birth (month) OCT (day) 13 (year) 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: TWIN FALLS IDA- TWIN FALLS	b. City or Town of Birth: TWIN FALLS
FATHER	6. Full Name of Father: GEORGE WILLIAM REELS			7. State or Country of Father's Birth: MICH-
MOTHER	8. Full Maiden Name of Mother: WINIFRED GRACE EVANS			9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Loyd C. Reels	11. Present Address of Registrant: 305-S.E. 31ST PORTLAND ORE.
NOTARY (Seal)	Subscribed and sworn to before me on: August 4 1966		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized statement regarding marriage	By whom issued and signed: Colton, Washington Guy H. Pace, County Clerk	Date Issued: Jun.28,1936	Date Orig. Entry: Married June 28, 1936
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 76	By whom issued and signed: Augusta Evans	Date Issued: Oct.18,1962	Date Orig. Entry: ------
	Date of Birth: Oct.13,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Winifred Grace Evans	Name of Father: George William Reels
SUPPORTING RECORD 3.	Type of Document: Baby Book	By whom issued and signed: Baby's Record Book	Date Issued: -------	Date Orig. Entry: Oct.13, 1910
	Date of Birth: Oct.13,1910	Birth Place: Twin Falls,Idaho	Full Name of Mother: Winifred Grace Evans	Name of Father: George William Reels
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright		Date Filed: Aug.4, 1966

FORM BH 56067

10-9-62

AUG 4 1966

264-15-4039-368

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-717

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur James Southwell			2. Date of Birth (month) December (day) 15th (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Rockland Power	b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: Ezra James Southwell			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Phoebe Ann Taysom			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur James Southwell		11. Present Address of Registrant: Rockland, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 25, 1965	12. Signature of Notary: W. C. Loofbourrow, Residing at American Falls,		13. Notary Commission expires: January 3d, 1967.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church, Salt Lake City, Utah		Date Issued: Apr.9,1965	Date Orig. Entry: baptized April 4, 1920
	Date of Birth: Dec.15,1910	Birth Place: Rockland, Idaho	Full Name of Mother: Phoebe A. Taysom		Name of Father: Ezra J. Southwell
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #188751		Date Issued: -----	Date Orig. Entry: child born Feb.22,1931
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (past 70 years of age)	By whom issued and signed: Rosa Ralphs		Date Issued: July 28,1966	Date Orig. Entry: -----
	Date of Birth: Dec.15,1910	Birth Place: Rockland, Idaho	Full Name of Mother: Phoebe Ann Taysom		Name of Father: Ezra James Southwell
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 17, 1966

FORM BH 56067 1 copy paid rec. #9550 search made Power Co. (S) 2-16-65 9-2-65

AUG 18 1966

652-213-033-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-719

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AMELIA WEBER ~~LARSEN~~			2. Date of Birth (month) July (day) 13 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Madison	b. City or Town of Birth: Rexburg	
FATHER	6. Full Name of Father: Gottlieb Weber			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Anna Marie Grassmick			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amelia Weber Larsen		11. Present Address of Registrant: Route #1 Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 14, 19 66	12. Signature of Notary: E. Max Phillips		13. Notary Commission expires: My Commission Expires February 20, 1967 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Rexburg 3rd Ward		Date Issued: Aug.9,1965	Date Orig. Entry: baptized Oct.3,1936
	Date of Birth: July 13, 1910	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Anna Marie Grassmick	Name of Father: Gottlieb Weber	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Jefferson County, Idaho		Date Issued: Aug.9,1965	Date Orig. Entry: -----
	Date of Birth: Age 20	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Confirmation	By whom issued and signed: St. Paul's Church, Sugar City Idaho, F. Brennecke, Pastor		Date Issued: ----	Date Orig. Entry: confirmed June 7,1924
	Date of Birth: July 13,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 18, 1966

FORM BH 56067 1 copy paid rec. 16484

(2) 7-21-66

AUG 18 1966

356-206-028-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-739

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NELLIE BYRD LEWIS		2. Date Of Birth (month) (day) (year): APRIL 6 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: SPIRIT LAKE, KOOTENAI — b. City or Town of Birth: SPIRIT LAKE, IDAHO
FATHER	6. Full Name of Father: JAMES A. LEWIS		7. State or Country of Father's Birth: PENNSYLVANIA
MOTHER	8. Full Maiden Name of Mother: LULU E. GLASS		9. State or Country of Mother's Birth: PENNSYLVANIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Lewis Mazuca	11. Present Address of Registrant: 5 Stonecroft Lane Buffalo NY 14226
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 1965	12. Signature of Notary: Frances O. Schultz	13. Notary Commission expires: March 30 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

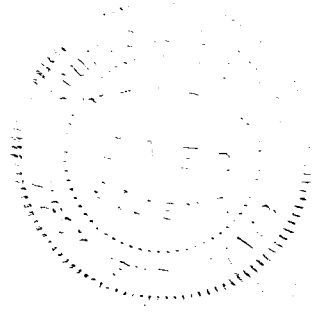
SUPPORTING RECORD 1.	Type of Document: Certified copy of affidavit for license to marry #29652		By whom issued and signed: New York County, New York	Date Issued: Sep.19,1962	Date Orig. Entry: Dec.31,1935
	Date of Birth: Apr.6,1910	Birth Place: Spirit Lake,Idaho	Full Name of Mother: Lulu Glass	Name of Father: James Lewis	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible record	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Apr.6,1910	Birth Place: Spirit Lake,Idaho	Full Name of Mother: Lulu Lewis	Name of Father: James Lewis	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism & Birth		By whom issued and signed: Harry Daniels RDG, Pastor	Date Issued: July 23, 1966	Date Orig. Entry: baptized June 23, 1918
	Date of Birth: Apr.6,1910	Birth Place: Spirit Lake,Idaho	Full Name of Mother: Lulu Lewis	Name of Father: James Lewis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 19,1966

FORM BH 56067

9-7-60

AUG 30 1966



842-222-003-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-743

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARRIET JANE HUBBARD	2. Date Of Birth (month) 3 (day) 22 (year) 10
	3. Color or Race: W; 4. Sex: F; 5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: PERRY (Mound Valley)
FATHER	6. Full Name of Father: ALMA E HUBBARD	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: MANA L. WILLIAMS	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harriet J Trolson; 11. Present Address of Registrant: 6657 58 NE Seattle 15 Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1963	12. Signature of Notary: Roy Trolson; 13. Notary Commission expires: 6/27 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of Certificate of Blessing	By whom issued and signed: Alma E. Hubbard, Bishop	Date issued: ---	Date Orig. Entry: blessed June 50, 1910
	Date of Birth: Mar.22,1910; Birth Place: Bannock County Perry, Idaho	Full Name of Mother: Mana Williams	Name of Father: Alma E. Hubbard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by relative Age 82	By whom issued and signed: Oscar Fullmer	Date issued: July 6,1966	Date Orig. Entry: -----
	Date of Birth: Mar.22,1910; Birth Place: Perry(aka Mound Valley,Idaho Bannock County	Full Name of Mother: Mana Williams Hubbard	Name of Father: Alma E. Hubbard	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement regarding church records	By whom issued and signed: A. George Raymond, Pres. LDS Church Logan Temple,Utah	Date issued: June 26,1963	Date Orig. Entry: Baptized Apr.13,1918
	Date of Birth: Mar.22,1910; Birth Place: Mound Valley,Idaho Bannock County	Full Name of Mother: Mana L. Williams	Name of Father: Alma E. Hubbard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sm Glenda Larson	August 23, 1966

FORM BH 56067 1 cc paid - # 5561 6-6-63 8-5

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631-216-033-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-745

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSE FLAMM		2. Date Of Birth (month) (day) (year): NOVEMBER 16, 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: MADISON; b. City or Town of Birth: INDEPENDENCE, IDAHO
FATHER	6. Full Name of Father: CHARLES HENRY FLAMM		7. State or Country of Father's Birth: TRONTO, CANADA
MOTHER	8. Full Maiden Name of Mother: ALICE VIOLA SIMMONS		9. State or Country of Mother's Birth: LAKESHORE, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose Champers	11. Present Address of Registrant: REXBURG, IDAHO RFD #1
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 17, 1966	12. Signature of Notary: Perry V. Dietrich	13. Notary Commission expires: OCTOBER 1, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Rexburg 7th Ward	Date issued: May 17,1966	Date Orig. Entry: baptized Dec.2,1922
	Date of Birth: Nov.16,1910; Birth Place: Independence, Idaho Madison County	Full Name of Mother: Alice Viola Simmons	Name of Father: Charles Henry Flamm	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #148919	Date issued: -----	Date Orig. Entry: child born Nov.20,1926
	Date of Birth: Age 16; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Beneficial Protective Assoc. Inc.I	Date issued: Apr.28,1937	Date Orig. Entry: Apr.26,1937
	Date of Birth: Nov.16,1910; Birth Place: Independence, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 23, 1966

FORM BH 56067 1 copy [illegible] #13360 (c) 7-7-66 gml

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-778

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marcella Maud Mervin			2. Date Of Birth (month) April (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gem	b. City or Town of Birth: Sweet
FATHER	6. Full Name of Father: Charles Ray Mervin			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Jessie Maud Kier			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marcella Maud White		11. Present Address of Registrant: Box 751, Zillah, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: August 30 1966	12. Signature of Notary: Margaret Fail		13. Notary Commission expires: June 15 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: Apr.25,1910 / Birth Place: Sweet, Idaho	Full Name of Mother: Jessie Maud Kier	Name of Father: Charles Ray Mervin	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor Age 85	By whom issued and signed: May Lynch	Date Issued: ----	Date Orig. Entry: Aug 30,1966
	Date of Birth: Apr.25,1910 / Birth Place: Sweet, Idaho	Full Name of Mother: Jessie Maud Kier Mervin	Name of Father: Charles Ray Mervin	
SUPPORTING RECORD 3.	Type of Document: Notorized statement regarding Marriage Record	By whom issued and signed: S. S. Foote, Clerk of Court	Date Issued: Aug 31,1966	Date Orig. Entry: Married Mar.10,1930
	Date of Birth: Age 19 / Birth Place: Sweet, Idaho	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

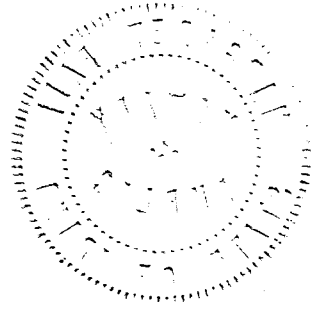
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Aug.31,1966

FORM BH 56067

no corresp.

AUG 31 1966



255-112-004-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-788

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Bentsen			2. Date of Birth (month) (day) (year): Aug. 12 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth, a. County: Montpelier, Bear Lake, b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: Chris Bentsen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Sophronia Jane Dayton			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl Bentsen		11. Present Address of Registrant: 516-11th Rawlins Wyo.
NOTARY (Seal)	Subscribed and sworn to before me on: 8-18 1966	12. Signature of Notary: A.O. Emerson		13. Notary Commission expires: 9-20 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records	By whom issued and signed: Fraternal Order of Eagles, Aerie #2354, Rawlins, Wyoming	Date Issued: July 2, 1966	Date Orig. Entry: Dec. 22, 1946	
	Date of Birth: Aug. 12, 1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church	Date Issued: Apr. 25, 1966	Date Orig. Entry: blessed Nov. 6, 1910	
	Date of Birth: Aug. 12, 1910	Birth Place: Montpelier, Idaho	Full Name of Mother: Sophronia Dayton	Name of Father: Chris Bentsen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who worked for parents at time of birth	By whom issued and signed: Ida Bird Homer (bd. 8-21-1893)	Date Issued: Sept. 6, 1966	Date Orig. Entry: -----	
	Date of Birth: Aug. 12, 1910	Birth Place: Montpelier, Idaho	Full Name of Mother: Sophronia Jane Bentsen	Name of Father: Christian J. Bentsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	Sept. 6, 1966

FORM BH 56067

SEP 6 1966

753-22-026-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-791

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph Pettingill
2. Date of Birth (month) (day) (year): July 22 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: John Ulysses Pettingill
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Armeda Johnna Johnson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph Pettingill
11. Present Address of Registrant: Portland, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: August 15 1966
12. Signature of Notary: Shirley A. Habrenson
13. Notary Commission expires: 9/9 1969

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #2546	Washington State Dept. of Health, Vital Statistics	Aug. 16, 1966	child born Dec. 2, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 35	Rigby, Idaho	-----	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Armeda Pettingill Hope	Aug. 18, 1966	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 22, 1910	Rigby, Idaho	Armeda Johnson Pettingill	John Ulysses Pettingill

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation #344	LDS Church, O.S. Cordon, Bishop Rigby Ward	----	Baptized Aug. 3, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 22, 1910	Rigby, Idaho	Armeda Johnson	John U. Pettingill

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

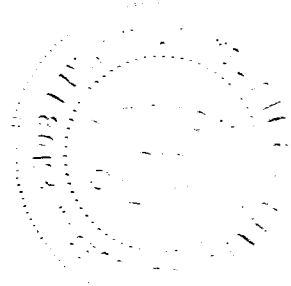
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	September 8, 1966

FORM BH 56067

SEP 8 1966

NOV 8 1972



335-21-02-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-807

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marie Clements
2. Date of Birth (month) July (day) 11 (year) 1910
3. Color or Race: White
4. Sex: Woman
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Bates Idaho

FATHER

6. Full Name of Father: Nephi Sterling Clements
7. State or Country of Father's Birth: Utah Springville

MOTHER

8. Full Maiden Name of Mother: Sophia Roth
9. State or Country of Mother's Birth: Utah Murray

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie Clements
11. Present Address of Registrant: 119 South 100 W. St. Anthony Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 30 1966

12. Signature of Notary: Robert K. Hillman
13. Notary Commission expires: April 16 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #214911	-----	child born Aug.25,1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 23 / Bates, Idaho	-----	-----	
SUPPORTING RECORD 2.	Affidavit by mother	Sophia Clements	Aug.20,1964	-----
	July 11,1910 / Bates, Fremont County, Idaho	Sophia Clements	Nephi Sterling Clements	
SUPPORTING RECORD 3.	Certificate of Blessing #32	LDS Church, Bates Ward, Book1 #71 Alma Hanson, Bishop	Aug.9,1910	blessed Aug.7,1910
	July 11,1910 / Bates, Idaho Fremont County	Sophia Roth	Nephi Sterling Clements	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept.8,1966

FORM BH 56067 nm Searched Fremont Co. 7-23-64 (R)

Rockham

SEP 9 1966

351-21A-035-265

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-814
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zelma Farrell Leachman
2. Date of Birth (month) (day) (year): June 18 1910
3. Color or Race:
4. Sex: Female
5. Place of Birth a. County:
b. City or Town of Birth: Webb, Idaho

FATHER

6. Full Name of Father: Alvadore Leachman
7. State or Country of Father's Birth: USA

MOTHER

8. Full Maiden Name of Mother: Josephine Swearingen
9. State or Country of Mother's Birth: USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zelma F. Heidegger
11. Present Address of Registrant: 224 LeVasseur, Missoula, Mont.

NOTARY (Seal)

Subscribed and sworn to before me on: 9/21/58 19___
12. Signature of Notary: Reed H. Walderkirchen
13. Notary Commission expires: NOTARY PUBLIC for the State of Montana residing at Missoula, Montana. 19___ My Commission Expires May 15, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Social Security Record	Treasury Dept.		Feb. 16, 1943
	Date of Birth June 18, 1910 / **Birth Place** Webb, Idaho	**Full Name of Mother** Josephine Swearingen	**Name of Father** Alvadore Leachman	
SUPPORTING RECORD 2. Class B	Insurance Policy	New York Life Ins. Co.	12-6-46	Nov. 30, 1946
	Date of Birth June 18, 1910 / **Birth Place** Webb, Idaho	**Full Name of Mother** ---	**Name of Father** ---	
SUPPORTING RECORD 3. Class	copy of divorce decree	Dist. Court of 2nd Judicial Dist. Nez Perce, Co., Idaho	-----	Dec. 9, 1914
	Date of Birth Age 4 / **Birth Place** -----	**Full Name of Mother** Josie Leachman	**Name of Father** Edward A. Leachman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Glenda Larson	Sept. 9, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 9 1966

819-213-035-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-819

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Grace Harbison		2. Date Of Birth (month) (day) (year): Dec. 13, 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth: Southwick a. County: Nez Perce b. City or Town of Birth: Southwick Idaho
FATHER	6. Full Name of Father: William Harlie Harbison		7. State or Country of Father's Birth: Washington State
MOTHER	8. Full Maiden Name of Mother: Mabel Mililda Stockdale		9. State or Country of Mother's Birth: State of Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn Grace Bergman	11. Present Address of Registrant: 1411 S-E. 146TH PLACE
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 2 1966	12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires Jan. [illegible] My Commission Expires Jan. 14, 1969

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 78		By whom issued and signed: Sadie Nartz Larsen	Date Issued: Aug.5,1966	Date Orig. Entry: -----
	Date of Birth: Dec.13,1910	Birth Place: Southwick, Idaho	Full Name of Mother: Mabel Matilda Stockdale	Name of Father: William Harlie Harbison	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #351988 M1		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Dec.1,1939	Date Orig. Entry: Dec.1,1939
	Date of Birth: age next bd. 29	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from Family Bible		By whom issued and signed: Family Bible record	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Dec.13,1910	Birth Place: Idaho	Full Name of Mother: Mabel Matilda Harison	Name of Father: William Harlie Harbison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 9, 1966

FORM BH 56067 rm 11-6-59

(E) 8-26-66 gml

SEP 12 1966

Bergman

493-21-7035-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-836

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lola Myrtle Mills			2. Date of Birth (month) 7 (day) 17 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Russell Nezperce	b. City or Town of Birth: Russell	
FATHER	6. Full Name of Father: Samuel Franklin Mills			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Fannie Lenora Porter			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lola M Potter		11. Present Address of Registrant: 3010 S.E. 3rd Ave Camas, Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: 5th Day of August 1966	12. Signature of Notary: O Olson		13. Notary Commission expires: 12-23-1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Olympic National Life Ins. Co. of Seattle, Wash.		Date Issued: -----	Date Orig. Entry: July 17,1956
	Date of Birth: July 17, 1910	Birth Place: Russell, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of family record	By whom issued and signed: family records		Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: July 17,1910	Birth Place: Nez Perce Co., Idaho	Full Name of Mother: Fannie Lenora Mills	Name of Father: Samuel F. Mills	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: ----	Date Orig. Entry: Nov.30,1934
	Date of Birth: Age 24	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 19, 1966

FORM BH 56067

(P) 8-19-66

SEP 1 9 1966

418-20-2 1016-749

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-863

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Thelma Mahoney			2. Date of Birth (month) (day) (year): November 2nd 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County: Albion, Ida Cassia	b. City or Town of Birth: Albion Idaho	
FATHER	6. Full Name of Father: Stephen Mahoney			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Florence Guiles			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Margaret Fredrickson	11. Present Address of Registrant: Blackfoot Ida. Box 972	
NOTARY (Seal)	Subscribed and sworn to before me on: September 15 1966		12. Signature of Notary: Billye Edgar	13. Notary Commission expires: August 1 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Florence Guiles Mahoney	Date Issued: Sept.9,1966	Date Orig. Entry: ------
	Date of Birth: Nov.2,1910	Birth Place: Albion, Idaho	Full Name of Mother: Florence Guiles Mahoney	Name of Father: Steven Mahoney	
SUPPORTING RECORD 2.	Type of Document: photocopy of teacher's record card		By whom issued and signed: Blackfoot Public Schools	Date Issued: -----	Date Orig. Entry: May 23,1951
	Date of Birth: Nov.2,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of college record #254374		By whom issued and signed: Idaho State College Pocatello, Idaho	Date Issued: Feb.10,1965	Date Orig. Entry: Matriculated Jan.20,1954
	Date of Birth: Nov.2,1910	Birth Place: Albion, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

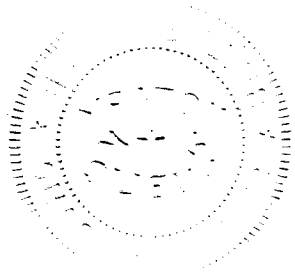
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	October 3, 1966

FORM BH 56067

10-17-66

OCT 3 1966



551-227-035-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-866

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLADYS ELEANORE EVANS			2. Date Of Birth (month) 5 (day) 27 (year) 10	
	3. Color or Race: INDIAN + WHITE	4. Sex: F	5. Place of Birth: [redacted] a. County: NEZ PERCE	b. City or Town of Birth: JULIAETTA - IDAHO	
FATHER	6. Full Name of Father: THOMAS WILLIAM EVANS			7. State or Country of Father's Birth: WASHINGTON	
MOTHER	8. Full Maiden Name of Mother: MARY MARGARET BROWN			9. State or Country of Mother's Birth: WASHINGTON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys E. Godfrey		11. Present Address of Registrant: 3555 S.E. Division Portland Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: August 2 1966	12. Signature of Notary: Florence Walker		13. Notary Commission expires: Aug 16 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #239056		Date Issued: ----	Date Orig. Entry: child born Dec.10,1935
	Date of Birth: Age 25	Birth Place: Juliaetta, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage #32730	By whom issued and signed: Donald C. Niedert, Justice of the Peace, Skamania Co., Wash.		Date Issued: Apr.9,1955	Date Orig. Entry: Apr.9,1955
	Date of Birth: May 27, 1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement by Indian Agency	By whom issued and signed: Nez Perce Tribal Executive Committee, Lapwai, Idaho		Date Issued: Sept.8,1966	Date Orig. Entry: 1931
	Date of Birth: May 27,1910	Birth Place: Idaho	Full Name of Mother: Mary M. Brown Evans	Name of Father: Thomas W. Evans	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Oct. 3, 1966

FORM BH 56067

(6) 9-19-66

OCT 3 1966

553-224-069-717

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-873

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarinda Eugenia Veltri		2. Date Of Birth (month) Feb. (day) 24 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Priest River, Idaho
FATHER	6. Full Name of Father: Joseph Veltri		7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Carmela Pagnotta		9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarinda Eugenia Naccarato	11. Present Address of Registrant: Moses Lake, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 23 1966	12. Signature of Notary: Georgia Hallman Mc Gee	13. Notary Commission expires: Aug. 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #227758	Date Issued: ----	Date Orig. Entry: child born Dec. 31, 1934	
	Date of Birth: Age 24	Birth Place: Priest River, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: August Naccarato (15 yrs. old at time of birth)	Date Issued: Sept. 23, 1966	Date Orig. Entry: -----	
	Date of Birth: Feb. 24, 1910	Birth Place: Priest River, Idaho	Full Name of Mother: Carmela Pagnotta Veltri	Name of Father: Joseph Veltri	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Aloysius Church, Spokane, Washington, Roman Catholic	Date Issued: May 12, 1959	Date Orig. Entry: baptized Mar. 6, 1910	
	Date of Birth: Feb. 24, 1910	Birth Place: Priest River, Idaho	Full Name of Mother: Carmela Pagnotta	Name of Father: Joseph Veltri	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	Glenda Larson	Oct. 4, 1966

FORM BH 56067

OCT 4 1966.

393-221-038-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-876

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cora Avaline Tickner
2. Date of Birth (month) (day) (year): March 21 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Payette
b. City or Town of Birth: Fruitland

FATHER

6. Full Name of Father: Franklin Johns Tickner
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Effie May Northey
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cora A Stafford
11. Present Address of Registrant: 2118 Cleveland St San Leandro Calif

Subscribed and sworn to before me on SEPTEMBER 26 1966

12. Signature of Notary: Michael Luciano
13. Notary Commission expires: MICHAEL LUCIANO, Notary Public Alameda County My Commission Expires December 27, 1968

MICHAEL LUCIANO
Notary Public
Alameda County
State of California

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt Age 93	Janie A. Baker	Sep.21,1966	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.21,1910 / Fruitland, Idaho	Effie May Northey	Franklin John Tickner	
SUPPORTING RECORD 2.	photocopy of marriage records	San Francisco County, Calif.	-----	Apr.10,1936
	Age 26 / Idaho	Effie May Northey	Frank John Tickner	
SUPPORTING RECORD 3.	photocopy of own child's birth certificate #9470	child born in Oakland, Calif. Alameda County	----	child born Aug.10,1947
	Age 37 / Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	Oct. 4, 1966

FORM BH 56067

OCT 5 1966

245-13-016-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-887

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marion Arthur Bunn			2. Date of Birth (month) July (day) 13th (year) 1910
	3. Color or Race: A-W	4. Sex: M	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley, Idaho
FATHER	6. Full Name of Father: William Henry Bunn			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Adlisha Sanford			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion Arthur Bunn		11. Present Address of Registrant: 1651 Oakley Ave. Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Sept 3rd 1966	12. Signature of Notary: J.E. Larsons		13. Notary Commission expires 7/10 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Cassia County Schools, Burley Idaho Dist. #151	Date Issued: Dec.5,1956	Date Orig. Entry: 1916
	Date of Birth: July 13, 1910 / Birth Place: Oakley, Idaho	Full Name of Mother: Adlisha Bunn	Name of Father: William Henry Bunn	
SUPPORTING RECORD 2.	Type of Document: photocopy of Social Security application #518-16-5508	By whom issued and signed: Social Security Adm.	Date Issued: Sep.1,1938	Date Orig. Entry: Sep.1,1938
	Date of Birth: July 13,1910 / Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Addie Patrica Stanford	Name of Father: William Henry Bunn	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Adlisha Bunn	Date Issued: Sept.16,1966	Date Orig. Entry: -----
	Date of Birth: July 13,1910 / Birth Place: Oakley, Idaho	Full Name of Mother: Adlisha Bunn	Name of Father: William Henry Bunn	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Barson	gml Glenda Larson	Oct. 7, 1966

FORM BH 56067 NR NM.

(B) 9-9-66 gml

OCT 10 1966

Bunn

243-223-028-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-897

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Minerva Butler
2. Date Of Birth (month) 5 (day) 23 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Athol Idaho Kootenai
b. City or Town of Birth: Athol, Idaho

FATHER

6. Full Name of Father: Robert Edward Butler
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Pearl Martha Sage
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth M. Karthiesen
11. Present Address of Registrant: Martin City, Montana

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 27 1966
12. Signature of Notary: D A. Mangan
13. Notary Commission expires: 4-2 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Whitefish Memorial Hosp. Whitefish, Montana	Date Issued: Sep.23,1966	Date Orig. Entry: Aug.17,1951	
	Date of Birth: Age 41	Birth Place: Athol, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for federal employment	By whom issued and signed: U.S. Civil Service Comm.	Date Issued: -----	Date Orig. Entry: Apr.21,1949	
	Date of Birth: May 23,1910	Birth Place: Athol, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record #109900	By whom issued and signed: Kalispell Gen. Hosp.	Date Issued: -----	Date Orig. Entry: Jan.25,1960	
	Date of Birth: May 23,1910	Birth Place: Athol, Idaho	Full Name of Mother: Pearl Sage	Name of Father: Robert Butler	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

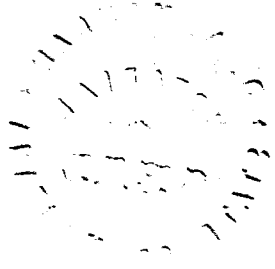
State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Oct. 25,1966

FORM BH 56067

5-cm

Kantheiser

OCT 25 1966



689-117-006-654

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-958

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RICHARD WEDDINGTON WHITE		2. Date of Birth (month) (day) (year): OCTOBER 17 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: [redacted] b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Allen Penick White		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Harriet Amanda Weddington White		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Weddington White	11. Present Address of Registrant: Perth Road Inverness, California
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 3 1966	12. Signature of Notary: Josephine Morton	13. Notary Commission expires: 2/17 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #20 046 162	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Apr.16,1947	Date Orig. Entry: Jan.16,1947
	Date of Birth: Oct.17,1910 / Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: May 31,1934	Date Orig. Entry: enlisted Sept.6,1932
	Date of Birth: Age 21 / Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Harriet Amanda Weddington White	Date Issued: Oct.19,1966	Date Orig. Entry: ------
	Date of Birth: Oct.17,1910 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Harriet Amanda Weddington White	Name of Father: Allen Penick White	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Nov. 8, 1966

FORM BH 56067

10-11-66

NOV 8 1966

168-204006-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-970

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Ingeborge Johnson
2. Date of Birth (month) (day) (year): April 4 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Blackfoot, Idaho

FATHER

6. Full Name of Father: Lars W. Johnson.
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Hilma Bergren
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence I. Johnson (Larsen)
11. Present Address of Registrant: 3537 E. Lewis St.

NOTARY (seal)

L. P. CUNNINGHAM
Notary Public
Fresno County, California

Subscribed and sworn to before me on: October 9 19 66

12. Signature of Notary: L P Cunningham
13. Notary Commission expires: L. P. CUNNINGHAM ~~L. P. CUNNINGHAM~~ ~~MY COMMISSION EXPIRES JUNE 17, 1968~~

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy 5703 893 031	The National Life and Accident Ins. Co., Nashville, Tenn.	Jan.21,1957	Jan.21,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age next bd. 47	-----	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage records 268	Tulare County, California	Oct.3,1966	June 22,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	Idaho	Hilma Bergren	L. W. Johnson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother	Gudmar W. Johnson Age 66	Nov.6,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.4,1910	Blackfoot, Idaho	Hilma Bergren	Lars W. Johnson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

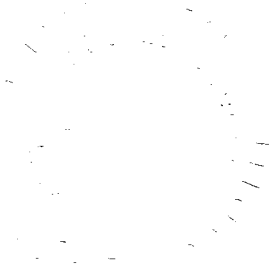
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Nov. 9, 1966

FORM BH 56067

Add'l Rec # 19527

(L) 10-26-66

NOV 10 1966



319-11-035-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-975

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANK CARAGIO			2. Date Of Birth: (month) July (day) 11 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: ~~Lewis~~ Nez Perce	b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: Richard Caragio (aka Fredrico Caragio)			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Fannie Pecora			9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of ~~Registrant~~ Notary: E. C. Kramer		11. Present Address of Registrant: Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1966	12. Signature of ~~Notary~~ Registrant: Frank Caragio		13. Notary Commission expires: April 12 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Marriage Return	By whom issued and signed: Asotin County, Washington		Date Issued: June 15,1966	Date Orig. Entry: July 27,1932
	Date of Birth: Age 22	Birth Place: Lewiston, Idaho	Full Name of Mother: Fannie	Name of Father: Richard Caragio	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #210253		Date Issued: -----	Date Orig. Entry: child born Feb. 5, 1933
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #519 09 3505	By whom issued and signed: Social Security Adm.		Date Issued: -----	Date Orig. Entry: Nov.30,1936
	Date of Birth: July 11,1910 Age 26	Birth Place: Lewiston, Idaho	Full Name of Mother: Fanny Pecoro	Name of Father: Richard Caragio	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Nov. 10, 1966

FORM BH 56067

1 cp pd rec # 18809

(R)

9-8-66 gml

NOV 10 1966

231-231-001-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-976

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zelma Stalker		2. Date Of Birth: December 31, 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Henry Arthur Stalker		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Estella Mable Morehouse		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zelma M. Hoffman	11. Present Address of Registrant: #103 E. 3rd Emmett, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: September 22 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: 312511 on file with state of Idaho	Date Issued: ----	Date Orig. Entry: child born April 6,1941
	Date of Birth: Age 30	Birth Place: Boise, Idaho	Full Name of Mother: --------	Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Jul.28,1942	Date Orig. Entry: July 28,1942
	Date of Birth: Dec.31,1910	Birth Place: Boise, Idaho	Full Name of Mother: ---------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 73	By whom issued and signed: Mrs. Ben Howard	Date Issued: Nov.9,1966	Date Orig. Entry: -----
	Date of Birth: Dec.31,1910	Birth Place: Boise, Idaho	Full Name of Mother: Estella Mable Morehouse	Name of Father: Henry Arthur Stalker
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Nov.10,1966

K FORM BH 56067 1 cp pd rec # 453

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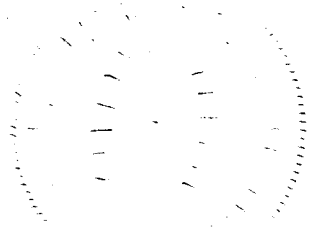

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236-223-001-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-978

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: also - Leslie June Macky; May Gwendoyne Stout		2. Date Of Birth (month) 5 (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: James Aberham Stout		7. State or Country of Father's Birth: Boise Ida
MOTHER	8. Full Maiden Name of Mother: Elsie Helen Cowe		9. State or Country of Mother's Birth: Aberdenshire Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leslie J. Macky	11. Present Address of Registrant: Horseshoe Bend
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1966	12. Signature of Notary: Mary Moore Graham [illegible]	13. Notary Commission expires: 3-18 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record		By whom issued and signed: Employment Office	Date issued: Nov. 8,1966	Date Orig. Entry: July 27,1961
	Date of Birth: May 23,1910	Birth Place: Boise, Idaho	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: St. Alphonsus Hospital	Date issued: Nov. 7,1966	Date Orig. Entry: Entered Aug.1960
	Date of Birth: May 23,1910	Birth Place: -----	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle Age 83		By whom issued and signed: John Cowe	Date issued: Nov 9,1966	Date Orig. Entry: --------
	Date of Birth: May 23,1910	Birth Place: Boise, Idaho	Full Name of Mother: Elsie Helen Cowe	Name of Father: James Aberham Stout	
QUALIFYING INFORMATION					

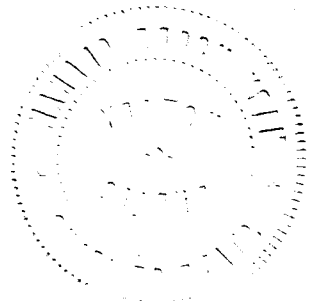
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Nov.10,1966

FORM BH 56067

NOV 10 1966



179-121-026-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-990

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pehr Hammond Agren		2. Date of Birth (month) August (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lewisville Jefferson; b. City or Town of Birth: Lewisville Idaho
FATHER	6. Full Name of Father: Pehr Alfred Agren		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Zina Elnora Hammond		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pehr H Agren	11. Present Address of Registrant: 120 So. Skyline, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 9-23 1966	12. Signature of Notary: Elizabeth E Madson	13. Notary Commission expires: Notary Public Residing at Idaho Falls, Idaho. My Commission Expires September 25, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Lewisville Ward Rigby Stake, Wallace Ball, Clerk	Date Issued: -----	Date Orig. Entry: blessed Dec. 17, 1910
	Date of Birth: Aug. 21, 1910	Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Zina E. Hammond	Name of Father: Pehr Alfred Agren	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Lewisville Ward, Rigby Stake, Wallace Ball, Clerk	Date Issued: -----	Date Orig. Entry: baptized Aug. 21, 1918
	Date of Birth: Aug. 21, 1910	Birth Place: Lewisville, Idaho Jefferson County	Full Name of Mother: Zina E. Hammond	Name of Father: Pehr Alfred Agren	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #272584	Date Issued: -----	Date Orig. Entry: child born Oct. 4, 1938
	Date of Birth: Age 28	Birth Place: Lewisville, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Nov. 17, 1966

FORM BH 56067

(A) 3-1-66. one copy pd. rec. #7421.

NOV 17 1966

491-102 1039-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milo Stewart Draper			2. Date Of Birth (month) (day) (year): January 2 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rockland Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Andrew George Draper			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nina Bell Stewart			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Milo Stewart Draper	11. Present Address of Registrant: Box 47, Fallon, Nevada
NOTARY (Seal) BETTY MILLS Notary Public — State of Nevada Churchill County My Commission Expires July 19, 1967	Subscribed and sworn to before me on: November 7 19 66		12. Signature of Notary: Betty Mills	13. Notary Commission expires: July 19 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of family record Sheet		By whom issued and signed: Family Records/Mae Lofthouse Notary Public	Date Issued: Nov.4,1966	Date Orig. Entry: Old
	Date of Birth: Jan.2,1910	Birth Place: Rockland, Idaho Power County	Full Name of Mother: Nina Bell Draper	Name of Father: Andrew George Draper	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Nina Bell Stewart Draper	Date Issued: Aug.30,1966	Date Orig. Entry: ------
	Date of Birth: Jan.2,1910	Birth Place: Rockland, Power County, Idaho	Full Name of Mother: Nina Bell Stewart Draper	Name of Father: Andrew George Draper	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Voter's registration		By whom issued and signed: Churchill County, Nevada	Date Issued: Nov.7,1966	Date Orig. Entry: Oct.29,1953
	Date of Birth: Jan.2,1910	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 23, 1966

FORM BH 56067

4-2-65

NOV 25 1966

869-119-029-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1009

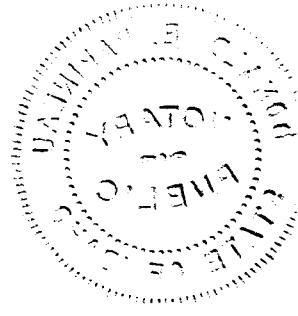
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willis Clarence Hordemann		2. Date of Birth (month) Oct. (day) 19 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Moscow, I.D. Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: John Hordemann		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Clara Rose Kambitch		9. State or Country of Mother's Birth: Idaho - U. S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willis Clarence Hordemann	11. Present Address of Registrant: 740 So Logan Moscow, Id	
NOTARY (Seal)	Subscribed and sworn to before me on: 10-24 1966	12. Signature of Notary: Donald C Epperson	13. Notary Commission expires: 1-21 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for exchange of benefit certificate	By whom issued and signed: Knights of Columbus	Date Issued: ----	Date Orig. Entry: Feb.27,1961
	Date of Birth: Oct.19,1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #434492	Date Issued: -----	Date Orig. Entry: child born March 5,1947
	Date of Birth: Age 36 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Clara Hordemann	Date Issued: Nov.22,1966	Date Orig. Entry: -----
	Date of Birth: Oct.19,1910 / Birth Place: Moscow, Idaho	Full Name of Mother: Clara Hordemann	Name of Father: John Hordemann	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 25, 1966	

FORM BH 56067 (H) 11-1-

NOV 28 1966



469-12-1021-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1015

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LELAND J MORRISON			2. Date Of Birth (month) APRIL (day) 27 (year) 1910
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: FRANKLIN, IDAHO
FATHER	6. Full Name of Father: Joseph Smart Morrison			7. State or Country of Father's Birth: Franklin, Co., Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Green Whitehead			9. State or Country of Mother's Birth: Franklin County, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leland J Morrison		11. Present Address of Registrant: Downey, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 11/23 1966	12. Signature of Notary: John P Bowen		13. Notary Commission expires 10/25 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #167310		By whom issued and signed: Beneficial Life Ins. Co. of Utah	Date Issued: Apr.28,1937	Date Orig. Entry: Apr.20,1937
	Date of Birth: Apr.27,1910	Birth Place: Franklin, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license		By whom issued and signed: County Clerk's Office, Bannock County, Idaho	Date Issued: Mar.24,1966	Date Orig. Entry: Nov.15,1933
	Date of Birth: Age 23	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Church certificate of birth		By whom issued and signed: LDS Church	Date Issued: Apr.27,1910	Date Orig. Entry: June 6,1920
	Date of Birth: Apr.27,1910	Birth Place: Franklin, Idaho Franklin County	Full Name of ~~Mother~~ father: Joseph S. Morrison	Name of ~~Father~~ mother: Mary G. Whitehead	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Nov. 28, 1966

FORM BH 56067

11-28-61

NOV 28 1966
FEB 11 1975

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1026

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carmen Ercel Fleming			2. Date Of Birth (month) 10 (day) 12 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Benewah County	b. City or Town of Birth: St. Joe, Idaho	
FATHER	6. Full Name of Father: Ira James Fleming			7. State or Country of Father's Birth: West Virginia	
MOTHER	8. Full Maiden Name of Mother: Myrtle May Donley			9. State or Country of Mother's Birth: Oconda, Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carmen Earl Hughes		11. Present Address of Registrant: Rte 1 box 401 Silverdale, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 19 1966	12. Signature of Notary: Illegible		13. Notary Commission expires: Jan 22 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage return #9164	By whom issued and signed: Colfax, Whitman County, Wash.	Date Issued: Nov.15,1966	Date Orig. Entry: May 3,1932	
	Date of Birth: Age 21	Birth Place: St. Joe, Idaho	Full Name of Mother: Myrtle Donnelgy	Name of Father: Ira F. Fleming	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #1404	By whom issued and signed: Vital Statistics, Washington Dept. of Health	Date Issued: Nov.22,1966	Date Orig. Entry: child born Nov. 17, 1942	
	Date of Birth: Age 32	Birth Place: St. Joe, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Ira James Fleming	Date Issued: Oct.27,1966	Date Orig. Entry: -----	
	Date of Birth: Oct.12,1910	Birth Place: Saint Jo, Idaho	Full Name of Mother: Myrtle May Donley	Name of Father: Ira James Fleming	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson		Date Filed: Dec. 1, 1966	

FORM BH 56067

DEC 1 1966

168-109-009-684

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1031

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Homer Johnson		2. Date Of Birth (month) (day) (year): August 9 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: ~~Camp Bay~~ a. County: Bonner; b. City or Town of Birth: Camp Bay
FATHER	6. Full Name of Father: Charles G. Johnson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Irma Bertha Ohme		9. State or Country of Mother's Birth: Milwaukee, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene H Johnson	11. Present Address of Registrant: 803 N. 15th., COeur dI Ide Alene
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 19 66	12. Signature of Notary: Andrew Callahan	13. Notary Commission expires: August 20 19 67

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Charles Gotfried Johnson and Irma B. Johnson	Date issued: May 18,1959	Date Orig. Entry: -----
	Date of Birth: Aug.9,1910	Birth Place: Camp Bay, Idaho Bonner County	Full Name of Mother: Irma B. Johnson (Ohme)	Name of Father: Charles Gotfried Johnson	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage affidavit for license		By whom issued and signed: Bonner County, Idaho county recorder's office	Date issued: May.6, 1966	Date Orig. Entry: Dec. 29, 1937
	Date of Birth: Age 27	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible record	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.9,1910	Birth Place: Camp Bay, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 2, 1966

FORM BH 56067

6-1-

DEC 2 1966

Johnson

386-207-042-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1035

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Dell Thomas		2. Date of Birth (month) May (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Harry Edwin Thomas		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Ethel Irene Smith		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Dorothy Dell Wiesendanger	11. Present Address of Registrant: 1651 Cabrillo Ave Santa Clara Calif
NOTARY (Seal)	Subscribed and sworn to before me on November 16, 19 66	12. Signature of Notary: Walter J Doyle	13. Notary Commission expires: My Commission Expires May 25, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Ethel I. Correll	Date issued: Nov.16,1966	Date Orig. Entry: ------
	Date of Birth: May 7,1910	Birth Place: Twin Falls,Idaho	Full Name of Mother: Ethel Irene (Smith) Thomas	Name of Father: Harry Edwin Thomas	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage records #165		By whom issued and signed: Santa Clara County, California	Date issued: Dec.1,1966	Date Orig. Entry: Feb.15,1930
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: Ethel Smith	Name of Father: Harry Thomas	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth record #959		By whom issued and signed: Santa Clara County, San Jose, California	Date issued: Dec.1,1966	Date Orig. Entry: child born May 11, 1948
	Date of Birth: Age 38	Birth Place: -----	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Nov. 8, 1966

FORM BH 56067 1 9 Ad ... #3230 (2) 11-25-66 gml

STATE OF CALIFORNIA,

County of Santa Clara } ss.

On this 16th day of November in the year one thousand nine hundred and sixty six before me, WALTER J. DOYLE, a Notary Public, State of California, duly commissioned and sworn, personally appeared DOROTHY DELL (THOMAS) WIESENDANGER

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that She executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal in the County of Santa Clara the day and year in this certificate first above written.

Walter J. Doyle

WALTER J. DOYLE Notary Public, State of California.

My Commission Expires May 25, 1969

Cowdery's Form No. 32—Acknowledgment—General. (C. C. Sec. 1189) (PRINTED 2-15-65) 52-1430

DEC 5 1966

962-231-040-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Muriel Yvonne Campbell-Ross			2. Date of Birth (month) May (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Wallace (Hospital), Wallace, Idaho.	b. City or Town of Birth: Wallace Idaho.
FATHER	6. Full Name of Father: Hew Stuart Campbell- Ross			7. State or Country of Father's Birth: London, England
MOTHER	8. Full Maiden Name of Mother: Georgia Johnston Campbell- Ross			9. State or Country of Mother's Birth: Beaumont, Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Yvonne M. Sjostrom		11. Present Address of Registrant: P. O. Box 406 R. R. 1 Lake Zurich, Illinois.
NOTARY (Seal)	Subscribed and sworn to before me on: November 14 1966	12. Signature of Notary: Raymond J. Fern		13. Notary Commission expires: 3-15 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment	By whom issued and signed: The first National Bank of Morton Grove, Illinois	Date Issued: -------	Date Orig. Entry: Mar.1,1955	
	Date of Birth: May 31,1910	Birth Place: Wallace, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of baptism	By whom issued and signed: Church of the Holy Spirit, Missoula, Montana H.S.Gatley, Rector	Date Issued: ------	Date Orig. Entry: baptized June 27,1911	
	Date of Birth: May 31,1910	Birth Place: Wallace, Idaho	Full Name of Mother: Georgia Johnston Campbell-Ross	Name of Father: Hew Stuart Campbell-Ross	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #7-243-910	By whom issued and signed: The Prudential Insurance Co. of America	Date Issued: Feb.25,1931	Date Orig. Entry: Feb.6,1931	
	Date of Birth: May 31,1910	Birth Place: Idaho	Full Name of Mother: Georgia B Fuller	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Dec. 5, 1966

FORM BH 56067 nm. (S) 11-8-66 gml

Sistrom
(Muriel Yvonne Campbell Ross)

DEC 6 1966

993-203-033-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1040

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Artella Ricks			2. Date of Birth (month) May (day) 3 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Rexburg a. County: Madison	b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Thomas Edwin Ricks			7. State or Country of Father's Birth: Logan (Cache), Utah
MOTHER	8. Full Maiden Name of Mother: Maude Ella Dabell			9. State or Country of Mother's Birth: Harrisville ( ), Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Artella Ricks Poulsen		11. Present Address of Registrant: 2243 Wellington, Salt Lake City Ut.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 14 1966	12. Signature of Notary: [signature]		13. Notary Commission expires: July 30 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church ; Salt Lake City Utah	Date issued: Mar.9,1962	Date Orig. Entry: July 3, 1910
	Date of Birth: May 3,1910 / Birth Place: Rexburg, Idaho Fremont County	Full Name of Mother: Maud DaBelle	Name of Father: Thomas E. Ricks, Jr.	
SUPPORTING RECORD 2.	Type of Document: transcript of school records	By whom issued and signed: Ricks College, Rexburg, Ida.	Date issued: Nov.28,1966	Date Orig. Entry: 1927-28
	Date of Birth: May 3,1910 / Birth Place: ------	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage record #1242317	By whom issued and signed: married in Chicago, Cook County, Illinois	Date issued: -----	Date Orig. Entry: July 5,1929
	Date of Birth: Age 19 / Birth Place: -----	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION				

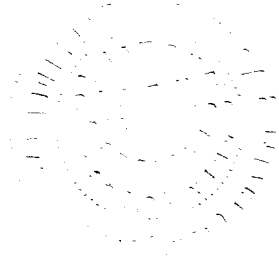
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Dec. 5, 1966

FORM BH 56067 2 cpo pd rec $ 3222 11-23-66 gml

DEC 6 1966



651-203-029-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1051

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Elizabeth Weatherby			2. Date Of Birth (month) May (day) 3 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Genesee, Idaho, Latah	b. City or Town of Birth: Genesee, Idaho	
FATHER	6. Full Name of Father: Benjamin Harrison Weatherby			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Frances Elizabeth Buckallew			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ruby E. Platt	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: December 2 1966		12. Signature of Notary: Dan S. Crumina	13. Notary Commission expires: 9-15 1969	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Benjamin Harrison and Francis Elizabeth Westherby	Date Issued: Nov.23,1966	Date Orig. Entry: -----
	Date of Birth: May 3,1910	Birth Place: Genesee, Idaho	Full Name of Mother: Francis Elizabeth Weatherby	Name of Father: Benjamin Harrison Weatherby	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #191925	Date Issued: -----	Date Orig. Entry: child born June 18, 1931
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy #18620		By whom issued and signed: Old West Life Ins. Co. of Boise, Idaho	Date Issued: Feb.1,1960	Date Orig. Entry: Jan.2,1960
	Date of Birth: May 3,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 8, 1966

FORM BH 56067 (F) 12-6-66

DEC 9 1966

619-203-007-852

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Elizabeth Farnsworth		2. Date Of Birth (month) June (day) 3 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: (Carey) a. County: Blaine; b. City or Town of Birth: Carey Idaho
FATHER	6. Full Name of Father: Wilford Burt Farnsworth		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eliza Anne Hess		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice E Oertle	11. Present Address of Registrant: 3313 No Charlotte So San Gabriel, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1966	12. Signature of Notary: Lucille Gosaway	13. Notary Commission expires: June 12 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Eliza Anne Hess Farnsworth	Date issued: Nov.8,1966	Date Orig. Entry: ------
	Date of Birth: June 3,1910 / Birth Place: Carey, Idaho Blaine County	Full Name of Mother: Eliza Anne Hess	Name of Father: Wilford Burt Farnsworth	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Beneficial Life Ins. Co.	Date issued: Apr.4,1941	Date Orig. Entry: Apr.1,1941
	Date of Birth: June 3,1910 / Birth Place: Carey, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City	Date issued: Nov.30,1966	Date Orig. Entry: Aug.7,1910
	Date of Birth: June 3,1910 / Birth Place: Carey, Blaine County, Idaho	Full Name of Mother: Eliza Ann	Name of Father: Wilford B. Farnsworth	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 8, 1966

FORM BH 56067 1 cp pd rec. #2099 (C) 11-18-66 gml

DEC 9 1966

965-706 1033-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-1063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alexander Roemer			2. Date of Birth (month) (day) (year): December 6 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Sugar
FATHER	6. Full Name of Father: George B. Roemer			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Katharina Elisa Kurz Alex Roemer			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alex Roemer		11. Present Address of Registrant: Paul Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 14 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister Age 65		By whom issued and signed: Mary Schenk	Date Issued: Dec.12,1966	Date Orig. Entry: ------
	Date of Birth: Dec.6,1910	Birth Place: Sugar, Idaho	Full Name of Mother: Katharina Elisa Kurz	Name of Father: George B. Roemer	
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate		By whom issued and signed: J.C. Schwabenland, Pastor	Date Issued: Mar.5,1911	Date Orig. Entry: Baptized Mar.5,1911
	Date of Birth: Dec.6,1910	Birth Place: Sugar, Idaho	Full Name of Mother: b Luthern Church Katharina Elisa Kurz	Name of Father: George B. Roemer	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file- Idaho # 370202	Date Issued: ---	Date Orig. Entry: child born Dec.14,1942
	Date of Birth: Age 32	Birth Place: Sugar, Idaho	Full Name of Mother: ------	Name of Father: - - - - - - -	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec.14,1966

FORM BH 56067

NOV

452410-040-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-005

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Maurice deBit			2. Date of Birth (month) Nov. (day) 10 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Shoshone	b. City or Town of Birth: Avery	
FATHER	6. Full Name of Father: Ralph Moriority deBit			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Jessie M. Needham			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph M de Bit		11. Present Address of Registrant: 841 W. Kennewick Avenue Kennewick, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: October 10 1966	12. Signature of Notary: Eva D. Pethask		13. Notary Commission expires: September 22 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 80	By whom issued and signed: Ralph Moriarity de Bit		Date Issued: July 9,1962	Date Orig. Entry: -----
	Date of Birth: Nov.10,1910	Birth Place: Avery, Idaho	Full Name of Mother: Jessie Meedham de Bit	Name of Father: Ralph Moriarity de Bit	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of service	By whom issued and signed: Army of U.S.		Date Issued: ----	Date Orig. Entry: Oct.15,1942
	Date of Birth: Nov.10,1910	Birth Place: Avery, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance application	By whom issued and signed: Commercial Ins. Co. of Newark, New Jersey		Date Issued: Jan.14,1960	Date Orig. Entry: Jan.14,1960
	Date of Birth: Nov.10,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 3, 1967

FORM BH 56067

14 October 1966

(d) 10-25

JAN 3 1967

815-226-022-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-026

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Matilda Almedia Hancock			2. Date of Birth: November 26 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: was Fremont now Madison	b. City or Town of Birth: Thornton
FATHER	6. Full Name of Father: John Lester Hancock			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Merriam Evelyn Almedia Rice			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Matilda H. Gibbons		11. Present Address of Registrant: 1820 G St. Sparks, Nev.
NOTARY (Seal) CHLORIS T. MATHEWSON Notary Public — State of Nevada Washoe County My Commission Expires Jan. 16, 1967	Subscribed and sworn to before me on: 1967	12. Signature of Notary: Chloris T. Mathewson		13. Notary Commission expires: Jan. 16, 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Washoe General Hospital, Reno, Nevada		Date Issued: ———	Date Orig. Entry: child born Apr.17,1941
	Date of Birth: Nov.26,1910	Birth Place: Thornton, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 65	By whom issued and signed: John Lester Hancock		Date Issued: Nov.19,1966	Date Orig. Entry: ———
	Date of Birth: Nov.26,1910	Birth Place: Thornton, Idaho	Full Name of Mother: Merriam Evelyn Almedia Rice	Name of Father: John Lester Hancock	
SUPPORTING RECORD 3.	Type of Document: photocopy of church certificate of birth	By whom issued and signed: LDS Church, Salt Lake City Utah		Date Issued: Nov.30,1966	Date Orig. Entry: Nov.5,1911
	Date of Birth: Nov.26,1910	Birth Place: Thornton, Idaho Fremont County	Full Name of Mother: Merriam Evelyn Almedia Rice	Name of Father: John Lester Hancock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Jan. 16, 1967

FORM BH 56067

Moore

JAN 16 1967

046 46623-001-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Moore		2. Date of Birth (month) April (day) 13 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Crawford Moore		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mildred Fraser		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie M Davidson	11. Present Address of Registrant: 637 Warm Springs Ave
NOTARY (Seal)	Subscribed and sworn to before me on: January 24 1967	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Co. Record	By whom issued and signed: Vern Thomas, Co. Recorder	Date Issued: Sept.28,1955	Date Orig. Entry: Child born Apr.13,1910
	Date of Birth: Apr.13,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Mildred Fraser	Name of Father: Crawford Moore	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho 0 # 223303	Date Issued: -----	Date Orig. Entry: Child born Mar 3, 1934
	Date of Birth: age 23 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at bir.	By whom issued and signed: Charles Mowbray Davidson	Date Issued: Jan. 24,1967	Date Orig. Entry: ------
	Date of Birth: Apr.13,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Mildred Fraser	Name of Father: Crawford Moore	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Jan.24,1967

FORM BH 56067

JAN 24 1967

313-229.034-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-050

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARGARET ELIZABETH CALVERT		2. Date of Birth (month) June (day) 29 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Rupert Minidoka; b. City or Town of Birth: Rupert, Idaho
FATHER	6. Full Name of Father: Ulysses Simpson Calvert		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nevada Bannister (middle name Jane)		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret E. Shaw	11. Present Address of Registrant: 1661-10th Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: January 13, 1967	12. Signature of Notary: Wilma C. Flach (signature) Wilma C. Flach	13. Notary Commission expires: April 3, 1967

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: certified copy of affidavit for marriage license #28995	By whom issued and signed: Washoe County, Nevada	Date issued: Sep.16,1966	Date Orig. Entry: Oct.24,1931
	Date of Birth: Age 21; Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Minidoka County Schools, Dist. No.331, Rupert, Idaho	Date issued: Oct.13,1965	Date Orig. Entry: 1913-1922
	Date of Birth: June 29,1910; Birth Place: Rupert, Idaho	Full Name of Mother: Nevada Jane Bannister Calvert	Name of Father: Ulysses S. Calvert	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age 71	By whom issued and signed: Harley E. Calvert	Date issued: Nov.20,1965	Date Orig. Entry: ------
	Date of Birth: June 29,1910; Birth Place: farmhouse abt.* 3 mi.E.of Heyburn in Minidoka County	Full Name of Mother: Nevada Bannister Calvert	Name of Father: Ulysses S. Calvert	

QUALIFYING INFORMATION

*the town of Rupert is a few miles east of Heyburn, Idaho.

REGISTRAR'S CERTIFICATION (seal)

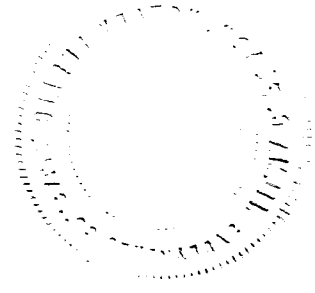
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 25, 1967

FORM BH 56067 1 cp pd rec. #920 2nd form sent (S) 4-28-66 [illegible]

JAN 25 1967

Haas



346-213-026-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-058

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude May Lufkin			2. Date of Birth (month) May (day) 13 (year) 1910
	3. Color or Race: white	4. Sex: Fem	5. Place of Birth: Annis Idaho a. County: Jefferson	b. City or Town of Birth: Annis
FATHER	6. Full Name of Father: John F. Lufkin			7. State or Country of Father's Birth: Pecana, Nev.
MOTHER	8. Full Maiden Name of Mother: Kate Watson			9. State or Country of Mother's Birth: Springerville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (LUFKIN) + Maude M Taylor		11. Present Address of Registrant: Box 15, Globe, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: August 25, 1966 19__	12. Signature of Notary: Leona L. Ekey		13. Notary Commission expires: 7-8-70 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth Age 88	By whom issued and signed: Mrs. Annette Bybee	Date Issued: June 24, 1965	Date Orig. Entry: -----	
	Date of Birth: May 13,1910	Birth Place: Annis, Idaho	Full Name of Mother: Kate (Watson) Lufkin	Name of Father: John Franklin Lufkin	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Gilbert Ward Ray M. Pace, Bishop	Date Issued: June 30,1951	Date Orig. Entry: baptized June 30,1951	
	Date of Birth: May 13,1910	Birth Place: Annis, Jefferson County, Idaho	Full Name of Mother: Kate Watson	Name of Father: J. Frank Lufkin	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for marriage license #25992	By whom issued and signed: Butler County, Pennsylvania	Date Issued: Nov.16,1966	Date Orig. Entry: May 31,1932	
	Date of Birth: Age 22	Birth Place: Jefferson County, Idaho	Full Name of Mother: Kate Lufkin	Name of Father: Frank Lufkin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 31, 1967

FORM BH 56067

(T) 7-9-66 mf

JAN 3 1 1967

399-208-029-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-082

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Anna Tribble		2. Date Of Birth (month) Nov (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah; b. City or Town of Birth: Hampton (Princeton)
FATHER	6. Full Name of Father: Richard Eldon Tribble		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Gertrude Lunsford		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Anna Tribble	11. Present Address of Registrant: 905 Orchard, Moscow, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 29th 1961	12. Signature of Notary: [signature]	13. Notary Commission expires: Aug 27 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: University of Idaho, Moscow, Idaho, F.L. O'Neill, Registrar	Date issued: Dec. 10, 1965	Date Orig. Entry: June 16, 1952
	Date of Birth: Nov. 8, 1910; Birth Place: Princeton, Idaho	Full Name of Mother: ------	Name of Father: Richard Eldon Tribble	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Richard Eldon Tribble	Date issued: Jan. 31, 1967	Date Orig. Entry: ------
	Date of Birth: Nov. 8, 1910; Birth Place: Hampton, Idaho (Now Princeton)	Full Name of ~~Mother~~ Father: Richard Eldon Tribble	Name of ~~Father~~ Mother: Gertrude Lunsford	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Northwestern National Life Ins. Co., Minneapolis, Minn.	Date issued: ------	Date Orig. Entry: Apr. 19, 1935
	Date of Birth: Nov. 8, 1910; Birth Place: Princeton, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 14, 1967

FORM BH 56067 2 yrs. [illegible] #5699 4-26-61 (W) 1-19-66 [illegible]

FEB 1 4 1967

NH. paid OK. Town change

168-212.006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-095

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oneida Priscilla Johnsen			2. Date of Birth (month) April (day) 12 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Shelley
FATHER	6. Full Name of Father: Fred C. Johnsen			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Martha Marinda Anderson			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oneida Priscilla Johnsen		11. Present Address of Registrant: 9108 - 8th N.E. Seattle, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 25 1967	12. Signature of Notary: Clarence B. Sakwa		13. Notary Commission expires: Sept. 24 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (bd. Dec. 16, 1895)		By whom issued and signed: Floy Margaret Johnsen Harris	Date Issued: Aug. 26, 1966	Date Orig. Entry: -----
	Date of Birth: Apr. 12, 1910	Birth Place: Shelley, Bingham County, Idaho	Full Name of Mother: Martha Marinda Anderson	Name of Father: Fred C. Johnsen	
SUPPORTING RECORD 2.	Type of Document: photocopy of church membership record		By whom issued and signed: LDS Church	Date Issued: -----	Date Orig. Entry: blessed June 5, 1910
	Date of Birth: Apr. 12, 1910	Birth Place: Shelley, Idaho Bingham County	Full Name of Mother: Marinda Anderson	Name of Father: Fred C. Johnson	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: Shelley Public Schools	Date Issued: ------	Date Orig. Entry: Sep. 3, 1917
	Date of Birth: Age 7	Birth Place: -----	Full Name of Mother: Marinda Johnsen	Name of Father: Fred C. Johnsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

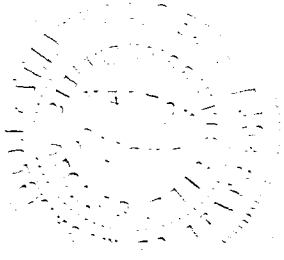
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 15, 1967

FORM BH 56067

4-15-66

FEB 15 1967



766-225-014-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-103

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Evelyn Fay Powell
2. Date of Birth (month) (day) (year): 11 25 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Nampa, Idaho ~~Ada~~ Canyon
b. City or Town of Birth: Nampa, Idaho

FATHER

6. Full Name of Father: Cassius E. Powell (Father*
(Ollie Myrtle Blessinger)
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Ollie Myrtle Blessinger
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Evelyn Fay Powell Clark
11. Present Address of Registrant: 1739 Sherwood Place Eugene, Or (Oregon)

NOTARY

Subscribed and sworn to before me on: February 2 1967
State of Oregon, County of Lane
12. Signature of Notary: James A Turner
13. Notary Commission expires: September 24 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of own childs birth certificate #6281	State of Oregon Section of Vital Statistics	Jan.30,1967	child born Aug.31,1944
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 33 / Nampa, Idaho	-----	-----	
SUPPORTING RECORD 2.	Affidavit by Mother	Ollie M. Powell Age 76	Nov.16,1966	------
	Nov.25,1910 / Nampa, Idaho	Ollie M. Powell	Cassius E. Powell	
SUPPORTING RECORD 3.	Statement regarding lodge records	Evangeline Chapter #51,Eastern Star,Eugene,Oregon,R.Gorrie,Sec.	Jan.18, 1967	Apr.21,1961
	Nov.25,1910 / -----	-----	-----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 16, 1967

FORM BH 56067 NM

FEB 16 1967

JAN 13 1971

622-230-035-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-122

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenna Elizabeth Osborne			2. Date of Birth (month) (day) (year): March 30, 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Winchester	
FATHER	6. Full Name of Father: William Creed Osborne			7. State or Country of Father's Birth: Kentucky	
MOTHER	8. Full Maiden Name of Mother: Mary Francis Johnson			9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenna E. Carrick		11. Present Address of Registrant: Box 1314 New Port Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 19 59	12. Signature of Notary: John H Maywood		13. Notary Commission expires: July 6 19 60	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Francis Osborne		Date Issued: Apr.1,1959	Date Orig. Entry: -----
	Date of Birth: Mar.30,1910	Birth Place: Winchester, Idaho	Full Name of Mother: Mary Francis Osborne		Name of Father: William Creed Osborne
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #221234		Date Issued: -----	Date Orig. Entry: child born Apr.2,1934
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-14-5609	By whom issued and signed: Social Security Adm.		Date Issued: -----	Date Orig. Entry: Oct.27,1948
	Date of Birth: Mar.30,1910	Birth Place: Winchester, Idaho Nez Perce County	Full Name of Mother: Mary Frances Johnson		Name of Father: William Creed Osborne
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 20, 1967

FORM BH 56067

FEB 21 1967

243-209.003-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lettie Elizabeth Buckley		2. Date Of Birth (month) Feb. (day) 9 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: ~~Bench~~ Bannock; b. City or Town of Birth: Bench
FATHER	6. Full Name of Father: James Waterhouse Buckley		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Kennington		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L. Elizabeth B. Harris	11. Present Address of Registrant: 785 W Pleasant View Dr Ogden, Utah 84404
NOTARY (Seal)	Subscribed and sworn to before me on: 13th day of February 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: May 14 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Temple Recommend		By whom issued and signed: LDS Church, Reuben G. Rhees	Date issued: Apr.18,1960	Date Orig. Entry: Apr.18,1960 (baptized March 12,1918)
	Date of Birth: Feb.9,1910	Birth Place: Bench, Idaho	Full Name of Mother: Elizabeth Ann Kennington	Name of Father: James Waterhouse Buckley	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificatey #3268-1		By whom issued and signed: Weber County, Utah	Date issued: Mar.15,1965	Date Orig. Entry: child born Dec.18,1947
	Date of Birth: Age 37	Birth Place: Bench, Idaho	Full Name of Mother: ------	Name of Father: - ------	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry #6465		By whom issued and signed: Weber County Utah	Date issued: Mar.31,1965	Date Orig. Entry: Apr.11,1929
	Date of Birth: Feb.9,1910	Birth Place: Bench, Idaho	Full Name of Mother: Elizabeth A. Kennington	Name of Father: James W. Buckley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 24, 1967

FORM BH 56067 [illegible] 3-24-65

FEB 27 1967

365-214-029-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA MARY LONG			2. Date of Birth (month) JAN. (day) 14 (year) 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO / LATAH	b. City or Town of Birth: MOSCOW
FATHER	6. Full Name of Father: WILLIAM JOINER LONG			7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: ROSIE MAY ALLEN			9. State or Country of Mother's Birth: CALIFORNIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Mary Williams		11. Present Address of Registrant: W 42 1/2 Sanson Spokane Wash. 99208.
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1967	12. Signature of Notary: K. E. Lowell		13. Notary Commission expires: Aug 9 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of hospital insurance billing	By whom issued and signed: Medical Service Bureau of Spokane Co., Deaconess Hosp.	Date Issued: Oct. 23, 1959	Date Orig. Entry: Oct. 12, 1959	
	Date of Birth: Age 49	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #285867	By whom issued and signed: Royal Neighbors of America	Date Issued: Mar. 31, 1944	Date Orig. Entry: Feb. 17, 1944	
	Date of Birth: Jan. 14, 1910	Birth Place: Moscow, Latah County, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Rosie May Long	Date Issued: Feb. 24, 1967	Date Orig. Entry: -----	
	Date of Birth: Jan. 14, 1910	Birth Place: Moscow, Idaho	Full Name of Mother: Rosie May Long	Name of Father: William Joiner Long	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	gml Glenda Larson	March 7, 1967

FORM BH 56067

(w) 2-20-67 [illegible]

MAR 8 1967
NOV 1 0 1967

862-214035-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-153

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Miss Viola Mabel Hoke		2. Date Of Birth (month) Jan (day) 14 (year) 1910
	3. Color or Race: white	4. Sex: fmel	5. Place of Birth: Lewiston ~~Idaho~~ a. County: Nez Perce Idaho b. City or Town of Birth: Lestion
FATHER	6. Full Name of Father: Mr Samuel Rueben Hoke		7. State or Country of Father's Birth: Harrisburg
MOTHER	8. Full Maiden Name of Mother: Mrs Effie Belle Hoke		9. State or Country of Mother's Birth: Wrenconty Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Miss Viola Mabel Hoke	11. Present Address of Registrant: 9639-SE Ellis st Portland Ore
NOTARY (Seal)	Subscribed and sworn to before me on: November 22 1966	12. Signature of Notary: Helen L. Stokes	13. Notary Commission expires: August 14 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #M95 169 437		By whom issued and signed: The Prudential Insurance Co. of America	Date Issued: Mar.20,1950	Date Orig. Entry: June 8, 1949
	Date of Birth: Jan.14,1910	Birth Place: -----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Portland Public Schools, Ore. Carma Lauderdale, Sec.	Date Issued: Feb.3,1967	Date Orig. Entry: 1922-23
	Date of Birth: Jan.14,1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Mrs. Effie Hoke	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital records		By whom issued and signed: University of Oregon Medical School, Portland, Oregon	Date Issued: Jan.9,1966	Date Orig. Entry: Aug.7,1933
	Date of Birth: Jan.14,1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Effie Vaughan	Name of Father: Sam Hoke	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 8, 1967

K FORM BH 56067

(B) 11-28

MAR 8 1967

693-207-001-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-160

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Thelma Wilson		2. Date of Birth (month) (day) (year): August 7 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Thomas R. Wilson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jessie Wave Hoffman		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma S. Shortridge	11. Present Address of Registrant: Rt.3, 8770 Overland,
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1967	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy County Record of Birth		By whom issued and signed: Vern Thomas, Recorder	Date Issued: Aug.4, 1958	Date Orig. Entry: Born Aug. 7,1910
	Date of Birth: Aug.7,1910	Birth Place: Boise, Idaho	Full Name of Mother: Jessie Wave Hoffman	Name of Father: Thomas R. Wilson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 74		By whom issued and signed: Pearl A. Edwards	Date Issued: Aug 4,1958	Date Orig. Entry: -----
	Date of Birth: Aug 7,1910	Birth Place: Boise, Idaho	Full Name of Mother: Jessie Wave Hoffman	Name of Father: Thomas R. Wilson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 55-11021	Date Issued: ----	Date Orig. Entry: child born Sept. 16,1955
	Date of Birth: Age 45	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 8,1967

FORM BH 56067

MAR 20 1967
MAY 5 1967

814-107-003-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-174

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruland Hadfield
2. Date of Birth (month) (day) (year): May 7 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Cambridge Ida Washington
b. City or Town of Birth: Cambridge Ida

FATHER

6. Full Name of Father: George Samual Hadfield
7. State or Country of Father's Birth: Utah Davis County

MOTHER

8. Full Maiden Name of Mother: Mary Ida Smith Hadfield Groves
9. State or Country of Mother's Birth: Utah Davis county

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruland Hadfield
11. Present Address of Registrant: 665 NO 400E Ogden

NOTARY (Seal)

Subscribed and sworn to before me on February 21st 1967

12. Signature of Notary: K R Knowles
13. Notary Commission expires: May 1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
employment record card	The Ogden Union Stkyds.,Utah U.S. Railroad Ret. Board	Dec.15,1952	Aug.11,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7,1910	Cambridge,Idaho	Mary Ida Smith	George Samul Hadfield

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
employers group insurance card Pol.#579809	California-Western States Life Ins.Co.(Ogden Union Stkyds.)	May 15, 1947	Aug.16,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7,1910	-----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Mary Ida Smith Hadfield Groves	July 7,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7,1910	Cambridge, Idaho	Mary Ida Smith Hadfield Groves	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

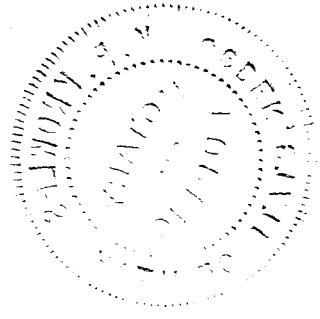
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 9,1967

FORM BH 56067

3-17-66

MAR 1 0 1967



312-209-016-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-212

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Louene Cask			2. Date Of Birth (month) Feb. (day) 9 (year) 1910	
	3. Color or Race: Cauc	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Burley, Idaho	
FATHER	6. Full Name of Father: Herbert Cask			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Ruby Jane Gilman			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frances L. Hester	11. Present Address of Registrant: 335 Barlow Dr. Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1967		12. Signature of Notary: Willis M. Hester	13. Notary Commission expires: April 15 1969	

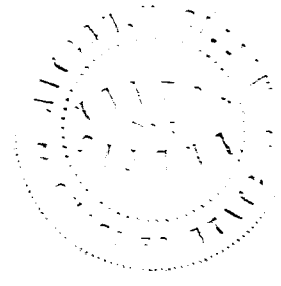
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for membership Burley, Idaho #9632		By whom issued and signed: Society of Daughters of the Utah Pioneers Sarah Yeaman Camp	Date Issued: Mar. 1937	Date Orig. Entry: Apr.12,1937
	Date of Birth: Feb.9,1910	Birth Place: Burley, Idaho	Full Name of Mother: Ruby Jane Gilman Cask	Name of Father: Herbert Cask	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: ----	Date Orig. Entry: June 21,1946
	Date of Birth: Feb.9,1910	Birth Place: Burley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Federal Census Records		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep.12,1963	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Ruby Cask	Name of Father: Herbert Cask	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: Glenda Larson	Date Filed: March 24, 1967

FORM BH 56067

MAR 24 1967



24 895 43 1044-615

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loran Iris Hinshaw		2. Date of Birth (month) December (day) 31 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: Andrew Milton Hinshaw		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Mary Eugenia Favre		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Iris Hinshaw	11. Present Address of Registrant: 714 Hays Boise Ida
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1967		12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record of Birth	By whom issued and signed: Mary Kautz, Clerk of Dist Court Washington County	Date Issued: March 20 1967	Date Orig. Entry: Entered Jan. 11,1911
	Date of Birth: Dec.31,1910 / Birth Place: Cambridge, Idaho	Full Name of Mother: Mary Eugenia Favre	Name of Father: Andrew Milton Hinshaw	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy W-11713	By whom issued and signed: Continental Life INs. Co,	Date Issued: Jan.1,1964	Date Orig. Entry: Dec.27,1962
	Date of Birth: Dec.31,1910 / Birth Place: Cambridge, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 82	By whom issued and signed: Clara F. Webb	Date Issued: Mar 27,1967	Date Orig. Entry: ----
	Date of Birth: Dec.31,1910 / Birth Place: Cambridge, IdahO	Full Name of Mother: Mary Eugenia Favre	Name of Father: Andrew Milton Hinshaw	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W/ W. Benson	Florence Curtright	March 28, 1967

FORM BH 56067

MAR 29 1967

795-07-1035-344

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wallace Hamilton Pierce.		2. Date of Birth (month) October, (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Nez Perce; b. City or Town of Birth: Lewiston.
FATHER	6. Full Name of Father: Melvin Alexander Pierce.		7. State or Country of Father's Birth: Iowa.
MOTHER	8. Full Maiden Name of Mother: Nell Ludwig Pierce.		9. State or Country of Mother's Birth: Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. H. Pierce	11. Present Address of Registrant: 931 7th Ave. Lewiston, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1967	12. Signature of Notary: Gail S. Gillespie	13. Notary Commission expires: Jan. 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Registration certificate		By whom issued and signed: Selective Service System, Loc. Board 35, Lewiston, Idaho	Date Issued: Jan.15,1951	Date Orig. Entry: Jan.15,1951
	Date of Birth: Oct.7,1910	Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement by Hospital		By whom issued and signed: St.Joseph's Hospital, Lewiston, Idaho	Date Issued: Mar.14,1967	Date Orig. Entry: at birth
	Date of Birth: Oct.7,1910	Birth Place: St.Joseph's Hosp. Lewiston, Idaho	Full Name of Mother: Mrs. Nell L. Pierce	Name of Father: Mr. Melvin A. Pierce	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: New York Life Ins. Co.	Date Issued: Dec.12,1936	Date Orig. Entry: Dec.10,1936
	Date of Birth: Oct.7,1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Mrs. Nell L. Pierce	Name of Father: Mr. Melvin A. Pierce	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	Glenda Larson	Mar. 29, 1967

FORM BH 56067

MAR 29 1967

231-223-001-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERMA AGUSTA STALEY	2. Date Of Birth (month) FEB (day) 23 (year) 1910
	3. Color or Race: WHITE; 4. Sex: FEMALE; 5. Place of Birth: BOISE; a. County: ADA	b. City or Town of Birth: BOISE ~~BROWN~~ ~~KANSAS~~
FATHER	6. Full Name of Father: ERNEST M STALEY	7. State or Country of Father's Birth: BROWN KANSAS
MOTHER	8. Full Maiden Name of Mother: EMMA A. PASCHAL	9. State or Country of Mother's Birth: BROWN KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Erma A. Hiser; 11. Present Address of Registrant: 1544 Gaylord St. Long Beach Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: APRIL 21, 1967	12. Signature of Notary: William O. Shaw Jr; 13. Notary Commission expires: 10-5-1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement of school record	By whom issued and signed: Ind. school dist. of Boise, Ida. T.C.Bird, Supt.	Date issued: Apr.21,1967	Date Orig. Entry: 1921-22
	Date of Birth: Feb.23,1910; Birth Place: -----	Full Name of Mother: -----	Name of Father: E. M. Staley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Emma A. Staley	Date issued: Apr.21,1967	Date Orig. Entry: -----
	Date of Birth: Feb.23,1910; Birth Place: Boise, Idaho	Full Name of Mother: Emma A. Paschal Staley	Name of Father: Ernest M. Staley	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Luke's Hospital, Boise, Ida. P.L.Ross, Med.Rec.Lib.	Date issued: Apr.21,1967	Date Orig. Entry: Aug.1,1931
	Date of Birth: Age 21; Birth Place: Idaho	Full Name of Mother: -------	Name of Father: Ernest Staley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 21,1967

FORM BH 56067 in office 4-21-67 ~~nm~~ office - no record

APR 21 1967
FEB 13 1997

315-22-006-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Pearl Landon		2. Date Of Birth (month) (day) (year): February 22, 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kimball b. City or Town of Birth: Kirkham, Idaho
FATHER	6. Full Name of Father: Charles Frances Landon		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Maria Young ~~xxxxxx~~		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Pearl Smith	11. Present Address of Registrant: 176 Grand Blvd Grand Island, Nebr
NOTARY (Seal)	Subscribed and sworn to before me on: 20th day April 1967	12. Signature of Notary: E R Michener	13. Notary Commission expires: My Commission Expires Oct 15, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of Membership	By whom issued and signed: L. D. S Church	Date Issued:	Date Orig. Entry: Obviously old
	Date of Birth: Fb. 22,1910 / Birth Place: Kimball, Idaho	Full Name of Mother: Maria Young	Name of Father: Charles Frances Landon	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Mutual of Omaha	Date Issued: April 12,1949	Date Orig. Entry: ----
	Date of Birth: Feb.22,1910 / Birth Place: Kimball, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 243835	Date Issued: ---	Date Orig. Entry: child born Jun.11,1936
	Date of Birth: Age 26 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

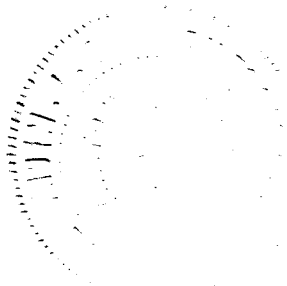
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 25, 1967

FORM BH 56067

2nd form - M Pearl

MAY _ 9 1967



433420-014-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-276

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Edward McLaughlin		2. Date Of Birth (month) June (day) 20 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Notus Canyon; b. City or Town of Birth: Notus, Idaho
FATHER	6. Full Name of Father: Hezekiah Ira McLaughlin		7. State or Country of Father's Birth: Grant County, Indiana
MOTHER	8. Full Maiden Name of Mother: Carrie Maude Stafford		9. State or Country of Mother's Birth: Butler Co., Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey Edward McLaughlin	11. Present Address of Registrant: 103 Crestwood Drive Collinsville Ill.
NOTARY (Seal)	Subscribed and sworn to before me on: April 8 1967	12. Signature of Notary: Janis G. Layher	13. Notary Commission expires: NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES SEPT. 15, 1970 ~~ISSUED THRU ILLINOIS NOTARY ASSOCIATION~~

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date issued: ----	Date Orig. Entry: Obviously old
	Date of Birth: Jun.20,1910	Birth Place: Notus, Idaho	Full Name of Mother: Carrie Maude Stafford	Name of Father: Hezekiah Ira McLaughlin	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 69		By whom issued and signed: Marvin W. McLaughlin	Date issued: Apr.25,1967	Date Orig. Entry: -----
	Date of Birth: Jun.20,1910	Birth Place: Notus, Idaho	Full Name of Mother: Carrie Maude Stafford	Name of Father: Hezekiah Ira McLaughlin	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho 247034	Date issued: ----	Date Orig. Entry: child born Oct 4, 1936
	Date of Birth: Jun.20,1910	Birth Place: Notus, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 25, 1967

FORM BH 56067

use Barbara's birth certificate # 247034

MAY 9 1967
JUN 9 1967

849-104-014-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCIS DALE HURD			2. Date Of Birth (month) 1 (day) 4 (year) 1910	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: IDAHO Canyon	b. City or Town of Birth: NOTUS	
FATHER	6. Full Name of Father: ALBERT HURD			7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: BESSIE BEATRICE MILES			9. State or Country of Mother's Birth: IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Francis D. Hurd		11. Present Address of Registrant: Box 139 YACHATS, ORE. 97498	
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1967	12. Signature of Notary: Jean B. Oliver		13. Notary Commission expires: Feb 6, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage record #3047 book 10 page 56	By whom issued and signed: John W. Kennerson, County Rec. Imperial Co., California	Date Issued: Oct.17,1966	Date Orig. Entry: Nov.5,1958	
	Date of Birth: Age 48	Birth Place: Idaho	Full Name of Mother: Bessie Miles	Name of Father: Albert Hurd	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Iowa, Records and Statistics Division	Date Issued: Oct.6,1966	Date Orig. Entry: child born Apr.6,1932	
	Date of Birth: Age 22	Birth Place: Notus, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 2549533	By whom issued and signed: American National Ins. Co.	Date Issued: -----	Date Orig. Entry: Mar.16,1959	
	Date of Birth: Jan.4,1910	Birth Place: Notus, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION	photocopy of school record for school year 1927 beginning Aug. 29th gives date of birth as Jan. 4, 1910 and parent's name as Albert Hurd.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 8, 1967		

FORM BH 56067

MAY 1 5 1967

OCT 4 1971

419-223-023-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-330
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elizabeth Mains	2. Date Of Birth (month) January (day) 23, (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Idaho, Canyon (then) Gem (now)	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Guy Bushnell Mains	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Martha Elizabeth Keenan	9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Eals; 11. Present Address of Registrant: 1529-19th Ave., Longview, Wa. 98632
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1967	12. Signature of Notary: Corinne Miles; 13. Notary Commission expires: March 11 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Record	Date issued: -----	Date Orig. Entry: obviously old
Class*	Date of Birth: Jan.23,1910	Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: Guy Bushnell Mains	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Guy B. Mains	Date issued: Aug.24,1954	Date Orig. Entry: -----
Class	Date of Birth: Jan.23,1910	Birth Place: Emmett, Gem County, Idaho	Full Name of Mother: -----	Name of Father: Guy B. Mains	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate		By whom issued and signed: St.Mary's Church, Emmett, Ida.	Date issued: ------	Date Orig. Entry: baptized April 8,1923
Class	Date of Birth: Jan.23,1910	Birth Place: -----	Full Name of Mother: Martha Keenan Mains	Name of Father: Guy Bushnell Mains	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 10, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 1 0 1967
JAN 3 1 1968

794404.022-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-346

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grube, Perry Merle.		2. Date of Birth (month) (day) (year): Feb - 4 - 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton, Idaho
FATHER	6. Full Name of Father: Perry David Grube		7. State or Country of Father's Birth: Manoni, Iowa
MOTHER	8. Full Maiden Name of Mother: Sophia Louise Kautz		9. State or Country of Mother's Birth: Kohlsville, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merle Perry Grube	11. Present Address of Registrant: st Rt B-x 151-B Quincy, Wash. 98848
NOTARY (Seal)	Subscribed and sworn to before me on: 26 Nov. 1965	12. Signature of Notary: [signature]	13. Notary Commission expires: 31 July 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: United Benefit Life Ins. Co. & Mutual Benefit Health & Accident	Date issued: ---	Date Orig. Entry: Feb.7,1946
	Date of Birth: Feb.4,1910	Birth Place: Ashton, Fremont County, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Bruce F. Reynolds age 74	Date issued: Feb.23,1966	Date Orig. Entry: -----
	Date of Birth: Feb.4,1910	Birth Place: Ashton, Idaho	Full Name of Mother: Sophia Grube	Name of Father: Perry Grube
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Mutual Benefit Health & Accident Association	Date issued: May 6,1954	Date Orig. Entry: May 6,1954
	Date of Birth: Feb.4,1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 12, 1967

FORM BH 56067 1 cp Rd Sec. #1255 (6) 1-24-67 gml

MAY 12 1967

717-216-042-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-356

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Marie Gager			2. Date of Birth (month) Jan. (day) 16 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Buhl, Idaho
FATHER	6. Full Name of Father: Roy Winfred Gager			7. State or Country of Father's Birth: Girard, Kansas
MOTHER	8. Full Maiden Name of Mother: Kathryn Grohman			9. State or Country of Mother's Birth: Dysart, Tama Cty., Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie M Gager Kenyon		11. Present Address of Registrant: Castleford, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 21, 1967	12. Signature of Notary: Dorothy E. Carter		13. Notary Commission expires: April 15, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 73	By whom issued and signed: Mabel Bennett		Date Issued: Apr.21,1967	Date Orig. Entry: ------
	Date of Birth: Jan.16,1910	Birth Place: Buhl, Idaho	Full Name of Mother: Kathryn Grohman	Name of Father: Roy Winfred Gager	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #222255		Date Issued: -----	Date Orig. Entry: child born May 8,1934
	Date of Birth: Age 24	Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-40-7542	By whom issued and signed: Social Security Adm.		Date Issued: -----	Date Orig. Entry: Aug.6,1954
	Date of Birth: Jan.16,1910	Birth Place: Buhl, Twin Falls County, Idaho	Full Name of Mother: Kathryn Grohman	Name of Father: Roy Winfred Gager	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 15, 1967

FORM BH 56067

In office — no copies * over

MAY 22 1967

childs cert # 222255

855-210 1022-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Hendricks		2. Date Of Birth (month) April (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Hibbard, Idaho-Fremont; b. City or Town of Birth: Hibbard, Idaho
FATHER	6. Full Name of Father: Josiah Hendricks		7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Felt		9. State or Country of Mother's Birth: Huntsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Stoddard	11. Present Address of Registrant: Terreton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 21, 19 67	12. Signature of Notary: Marion Chastain	13. Notary Commission expires: March 10, 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #198485	Date issued: -----	Date Orig. Entry: Child born Dec.5,1931
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Geo. Bean, Clerk	Date issued: Sept.2,1918	Date Orig. Entry: baptized Aug.31,1918
	Date of Birth: Apr.10,1910	Birth Place: Hibbard, Idaho	Full Name of Mother: Mary Felt	Name of Father: Josiah Hendricks	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:71		By whom issued and signed: Harriet H. Squires	Date issued: Apr.21,1967	Date Orig. Entry: -----
	Date of Birth: Apr.10,1910	Birth Place: Hibbard, Idaho	Full Name of Mother: Mary Ann Felt Hendricks	Name of Father: Josiah Hendricks	
QUALIFYING INFORMATION					

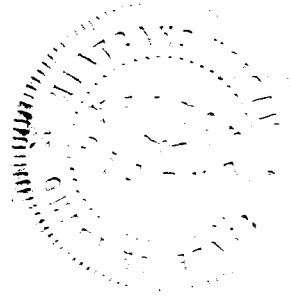
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 16, 1967

FORM BH 56067 1 cp [illegible] # 8572 3-22-67

MAY 1 6 1967



>19-12 1014-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-380

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bud Homer Leslie Garrett			2. Date Of Birth: (month) April (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cladwell, Idaho Canyon	b. City or Town of Birth: Caldwell, Idaho	
FATHER	6. Full Name of Father: Charles Andrew Garrett			7. State or Country of Father's Birth: Polk County Missouri	
MOTHER	8. Full Maiden Name of Mother: Cora Ann Bolin Garrett			9. State or Country of Mother's Birth: Polk County Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Bud Homer Leslie Garrett	11. Present Address of Registrant: 521 So 14th Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 18th 1967		12. Signature of Notary: Laurel C Elam	13. Notary Commission expires: _____ 19____	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 66	By whom issued and signed: Edna A. G. Dotson	Date Issued: May 15,1967	Date Orig. Entry: -----
	Date of Birth: Apr.12,1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Cora Ann Bolin	Name of Father: Charles Andrew Garrett	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 211957	Date Issued: ----	Date Orig. Entry: child born May 5,1933
	Date of Birth: Age 23 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #590146078	By whom issued and signed: Bankers Life Ins. Co.	Date Issued: Jun 1,1959	Date Orig. Entry: April 27,1959
	Date of Birth: Apr.12,1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: -------	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subtentiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: May 19,1967

FORM BH 56057 (G) 5-4-67. nm

Garrett

MAY 19 1967

666-224-001-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-396

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Zella Woods			2. Date of Birth (month) November (day) 24 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Clayton Woods			7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Alma Hansen			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ellen Zella Mansfield	11. Present Address of Registrant: 415 N. 30th Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1967		12. Signature of Notary: Vera M. Powers	13. Notary Commission expires: June 4 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #273413	Date Issued: -------	Date Orig. Entry: child born Oct. 31, 1938
	Date of Birth: Age: 27	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Alma Woods	Date Issued: May 29, 1967	Date Orig. Entry: ------
	Date of Birth: Nov. 24, 1910	Birth Place: Boise, Idaho Ada County	Full Name of Mother: Alma Hansen Woods	Name of Father: Clayton Woods	
SUPPORTING RECORD 3.	Type of Document: book with family records		By whom issued and signed: Family Records	Date Issued: ------	Date Orig. Entry: obviously old
	Date of Birth: Nov. 24, 1910	Birth Place: Boise	Full Name of Mother: Alma	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	May 31, 1967

FORM BH 56067nm. in office 5-3-67 gml

Child's birth cert # 273413

MAY 31 1967

FEB 14 1974

DECEASED

653-203-031-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-397
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Theadora Josephine Oetken
2. Date of Birth (month) (day) (year): June 3 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Nezperce Idaho, Lewis
b. City or Town of Birth:

FATHER

6. Full Name of Father: Edward Oetkin
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Grace Anna Bender
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Theadora Josephine Oetken
11. Present Address of Registrant: 572 W. Warren Court

NOTARY (Seal)

Subscribed and sworn to before me on: Roseburg Oregon 19 3/3/67
12. Signature of Notary: Mildred A. Herman
13. Notary Commission expires: _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Statement regarding school records
By whom issued and signed: Dist. #241, Grangeville, Idaho Earl Vopat, District Supt.
Date Issued: Sept. 8, 1966
Date Orig. Entry: May 1924

Class*_____
Date of Birth: Age 13
Birth Place: -----
Full Name of Mother: -----
Name of Father: -----

SUPPORTING RECORD 2.

Type of Document: Affidavit by aunt Age 74
By whom issued and signed: Etta T. Marshall
Date Issued: May 9, 1967
Date Orig. Entry: -----

Class_____
Date of Birth: June 3, 1910
Birth Place: Nezperce, Idaho
Full Name of Mother: Grace Anna Oetken
Name of Father: Edward Oetken

SUPPORTING RECORD 3.

Type of Document: Certificate of Baptism
By whom issued and signed: St. Johns Congregation, C. H. Bergenson, Pastor
Date Issued: -----
Date Orig. Entry: baptized June 25, 1911

Class_____
Date of Birth: June 3, 1910
Birth Place: Nezperce
Full Name of Mother: Anna Oetken
Name of Father: Mr. Edward Oetken

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: June 2, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 NM

(H) 2-14-67

Hocker

JUN 2 1967

249-20701014-789

401

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle L. Crockett Smith		2. Date Of Birth (month) April (day) 7 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Middleton Canyon; b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: Walter Scott Crockett		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Lumma Eliza Phillips		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle L. Smith	11. Present Address of Registrant: Box 114 Mpt.
NOTARY (Seal)	Subscribed and sworn to before me on: May 23 1967	12. Signature of Notary: R. C. Sleeper	13. Notary Commission expires: 10-7 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 29115	By whom issued and signed: Security Life Co.	Date Issued: Feb.29,1952	Date Orig. Entry: Feb 29,1952
	Date of Birth: Apr.7,1910 / Birth Place: middleton, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Own childs certificate	By whom issued and signed: Caldwell Memorial Park Hospital,	Date Issued: ----	Date Orig. Entry: child born June 11, 1939
	Date of Birth: Apr.7,1910 / Birth Place: Middleton, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 74	By whom issued and signed: Lumma Elizabeth Crockett	Date Issued: May 24,1967	Date Orig. Entry: -----
	Date of Birth: Apr.7,1910 / Birth Place: Middleton, Idaho	Full Name of Mother: Lumma Eliza Phillips	Name of Father: Walter Scott Crockett	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 5, 1967

FORM BH 56067

JUN 8 1967

DECEASED

236203-029-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-418

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harold Clifton Blood
2. Date of Birth (month) 10 (day) 3 (year) 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Latah - Idaho
b. City or Town of Birth: Farm - West of Potlatch

FATHER

6. Full Name of Father: Fredrick Hall Blood
7. State or Country of Father's Birth: Santa Barbara - Calif.

MOTHER

8. Full Maiden Name of Mother: Anna Joanna Katherine Twietmeyer
9. ~~State~~ or Country of Mother's Birth: Christian - Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Clifton Blood
11. Present Address of Registrant: Rt.1 Box 178 Potlatch, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: Mar 31 1967
12. Signature of Notary: Hoyll Throop
13. Notary Commission expires: Mar 27 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Certified copy of marriage license affidavit #82
By whom issued and signed: Latah County recorder's office State of Idaho
Date Issued: Mar.30,1967
Date Orig. Entry: June 27,1936
Date of Birth: Age 25
Birth Place: Idaho
Full Name of Mother: ———
Name of Father: ———

SUPPORTING RECORD 2.

Type of Document: photocopy of application for insurance policy
By whom issued and signed: Bankers Union Life Ins. Co. Denver, Colorado
Date Issued: ———
Date Orig. Entry: Jan.5,1954
Date of Birth: Oct.3,1910
Birth Place: Latah County
Full Name of Mother: ———
Name of Father: ———

SUPPORTING RECORD 3.

Type of Document: Affidavit by mother
By whom issued and signed: Anna K. Blood
Date Issued: May 8,1967
Date Orig. Entry: ———
Date of Birth: Oct.3,1910
Birth Place: Latah County, Idaho
Full Name of Mother: Anna Joanna Katherine Twietmeyer
Name of Father: Fredrick Hall Blood

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Glenda Larson
Date Filed: June 12,1967

FORM BH 56067

(A) 5-2-67 ml

JUN 12 1967

Blood

HH ck'd place of birth

819-221-016-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-421

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ola May Harvey			2. Date Of Birth (month) August (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Robert Levi Harvey			7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Luella Francis Comstock			9. State or Country of Mother's Birth: Hickery County, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ola May Harvey	11. Present Address of Registrant: Rt. #3, Box 226, Scio, Oreg.
NOTARY (Seal)	Subscribed and sworn to before me on: August 18, 19 66		12. Signature of Notary: Shirley M. Johnson	13. Notary Commission expires: February 24, 19 70

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records		By whom issued and signed: First Christian Church, Burley Idaho, Warren Sechler, Minister	Date issued: Jan.8,1965	Date Orig. Entry: Jan.20,1925
	Date of Birth: Aug.21,1910	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by half-sister		By whom issued and signed: Della I. Lalumondier Age 85	Date issued: Apr.27, 1966	Date Orig. Entry: -----
	Date of Birth: Aug.21,1910	Birth Place: Oakley, Idaho	Full Name of Mother: Luella Francis Comstock	Name of Father: Robert Levi Harvey	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #346		By whom issued and signed: State of Oregon, Vital Statistics Section, Health Board	Date issued: Mar.20,1953	Date Orig. Entry: child born Feb.3,1936
	Date of Birth: Age 25	Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 12, 1967

FORM BH 56067 1 cp ph. ser. #9329 (H) 9-1-66 gml

JUN 1 2 1967

DELAYED

415-204-007-449

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-436
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSIE or ROSA CATHERINE DAVIS		2. Date Of Birth (month) AUG (day) 4 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: HAILEY BLAINE; b. City or Town of Birth: HAILEY
FATHER	6. Full Name of Father: HERBERT TRACY DAVIS		7. State or Country of Father's Birth: WASHINGTON
MOTHER	8. Full Maiden Name of Mother: CORA MURPHY		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Rosie Catherine House Davis	11. Present Address of Registrant: 2920 N E Cherry Rd
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1967	12. Signature of Notary: Dorothy L Morihugh	13. Notary Commission expires: Feb 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding insurance policy #31 103 875		By whom issued and signed: Metropolitan Life Ins. Co. San Francisco, California	Date Issued: Feb.27,1967	Date Orig. Entry: July 16,1917
Class*	Date of Birth: Age Next bd. 7	Birth Place: Hailey, Idaho	Full Name of Mother: ------	Name of Father: Herbert T. Davis	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records Dist. #86		By whom issued and signed: Roy Sandberg, Supt. of Schools Clark County, Washington	Date Issued: Mar.22,1967	Date Orig. Entry: May 1,1917
Class	Date of Birth: Aug.4,1910	Birth Place: ------	Full Name of Mother: ------	Name of Father: Herbert Davis	
SUPPORTING RECORD 3.	Type of Document: federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr.28,1967	Date Orig. Entry: Jan.1,1920
Class	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Cora Davis	Name of Father: Herbert T. Davis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 13, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1 copy

JUN 13 1967

293-101-006-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BYRL ALBERTUS BITTON			2. Date of Birth (month) AUGUST (day) 1 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: RIVERSIDE
FATHER	6. Full Name of Father: LOUIS ALBERTUS BITTON			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ZINNA WILLIAMS			9. State or Country of Mother's Birth: WYOMING
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Byrl Albertus Bitton	11. Present Address of Registrant: Box 254 Challis Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 8, 1967		12. Signature of Notary: J. Ressil Sharp	13. Notary Commission expires: March 17, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Louis A. Bitton	Date Issued: Mar.20,1967	Date Orig. Entry: -----
	Date of Birth: Aug.1,1910	Birth Place: Riverside, Idaho	Full Name of Mother: Zina Bitton	Name of Father: Louis A. Bitton	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #345390	Date Issued: -----	Date Orig. Entry: child born April 9, 1942
	Date of Birth: Age 31	Birth Place: Riverside, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #60 0314955		By whom issued and signed: Bankers Life and Casualty Co.	Date Issued: Aug.28,1960	Date Orig. Entry: Aug.23,1960
	Date of Birth: Aug.1,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

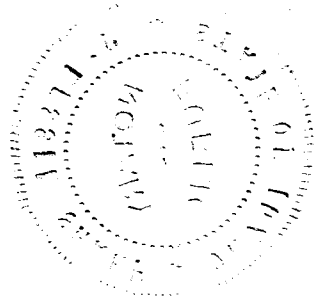
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	June 16, 1967

FORM BH 56067

3-10-67

JUN 16 1967



395231-019-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPHINE CRESTO			2. Date of Birth (month) (day) (year): DECEMBER 31, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Custer	b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: JOSEPH D. CRESTO			7. State or Country of Father's Birth: FRANCE
MOTHER	8. Full Maiden Name of Mother: KATHERINE STORK			9. State or Country of Mother's Birth: GERMANY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine DeBitton		11. Present Address of Registrant: CHALLIS, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 8, 1967	12. Signature of Notary: J. Lesil Sharp		13. Notary Commission expires: March 17, 1971.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Daisy LaRocque Age:78		Date Issued: Mar.16,1967	Date Orig. Entry: -----
	Date of Birth: Dec.31,1910	Birth Place: Mackay, Idaho	Full Name of Mother: Katherine Cresto	Name of Father: Joseph Cresto	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #345390		Date Issued: -----	Date Orig. Entry: child born Apr.9,1942
	Date of Birth: Age:31	Birth Place: Mackay, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #60 0314955	By whom issued and signed: Bankers Life and Casualty Co.		Date Issued: Aug.28,1960	Date Orig. Entry: Aug.23,1960
	Date of Birth: Dec.31,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

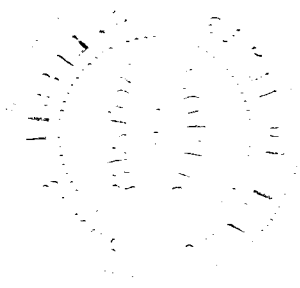
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	June 16, 1967

FORM BH 56067

JUN 16 1967

Britton



743209.024-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-455

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaVonne Marie Guttery		2. Date of Birth (month) Nov. (day) 9 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth c. County: (Lincoln 1910) Gooding 1913
			b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Edward Thomas Guttery		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Marie Etta Silver		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaVonne M. Brooks	11. Present Address of Registrant: 849 Sunrise Blvd No. Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 12th 1967	12. Signature of Notary: Avil J. Simmons	13. Notary Commission expires: March 1st 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

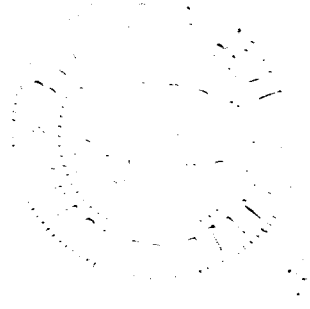
SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Record	Date Issued: May 12,1967	Date Orig. Entry: obviously old
	Date of Birth: Nov.9,1910	Birth Place: Hagerman, Idaho	Full Name of Mother: Marie Etta Silver Guttery	Name of Father: Edward Thomas Guttery,Sr.	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records		By whom issued and signed: The First Methodist Church Twin Falls, Idaho	Date Issued: May 8,1967	Date Orig. Entry: baptized Apr.4,1920
	Date of Birth: Nov.9,1910	Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Edward Thomas Guttery	Date Issued: May 4,1967	Date Orig. Entry: -----
	Date of Birth: Nov.9,1910	Birth Place: Hagerman, Idaho	Full Name of Mother: Marie Etta Silver Guttery	Name of Father: Edward Thomas Guttery	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 16, 1967

FORM BH 56067

4-21-67

JUN 1 9 1967



418-213-029-742

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Permeal Dahl			2. Date of Birth (month) (day) (year): April 13, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: August Peter Dahl			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Clara Elmina Gubrud			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Permeal Lee		11. Present Address of Registrant: 403 Lewis - Moscow Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 12, 1967	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 20 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #210167	Date Issued: -----	Date Orig. Entry: child born Jan.29,1933	
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth.	By whom issued and signed: Ellen Bakken (bd. 6-11-1890)	Date Issued: May 12,1967	Date Orig. Entry: -----	
	Date of Birth: Apr.13,1910	Birth Place: rural Moscow, Idaho	Full Name of Mother: Clara Elmina Gubrud Dahl	Name of Father: August Peter Dahl	
SUPPORTING RECORD 3.	Type of Document: Certificate of Confirmation	By whom issued and signed: Evangelical Luth. Church, Our Saviour's Luth. Church, Moscow	Date Issued: -----	Date Orig. Entry: Confirmed April 5,1925	
	Date of Birth: Apr.13,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	June 19, 1967

FORM BH 56067

1-20-67

JUN 19 1967

453-130-041-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-464

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Phillip Delaney			2. Date of Birth (month) March (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton	b. City or Town of Birth: Driggs, Idaho
FATHER	6. Full Name of Father: Joseph Delaney			7. State or Country of Father's Birth: New York City, N.Y.
MOTHER	8. Full Maiden Name of Mother: Sarah Lewis			9. State or Country of Mother's Birth: Marion, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lloyd Phillip Delaney		11. Present Address of Registrant: Driggs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 19 67	12. Signature of Notary: Joanne Gordon		13. Notary Commission expires: July 10 19 67

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth.		By whom issued and signed: Marvin Leland Sorensen (bd. 10-23-1895)	Date Issued: May 11,1967	Date Orig. Entry: -----
	Date of Birth: Mar.30,1910	Birth Place: Driggs, Idaho Teton County	Full Name of Mother: Sarah Lewis	Name of Father: Joseph Delaney	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of marriage		By whom issued and signed: Z.T.Vincent, Priest Episcopal Church Teton County, Wyoming	Date Issued: -----	Date Orig. Entry: Nov.10,1945
	Date of Birth: Age 35	Birth Place: Driggs, Idaho	Full Name of Mother: Sarah Lewis	Name of Father: Joseph Delaney	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge		By whom issued and signed: Army of the United States	Date Issued: Oct.7,1945	Date Orig. Entry: inducted Apr.24,1942
	Date of Birth: Mar.30,1910	Birth Place: Driggs, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 19, 1967

FORM BH 56067

JUN 1 9 1967

464 964-130-008-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-466

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ira Samuel Rodemack			2. Date of Birth (month) Jan. (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise	b. City or Town of Birth: Garden Valley
FATHER	6. Full Name of Father: Samuel William Rodemack			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Adeline Moore			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ira Samuel Rodemack		11. Present Address of Registrant: Garden Valley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1962	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Transcript		By whom issued and signed: University of Idaho	Date Issued: Mar.23,1962	Date Orig. Entry: Matriculation Sept.20,1929
	Date of Birth: Jan 30,1910	Birth Place: Garden Valley,Ida.	Full Name of Mother: Adeline Moore Rodemack	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin Age 70		By whom issued and signed: Glendon Clark	Date Issued: Jun 14,1967	Date Orig. Entry: ---------
	Date of Birth: Jan.30,1910	Birth Place: Garden Valley	Full Name of Mother: Adeline Moore Rodemack	Name of Father: Samuel William Rodemack	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate		By whom issued and signed: William Weigand,Chancellor Roman Chtholic Church	Date Issued: Jun 16,1967	Date Orig. Entry: Baptized July 10,1910
	Date of Birth: Jan.30,1910	Birth Place: -----	Full Name of Mother: Adalina N Moore	Name of Father: Samuel Rodemack	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	June 19,1967

FORM BH 56067

JUN 22 1967

699-104003-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-477

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William LYMAN ORR		2. Date of Birth (month) (day) (year): JUNE 4 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: BANNOCK; b. City or Town of Birth: POCATELLO
FATHER	6. Full Name of Father: ~~LYMAN~~ WESLEY ~~LYMAN~~ ORR		7. State or Country of Father's Birth: GRANTSVILLE, Tooele, Utah
MOTHER	8. Full Maiden Name of Mother: Florence Henrietta SANDERS		9. State or Country of Mother's Birth: BISMARCK, Burleigh, No. Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William L. Orr	11. Present Address of Registrant: 792 RANDOLPH
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 19 67	12. Signature of Notary: J. Fred Parker	13. Notary Commission expires: Oct 28th 19 67

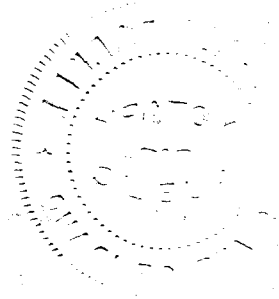
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #240255	Date Issued: -----	Date Orig. Entry: child born Feb. 21, 1936
	Date of Birth: Age 25	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: County record of own birth		By whom issued and signed: Bannock County, Idaho County Recorders Office	Date Issued: Apr. 4, 1967	Date Orig. Entry: -----
	Date of Birth: June 4, 1910	Birth Place: Pocatello	Full Name of Mother: Florence Saunders Orr	Name of Father: Wesley L. Orr	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age: 82		By whom issued and signed: Mattie Jean Orr Shurtliff	Date Issued: May 17, 1967	Date Orig. Entry: -----
	Date of Birth: June 4, 1910	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Florence Henrietta Sanders	Name of Father: Wesley Lyman Orr	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: June 19, 1967

FORM BH 56067 (0) 11-3-65. nm

JUN 16 1969



994-211-008-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-498

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucile Esther Zimmerman
2. Date of Birth (month) (day) (year): February 11, 1910
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Idaho — Boise
b. City or Town of Birth: Drybuck summit (P.O. 1910 - Pinehurst)

FATHER

6. Full Name of Father: Fred Henry Zimmerman
7. State or Country of Father's Birth: Maquoqueta, Iowa

MOTHER

8. Full Maiden Name of Mother: Vida Grace Rouse
9. State or Country of Mother's Birth: Grinnell, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucile E. Stevens
11. Present Address of Registrant: Filer, Idaho, Rt. 2 83328

NOTARY (Seal)

Subscribed and sworn to before me on: May 30 1967

12. Signature of Notary: Jan D. Reynolds
13. Notary Commission expires: March 19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by relative (paternal aunt) through marriage	By whom issued and signed: Alta I. Zimmerman	Date Issued: May 31,1967	Date Orig. Entry: -----
	Date of Birth: Feb.11,1910 / Birth Place: Pinehurst (now Drybuck,Idaho	Full Name of Mother: Vida G. Rouse	Name of Father: Fred Zimmerman	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Buhl Public Schools, Buhl, Idaho Dist.#412	Date Issued: May 4,1967	Date Orig. Entry: Sept.10,1917
	Date of Birth: Feb.11,1910 / Birth Place: Pinehurst, Idaho	Full Name of Mother: -----	Name of Father: Fred Zimmerman	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Magic Valley Memorial Hosp. Twin Falls, Idaho	Date Issued: May 16,1967	Date Orig. Entry: Jan.27,1958
	Date of Birth: Feb.11,1910 / Birth Place: Pinehurst, Idaho	Full Name of Mother: -----	Name of Father: Fred Zimmerman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

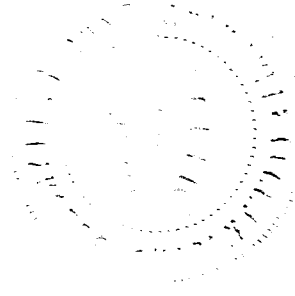
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 28, 1967

FORM BH 56067

4-22-66

JUN 28 1967



797-228-014-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-507

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amy Esther Gipson			2. Date of Birth (month) August (day) 28 (year) 1910	
	3. Color or Race: White	4. Sex:	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: James Harrick Gipson			7. State or Country of Father's Birth: Greeley, Colorado	
MOTHER	8. Full Maiden Name of Mother: Esther Sterling			9. State or Country of Mother's Birth: Enterprise, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy Gipson Garvey		11. Present Address of Registrant: 1605 Dearborn St. Caldwell, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 28 1967	12. Signature of Notary: Mabel S Clore		13. Notary Commission expires: Notary Public Residing at Caldwell, Idaho My commission expires January 18, 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 74	By whom issued and signed: Delilah Sterling Thompson		Date Issued: June 28,1967	Date Orig. Entry: -----
	Date of Birth: Aug. 28, 1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Esther Sterling Gipson	Name of Father: James H. Gipson	
SUPPORTING RECORD 2.	Type of Document: transcript of college record	By whom issued and signed: The College of Idaho,		Date Issued: Jul.14,1964	Date Orig. Entry: June 5,1928
	Date of Birth: Aug. 28, 1910	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: J. H. Gipson	
SUPPORTING RECORD 3.	Type of Document: "The Gipson Family" family records book	By whom issued and signed: Caxton Printers,LTD, Caldwell Idaho		Date Issued: Nov.25,1929	Date Orig. Entry: --
	Date of Birth: Aug.28,1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Esther Sterling	Name of Father: James H. Gipson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	June 29, 1967

FORM BH 56067

JUN 29 1967

836-117-005-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-508

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bennie Chester Blomsten		2. Date of Birth (month) April (day) 17 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Benewah; b. City or Town of Birth: St. Joe
FATHER	6. Full Name of Father: Benjamin Blomsten		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Belton		9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Ben C. Belton	11. Present Address of Registrant: 1319 E. Union St. Seattle
NOTARY (Seal)	Subscribed and sworn to before me on: June 23rd 1967	12. Signature of Notary: Ollie L. Anderson	13. Notary Commission expires: Sept. 18 1968

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Statement regarding lodge records	By whom issued and signed: Seattle Aerie #1, Frat. Order of Eagles, Emil Lains, Secty.	Date issued: Apr. 19, 1967	Date Orig. Entry: Mar. 30, 1942
	Date of Birth: Apr. 17, 1910; Birth Place: St. JOE, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding union membership	By whom issued and signed: Boilermakers Local #104, Seattle, Wash. Joe Clancy, Secty.	Date issued: Apr. 19, 1967	Date Orig. Entry: Dec. 2, 1941
	Date of Birth: Apr. 17, 1910; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle	By whom issued and signed: John Belton Age 74	Date issued: June 8, 1967	Date Orig. Entry: -----
	Date of Birth: Apr. 17, 1910; Birth Place: St. Joe, Idaho	Full Name of Mother: Mary Belton	Name of Father: Ben Blomsten	

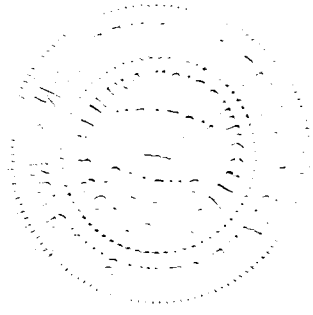
QUALIFYING INFORMATION: Affidavit also states that registrant was raised by his maternal grandparents, Ike & Jane Belton, after his mother's death and has always been known by the name of Ben C. Belton thereafter.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	June 30, 1967

FORM BH 56067

JUN 30 1967



SV 285-207-001-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-512

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Jeanette Shelton		2. Date Of Birth (month) 8 (day) 7 (year) 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: ADA	b. City or Town of Birth: Star
FATHER	6. Full Name of Father: Clarence B Shelton		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Etta May Shelton		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy J. Young	11. Present Address of Registrant: 320 West Reh, Caldwell Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: June 26 1967	12. Signature of Notary: Dale E Matthews	13. Notary Commission expires: October 12 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 77	By whom issued and signed: Etta M. Shelton	Date Issued: Sept.8,1966	Date Orig. Entry: ---	
	Date of Birth: Aug.7,1910	Birth Place: Star, Idaho	Full Name of Mother: Etta M. Lamper	Name of Father: Clarence B. Shelton	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: St.Al's Hospital	Date Issued: July 6,1946	Date Orig. Entry: child born July 6,1946	
	Date of Birth: Aug 7,1910	Birth Place: Star, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: School Transcript	By whom issued and signed: College of Idaho	Date Issued: Jan 18,1955	Date Orig. Entry: Matriculation Dat Sept. 13, 1929	
	Date of Birth: Aug 7,1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: C. B. Shelton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W.Benson	fc Florence Curtright	July 7,1967

FORM BH 56067

JUL 6 - 1967

JUN 2 8 2000

813-224-022-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-514

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Mary Hatch			2. Date Of Birth (month) Feb. (day) 24 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Driggs
FATHER	6. Full Name of Father: Carlos Marion Hatch			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Alberta Jean Price			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis H. Kearsley		11. Present Address of Registrant: Victor, Idaho 83455
NOTARY (Seal)	Subscribed and sworn to before me on: June 12, 19 67	12. Signature of Notary: Lynn S. Kearsley		13. Notary Commission expires: Feb. 21, 19 71

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: copy of membership record		By whom issued and signed: LDS Church,	Date issued: -----	Date Orig. Entry: blessed Apr.3,1910
	Date of Birth: Feb.24,1910	Birth Place: Driggs, Idaho Fremont County	Full Name of Mother: Alberta Jean Price	Name of Father: Carlos Marion Hatch	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #292088	Date issued: ------	Date Orig. Entry: child born March 28,1940
	Date of Birth: Age 30	Birth Place: Driggs, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Transcript of school records		By whom issued and signed: Brigham Young University, Provo, Utah	Date issued: Aug.18,1959	Date Orig. Entry: 1956-57
	Date of Birth: Feb.24,1910	Birth Place: ------	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

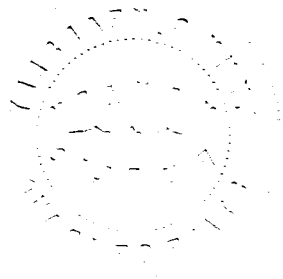
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 13,1967

FORM BH 56067 1 Ck [illegible] # 13687 6-6-67

JUL 13 1967



253-226-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-520

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARION LOUISE BELL			2. Date of Birth (month) July (day) 26 (year) 1910
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Victor Bell			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Lena Burggraf			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marion Louise Bell Hoover		11. Present Address of Registrant: 490 N. Stout, Blackfoot, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 19 67	12. Signature of Notary: H. Williams Recorder		13. Notary Commission expires: January 31 19 70

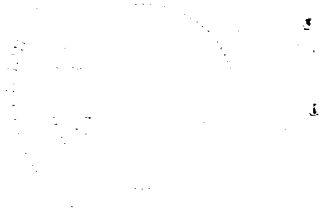
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #541 280 709	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Dec.1,1954	Date Orig. Entry: Oct.28,1954
	Date of Birth: July 26,1910	Birth Place: Idaho Falls,Ida.	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Washington	Date Issued: Aug.15,1957	Date Orig. Entry: child born Apr.19,1937
	Date of Birth: Age 26	Birth Place: Idaho Falls,Ida.	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lena Burggraf Bell	Date Issued: June 14,1967	Date Orig. Entry: ----
	Date of Birth: Jul.26,1910	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Lena Burggraf Bell	Name of Father: Victor Bell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 13, 1967

FORM BH 56067

JUL 13 1967



DECEASED

259-224-044-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-532

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Opal Keithly		2. Date Of Birth (month) (day) (year): April 24 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Midvale Wash. b. City or Town of Birth: Midvale Idaho
FATHER	6. Full Name of Father: Samuel Allen Keithly		7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Emma Jane Evans		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence K. Paul	11. Present Address of Registrant: Rte 3 Meridian
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 1967	12. Signature of Notary: Thurbert Bryant	13. Notary Commission expires: March 5 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record of employment	By whom issued and signed: Nampa Public Schools teacher's record	Date issued: ----	Date Orig. Entry: 1942-43
	Date of Birth: Apr.24,1910 / Birth Place: Midvale, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Apr.24,1910 / Birth Place: Midvale, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age 85	By whom issued and signed: A. W. Keithly	Date issued: June 2,1967	Date Orig. Entry: June 2,1967
	Date of Birth: Apr.24,1910 / Birth Place: Midvale, Idaho	Full Name of Mother: Emma Evans Keithly	Name of Father: Samuel Allen Keithly	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 17, 1967

FORM BH 56067 / Copy Filed (12-56)

JUL 17 1967

130 465-208-026-645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE67-536

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilma Jean Monson
2. Date Of Birth (month) Feb (day) 8 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Oneida or Franklin
b. City or Town of Birth: Preston, Idaho

FATHER

6. Full Name of Father: Hyrum Masoni Monson
7. State or Country of Father's Birth: Utah - Cache County

MOTHER

8. Full Maiden Name of Mother: Cecelia Matilda Funk
9. State or Country of Mother's Birth: Utah - Cache County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma J. Allsma
11. Present Address of Registrant: 4513 N. 900 W Ogden Utah

NOTARY (Seal)

Subscribed and sworn to before me on July 17 1967

12. Signature of Notary: Shirley M. Fuchman
13. Notary Commission expires: May 1, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	Apr. 3, 1910	Blessed April 3, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 8, 1910	Preston, Idaho	Cecelia Funk	Hyrum Monson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Family Record Book	---	Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 8, 1910	Preston, Idaho	Cecelia Matilda Funk	Hyrum Moroni Monson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	Aug 23, 1962	Baptized June 16, 1918

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 8, 1910	Preston, Idaho	Cecelia Matilda Funk	Hyrum Moroni Monson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 17, 1967

FORM BH 56067

Compared rec # 16413

7-13-67

JUL 18 1967
OCT 23 1968

339-216-024-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-539

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Matilda Clifford		2. Date of Birth (month) (day) (year): March 16 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Hagerman, Idaho - Gooding; b. City or Town of Birth:
FATHER	6. Full Name of Father: William Henry Clifford		7. State or Country of Father's Birth: Menden, Utah
MOTHER	8. Full Maiden Name of Mother: Anna Cecelia Olson		9. State or Country of Mother's Birth: Melmo, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances Matilda Friestad	11. Present Address of Registrant: Bellevue, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1967	12. Signature of Notary: Ruth Myers	13. Notary Commission expires: Nov. 8 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

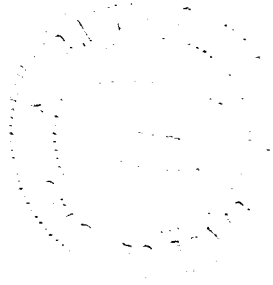
SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle age:79		By whom issued and signed: William Riley Boyer	Date Issued: June 14,1967	Date Orig. Entry: -----
	Date of Birth: Mar.16,1910	Birth Place: Hagerman, Idaho	Full Name of Mother: Anna Cecelia Olson	Name of Father: William Henry Clifford	
SUPPORTING RECORD 2.	Type of Document: transcript of college record		By whom issued and signed: Southern Idaho College of Education, Albion, Idaho	Date Issued: May 5,1955	Date Orig. Entry: June 1928
	Date of Birth: Mar.16,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Royal Neighbors of America,	Date Issued: -----	Date Orig. Entry: May 25,1959
	Date of Birth: Mar.16,1910	Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 18, 1967

FORM BH 56067

(F) 6-27-67

JUL 1 8 1967



666-225-006-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-545

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Miranda Martha Wood
2. Date of Birth (month) (day) (year): February 25 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Blackfoot, Bingham
b. City or Town of Birth: Blackfoot

FATHER

6. Full Name of Father: Franklin Daniel Wood
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Martha Elizabeth Biorn
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Miranda W. Halfhide
11. Present Address of Registrant: 264 W. Lepton St.

NOTARY (Seal)

Subscribed and sworn to before me on: August 1 1967
12. Signature of Notary: Mona P. Hodge
13. Notary Commission expires: March 16 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #202845	-----	child born June 9,1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 22 / Blackfoot, Idaho	-----	-----	
SUPPORTING RECORD 2.	affidavit by father	Franklin Daniel Wood	Apr.27,1967	-----
	Feb.25,1910 / Blackfoot,Idaho	Martha Elizabeth Biorn	Franklin Daniel Wood	
SUPPORTING RECORD 3.	photocopy of application for insurance policy 378162	Bankers Life Company, Des Moines, Iowa	-----	Feb.15,1936
	Feb.25,1910 / Blackfoot, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	July 19, 1967

FORM BH 56067

Copy for Social Security 4-12-67 mf

JUL 19 1967

571-116-003-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-546

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loren Gunter Egan		2. Date of Birth (month) 2 (day) 16 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Marsh Center; a. County: Bannock; b. City or Town of Birth: Marsh Center (mail Arimo)
FATHER	6. Full Name of Father: William Ira Egan		7. State or Country of Father's Birth: Utah Cache County
MOTHER	8. Full Maiden Name of Mother: Mary Melissa Gunter		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loren Gunter-Egan	11. Present Address of Registrant: Arimo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 19 67	12. Signature of Notary: John B. Bowen	13. Notary Commission expires: Oct. 25, 19 68

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church	Date Issued: Jan.3,1966	Date Orig. Entry: baptized July 12,1919
	Date of Birth: Feb.16,1910	Birth Place: Arimo, Bannock County, Idaho	Full Name of Mother: Mary Melisse Gunter	Name of Father: William Egan
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #235942	Date Issued: -----	Date Orig. Entry: child born Sept.28,1935
	Date of Birth: Age 25	Birth Place: Arimo, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #265623	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: May 15,1945	Date Orig. Entry: May 3,1945
	Date of Birth: Feb.16,1910	Birth Place: Arimo, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	hh Glenda Larson	July 19, 1967

FORM BH 56067 1cp pd res #2627 11-9-66

JUL 19 1967

454-219-003-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Ruth Underwood			2. Date of Birth (month) 8 (day) 19 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grantward	Bannock	b. City or Town of Birth: Grant Ward
FATHER	6. Full Name of Father: William Milo Underwood			7. State or Country of Father's Birth: Utah	Cache County
MOTHER	8. Full Maiden Name of Mother: Ester Elizabeth Larsen			9. State or Country of Mother's Birth: Idaho	Bannock County
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elva Ruth Underwood Egan		11. Present Address of Registrant: Arimo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 19, 1967		12. Signature of Notary: John B. Bowen		13. Notary Commission expires: Oct. 25, 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership		By whom issued and signed: LDS Church	Date Issued: Jan.3,1967	Date Orig. Entry: Blessed Sept.4,1910
	Date of Birth: Aug.19,1910	Birth Place: Grant, Bannock County, Idaho	Full Name of Mother: Esther E. Larson	Name of Father: William Milo Underwood	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #50-11937	Date Issued: -----	Date Orig. Entry: child born Oct.25,1950
	Date of Birth: Age 40	Birth Place: Grant Ward, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for marriage license		By whom issued and signed: Bannock County recorder's office, Idaho	Date Issued: Feb.2,1966	Date Orig. Entry: Nov.15,1933
	Date of Birth: Age 23	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 19, 1967

FORM BH 56067

JUL 1 9 1967

454-203-040-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glendis Nadine Redding			2. Date of Birth (month) July (day) 3 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wardner, Idaho
FATHER	6. Full Name of Father: Wilbur Mack Redding			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Frances Belle McCune			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nadine Siegenthale		11. Present Address of Registrant: Portland, Oregon 840 SW Maplecrest Dr.
NOTARY (Seal)	Subscribed and sworn to before me on: February 17 1967	12. Signature of Notary: Geare F. Goss		13. Notary Commission expires: August 9 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records (Buckman School)	By whom issued and signed: Portland Public Schools, Ore. Carma Lauderdale, Secretary	Date Issued: Jan.27,1967	Date Orig. Entry: 1916-17
	Date of Birth: July 3,1910 / Birth Place: Wardner, Idaho	Full Name of Mother: Mrs. Frances Chard	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding marriage records vol.72 page 500	By whom issued and signed: Multnomah County, Oregon	Date Issued: -----	Date Orig. Entry: Aug.27,1932
	Date of Birth: July 3,1910 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Frances B. Redding	Date Issued: June 13,1967	Date Orig. Entry: -----
	Date of Birth: July 3,1910 / Birth Place: Wardner, Idaho	Full Name of Mother: Frances Belle McCune Redding	Name of Father: Wilbur Mack Redding	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 27, 1967

FORM BH 56067

(5) 3-9-69

Nadine Siegenthaler
840 SW Maplecrest Drive
Portland, Oregon 97219

JUL 27 1967

135-212-035-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDITH RUTH ATTEBERY			2. Date Of Birth: (month) AUGUST (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Peck	
FATHER	6. Full Name of Father: Steven Thomas Attebery			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Carrie May Taylor			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Mrs Edith Larson	11. Present Address of Registrant: Route #1, Box 4254 Florence, Oregon, 97439	
NOTARY (Seal)	Subscribed and sworn to before me on: August 19 1966		12. Signature of Notary: Pauline Baldwin	13. Notary Commission expires: Mar 26 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage return #7598		By whom issued and signed: Cowlitz County, Washington	Date Issued: Nov.19,1964	Date Orig. Entry: Sept.21,1931
	Date of Birth: Age: 21	Birth Place: Peck, Idaho	Full Name of Mother: Carrie Taylor	Name of Father: Steve Attebery	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle (more than ten years older)		By whom issued and signed: William Hardin Attebery	Date Issued: Feb.2,1966	Date Orig. Entry: -----
	Date of Birth: Aug.12,1910	Birth Place: Peck, Idaho	Full Name of Mother: Carrie May Tayler	Name of Father: Steven Thomas Attebery	
SUPPORTING RECORD 3.	Type of Document: Statement regarding insurance records Pol.# 580,047,962		By whom issued and signed: Bankers Life & Casualty Co. Chicago, Illinois	Date Issued: Nov.12,1964	Date Orig. Entry: Feb.6,1958
	Date of Birth: Aug.12,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	July 27, 1967

FORM BH 56067

11-5-64

JUL 27 1967

212-12 0003-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-574

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Alfred Sasselli			2. Date of Birth (month) December (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Alfred Sasselli			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Violet James			9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis Alfred Sasselli		11. Present Address of Registrant: P.O. Box 2919 Stateline Nevada
NOTARY (Seal)	Subscribed and sworn to before me on July 25 1967	12. Signature of Notary: [illegible]		13. Notary Commission expires: May 22 1969

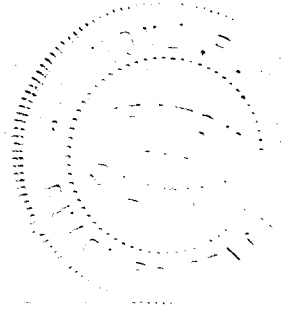
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Marriage license	By whom issued and signed: SanJoaquin Co. Recorder, Calif.	Date Issued: 11-26-65	Date Orig. Entry: Married May 23,1933
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: Violet James	Name of Father: Alfred Sasselli
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of United States	Date Issued: May 31,1945	Date Orig. Entry: Inducted Apr.27,1943
	Date of Birth: Dec.12,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 89	By whom issued and signed: Lorena W. Smith	Date Issued: Jul 25,1967	Date Orig. Entry: -----
	Date of Birth: Dec.12,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Violet James	Name of Father: Alfred Sasselli
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: July 27,1967

FORM BH 56067

JUL 27 1967



396-123-010-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-579

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stanley Warren Croft
2. Date of Birth (month) (day) (year): May 23, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Lincoln, Idaho

FATHER

6. Full Name of Father: John Lyman Croft
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Laura Stanger
9. State or Country of Mother's Birth: American Falls, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stanley Warren Croft
11. Present Address of Registrant: Box 282 Shelley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: June 27 1967
12. Signature of Notary: Ruby Nielsen
13. Notary Commission expires: January 2 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Laura Stanger Croft	Jun.27,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 23,1910	Lincoln, Idaho Bonneville County	Laura Stanger Croft	John Lyman Croft

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage license affidavit #105249	Bonneville County, Idaho	July 1,1933	July 1,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	-----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Metropolitan Life Ins. Co. #601 281 312 MS	Dec.1,1960	Oct .27,1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 23,1910	Lincoln, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 27, 1967

FORM BH 56067 Replaces # 12959 - 2nd issued 6-21-67

JUL 28 1967

Copy

8137641022 - 863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-591

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DAVID HOLBROOK HATCH			2. Date Of Birth (month) (day) (year): SEPTEMBER 4, 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: CLAWSON, IDAHO (FREMONT; NOW TETON)	b. City or Town of Birth: CLAWSON (mail Tetonia)
FATHER	6. Full Name of Father: PERRY ORIN HATCH			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: LUCY ALICE HOLBROOK HATCH			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David H. Hatch		11. Present Address of Registrant: R F D #3, BLACKFOOT, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: APRIL 22 19 67	12. Signature of Notary: Douglas R Parkinson		13. Notary Commission expires: 1-1 19 68

APPLICANT — DO NOT WRITE BELOW THIS LINE

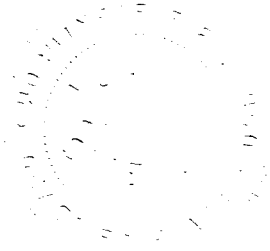
SUPPORTING RECORD 1.	Type of Document: Affidavit by brother at least ten years older	By whom issued and signed: Lawrence P. Hatch		Date Issued: May 20,1966	Date Orig. Entry: ------
	Date of Birth: Sept.4,1910	Birth Place: Clawson, Idaho	Full Name of Mother: Lucy Alice Holbrook Hatch	Name of Father: Perry Orin Hatch	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, John W. Olsen, Bishop		Date Issued: July 11,1965	Date Orig. Entry: baptized July 5,1919
	Date of Birth: Sept.4,1910	Birth Place: Clawson, Idaho	Full Name of Mother: Lucy Alice Holbrook	Name of Father: Perry Orron Hatch	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #N10YRT - IDA-61758	By whom issued and signed: National Public Service Ins. Co.		Date Issued: Feb.1,1955	Date Orig. Entry: Feb.1,1955
	Date of Birth: Sep.4,1910	Birth Place: Tetonia, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 28, 1967

FORM BH 56067

(H) 7-1-65. one copy pd. rec. #14498.

JUL 28 1967



249-105-030-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-602

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Sherman B Smith		2. Date of Birth (month) (day) (year): September 5, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: rural Tendoy
FATHER	6. Full Name of Father: Dwight A. Smith		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Edith A. Bird		9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sherman B Smith	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: JUN 19 1967 19__	12. Signature of Notary: Robert Orton Smith	13. Notary Commission expires: Nov. 25 1969

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 12-992-428	By whom issued and signed: New York Life Ins. Co.	Date Issued: -----	Date Orig. Entry: Oct.14,1936
	Date of Birth: Sept.5,1910 / Birth Place: Tendoy, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Dwight A. Smith	Date Issued: Jun.19,1967	Date Orig. Entry: -----
	Date of Birth: Sept.5,1910 / Birth Place: rural Tendoy,Ida.	Full Name of Mother: Edith A. Smith	Name of Father: Dwight A. Smith	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school densus records	By whom issued and signed: Lemhi County, Idaho School Dist. #1	Date Issued: Jun.26,1967	Date Orig. Entry: Oct.15,1918
	Date of Birth: Age 8 / Birth Place: -----	Full Name of Mother: -----	Name of Father: Dwight Smith	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 31, 1967	

FORM BH 56067 1 copy paid (S) 6-13-67 gml

JUL 31 1967

36S27.022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-627

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Vern Covington			2. Date of Birth (month) October (day) 27 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: William Henry Covington			7. State or Country of Father's Birth: Ogden, Utah
MOTHER	8. Full Maiden Name of Mother: Rosabelle Stoker			9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Vern Covington		11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10, 1960	12. Signature of Notary: Llon P. Gower		13. Notary Commission expires: November 19 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certifi.	By whom issued and signed: Idaho #426577	Date Issued: -----	Date Orig. Entry: child born Oct. 5, 1946
	Date of Birth: age 35 / Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certificate of record of church membership	By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, Custodian	Date Issued: June 14, 1960	Date Orig. Entry: baptized April 5, 1919
	Date of Birth: Oct.27,1910 / Birth Place: Rexburg, Idaho	Full Name of Mother: Rose Stoker	Name of Father: William H. Covington	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age:69	By whom issued and signed: Ross B. Covington	Date Issued: July 18,1967	Date Orig. Entry: -----
	Date of Birth: Oct.27,1910 / Birth Place: Rexburg, Idaho	Full Name of Mother: Rosabelle Stoker	Name of Father: William Henry Covington	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pp Glenda Larson	August 14, 1967

corr. Corr. on file in FORM BH 56067
corr. files. 5-31-60. (c)

Copy paid receipt # 02340.

AUG 14 1967
AUG 21 1967

954219:009-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Christine Redmond		2. Date of Birth (month) (day) (year): October 19, 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: Paul Homer Redmond		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Tempa Jane Johnston		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence C. Johnson	11. Present Address of Registrant: Newport, Wn. 99156
NOTARY (Seal)	Subscribed and sworn to before me on: July 21, 1967	12. Signature of Notary: James F. Brigham	13. Notary Commission expires: December 8, 1969

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Photo copy of life insurance application	By whom issued and signed: New York Life Ins. Co. Policy #11 752 802	Date issued: Mar.14,'32	Date Orig. Entry: Mar.5,1932
	Date of Birth: 19 Oct 1910	Birth Place: Priest River	Full Name of Mother: Tempa Jane Redmond	Name of Father: - - -
SUPPORTING RECORD 2.	Type of Document: Letter) Bonner Co. School Dist No. 82	By whom issued and signed: Mike Lamonna, AsstSupt	Date issued: 17Jul1967	Date Orig. Entry: Sep.1927
	Date of Birth: 19Oct1910	Birth Place: - -	Full Name of Mother: - - -	Name of Father: P. H. Redmond
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Frank C. Long Age:80	Date issued: 13Jul1967	Date Orig. Entry: Same
	Date of Birth: 19Oct1910	Birth Place: Priest River, Bonner Co.	Full Name of Mother: Tempa Jane Johnston	Name of Father: Paul Homer Redmond
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Aug.18,1967

K FORM BH 56067 1 Copy paid 13826 6-7-67

AUG 1 8 1967

AUG 6 1970

DECEASED

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-636

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Hugo Mauerman			2. Date of Birth (month) April (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Falls Bonneville	b. City or Town of Birth: Idaho Falls Idaho
FATHER	6. Full Name of Father: Ernest Oswald Mauerman			7. State or Country of Father's Birth: Freiberg Germany
MOTHER	8. Full Maiden Name of Mother: Anne Helen Muhle			9. State or Country of Mother's Birth: Freiberg Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Hugo Mauerman		11. Present Address of Registrant: 766 Browning Ave. Salt Lake City Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1967	12. Signature of Notary: Dorothy T. Stenson		13. Notary Commission expires: Oct 27 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: duplicate Cert. of Blessing		By whom issued and signed: LDS Church, Hawthorne Ward, Sugarhouse Stake,	Date Issued: June 1,1967	Date Orig. Entry: blessed May 10,1910
	Date of Birth: Apr.8,1910	Birth Place: Idaho Falls,Idaho Bonneville County	Full Name of Mother: Anne Helen Muhle	Name of Father: Ernest O. Mauerman	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as an elder		By whom issued and signed: LDS Church,Matthews Ward, Los Angeles Stake	Date Issued: Sept.2,1932	Date Orig. Entry: ordained Aug.29,1932
	Date of Birth: Apr.8,1910	Birth Place: Idaho Falls,Idaho	Full Name of Mother: Anne Helen Muhle	Name of Father: Ernest O. Mauerman	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: June 1,1948	Date Orig. Entry: May 17, 1948
	Date of Birth: April 8, 1910	Birth Place: Idaho Falls,Idaho	Full Name of Mother: ———	Name of Father: ———	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	August 21,1967

FORM BH 56067

(M) 7-19-1967

AUG 2 1 1967

251-11 71033-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-704

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Theone Beattie			2. Date of Birth (month) (day) (year): October 17, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Burton
FATHER	6. Full Name of Father: Henry Watson Beattie			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lillie Victoria Bergendorff			9. State or Country of Mother's Birth: Oklahoma
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Theone Beattie		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1967	12. Signature of Notary: Joseph L. Sellers		13. Notary Commission expires: Aug. 27 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination as an Elder	By whom issued and signed: LDS Church, Charles R. Thomason, High Priest	Date Issued: Dec.29,1929	Date Orig. Entry: ordained Aug.25,1929	
	Date of Birth: Oct.17,1910	Birth Place: Burton, Madison County, Idaho	Full Name of Mother: Lillie Bergendorff	Name of Father: Henry Beattie	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: Weldon Nef, Clerk, LDS Church Rexburg 7th Ward	Date Issued: Feb.13,1966	Date Orig. Entry: baptized Dec.6,1919	
	Date of Birth: Oct.17,1910	Birth Place: Burton, Madison County, Idaho	Full Name of Mother: Lillie Victoria Bergendorff	Name of Father: Henry Watson Beattie	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 79	By whom issued and signed: Mae Beattie Stoddard	Date Issued: Dec.8,1966	Date Orig. Entry: -----	
	Date of Birth: Oct.17,1910	Birth Place: Burton, Idaho Madison County	Full Name of Mother: Lillie Victoria Bergendorff	Name of Father: Henry Watson Beattie	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 6, 1967

FORM BH 56067

SEP 6 1967

719-221-016-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-714

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Jane Parke		2. Date of Birth (month) (day) (year): October 21 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Malta
FATHER	6. Full Name of Father: Ether Parke		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cecilia Hutchison		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence J. Beigh	11. Present Address of Registrant: Cambridge, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 27, 1967	12. Signature of Notary: May Collins	13. Notary Commission expires: June 3, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #413308	Date issued: -----	Date Orig. Entry: child born Nov.10,1945
	Date of Birth: Age 35; Birth Place: Malta, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement by Notary regarding family Bible Records	By whom issued and signed: Family Bible/ May Collins, Notary, Washington County	Date issued: Jun.27,1967	Date Orig. Entry: obviously old
	Date of Birth: Oct.21,1910; Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Martha Jane Hitt Age 75	Date issued: Aug.9,1967	Date Orig. Entry: -----
	Date of Birth: Oct.21,1910; Birth Place: Malta, Idaho	Full Name of Mother: Celia Parke	Name of Father: Ether Parke	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Sept. 6, 1967

K FORM BH 56067 (B) 4-19-67. nm , cp sd re. #15959 (B) 7-31-67 gml

Florence Parke, born Oct. 21, 1910 at Malta, Idaho.
(Beigh)

SEP 6 1967

619-211-022-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-725

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Ardell Farnworth		2. Date Of Birth (month) June (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ashton Fremont; b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Herbert Farnworth		7. State or Country of Father's Birth: Mt. Pleasant, Sanpete, Utah
MOTHER	8. Full Maiden Name of Mother: Rosie Lake		9. State or Country of Mother's Birth: Mt. Pleasant, Sanpete, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Ardell Farnworth	11. Present Address of Registrant: 722 E. Granada, ct. Ontario Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: August 12 1967	12. Signature of Notary: Virginia Marshall	13. Notary Commission expires: VIRGINIA MARSHALL My Commission Expires Sept. 18, 1967

OFFICIAL SEAL VIRGINIA MARSHALL NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN SAN BERNARDINO COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Affidavit by brother more than 10 years older	By whom issued and signed: Wm. B. Farnworth	Date issued: Aug.1,1967	Date Orig. Entry: -----
	Date of Birth: Jun.11,1910; Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Rosie Lake	Name of Father: Herbert Farnworth	
SUPPORTING RECORD 2.	Type of Document: photocopy of church membership record	By whom issued and signed: LDS Church	Date issued: -----	Date Orig. Entry: baptized Aug.2,1918
	Date of Birth: June 11,1910; Birth Place: Aston, Fremont County, Idaho USA	Full Name of Mother: Rosie Lake	Name of Father: Herbert Farnworth	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement regarding school records	By whom issued and signed: E. O. Rich, Clerk Joint School Dist. #215, Fremont & Madison Co.	Date issued: May 20, 1966	Date Orig. Entry: Sept.1,1920
	Date of Birth: Age 10; Birth Place: -----	Full Name of Mother: -----	Name of Father: Herbert Farnworth	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept. 6, 1967

FORM BH 56067

1cp Address # 1135

3-9-66

SEP 7 1967

583-22-006-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-727

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jennie Delores Nilsson		2. Date Of Birth (month) (day) (year): July 22nd 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sterling, Idaho, Bingham b. City or Town of Birth: Sterling, Idaho
FATHER	6. Full Name of Father: Oscar Edwin Nilsson		7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Jane Elizabeth Mac Naughtan		9. State or Country of Mother's Birth: Heber City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delores N. Heinkold	11. Present Address of Registrant: 1671 Wilson Ave. Salt Lake Ut
NOTARY (Seal)	Subscribed and sworn to before me on: April 12 1967	12. Signature of Notary: Mary Y. Pupping	13. Notary Commission expires: 4-19 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Lincoln National Life Ins.Co. Fort Wayne, Indiana	Date Issued: Sep.30,1935	Date Orig. Entry: Sept.25,1935
	Date of Birth: July 22,1910 / Birth Place: Sterling, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Richard Ward, Bishop	Date Issued: -----	Date Orig. Entry: baptized June 12,1920
	Date of Birth: July 22,1910 / Birth Place: Sterling, Idaho Bingham County	Full Name of Mother: Jennie E. McNaughton	Name of Father: O. E. Nelson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person with personal knowledge of birth	By whom issued and signed: Edwin L. Nilsson	Date Issued: Aug.21,1967	Date Orig. Entry: -----
	Date of Birth: July 22,1910 / Birth Place: Sterling, Idaho Bingham County	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 6, 1967

FORM BH 56067

SEP 7 1967

415-124-015-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-737

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Reese Davis		2. Date of Birth (month) (day) (year): First 24 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Soda Springs CARIBOU. IDAHO; b. City or Town of Birth: Soda Springs Idaho
FATHER	6. Full Name of Father: Albert Clark Davis		7. State or Country of Father's Birth: River Dale Idaho
MOTHER	8. Full Maiden Name of Mother: Laura M. Hopkins		9. State or Country of Mother's Birth: Plum Creek, Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Reese Davis	11. Present Address of Registrant: Pocatello Idaho Rt. #2 Nth Box 228
NOTARY (Seal)	Subscribed and sworn to before me on: July 3 1967	12. Signature of Notary: Vernon H. Powell	13. Notary Commission expires: My Commission expires March 30, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #52-3983	Date issued: -----	Date Orig. Entry: child born Apr. 9, 1952
	Date of Birth: Age 42	Birth Place: Soda Springs, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #863516		By whom issued and signed: Guarantee Mutual Life Co. Omaha, Nebraska	Date issued: Jul. 11, 1933	Date Orig. Entry: July 8, 1933
	Date of Birth: Jan. 24, 1910	Birth Place: Soda Springs, Ida.	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother-in-law		By whom issued and signed: Nora Jane McNabb Age 77	Date issued: Aug. 10, 1967	Date Orig. Entry: ------
	Date of Birth: Jan. 24, 1910	Birth Place: Soda Springs, Idaho	Full Name of Mother: Laura M. Hopkins (Davis)	Name of Father: Albert Clark Davis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 8, 1967

FORM BH 56067 1 cp phone #16205 (D) 7-31-67 gml

SEP 3 1967

319408·001-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-742

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dale David Carter			2. Date of Birth (month) (day) (year): December 8 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Alvin Carter			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Pearl Bertha Stillwell			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Dale David Carter		11. Present Address of Registrant: 402 Resseguie Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 14 1967	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized school record	By whom issued and signed: Boise Public Schools	Date Issued: May 3,1967	Date Orig. Entry: enrolled Sept.17 1917
	Date of Birth: Dec.8,1910 / Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: Alvin Carter	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 306584	Date Issued: -----	Date Orig. Entry: child born Dec.27,1940
	Date of Birth: Age 30 / Birth Place: Boise, Idaho	Full Name of Mother: -------	Name of Father: - -----	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S.Dept.of Commerce	Date Issued: May 18,1967	Date Orig. Entry: Census taken Jan.1,1920
	Date of Birth: Dec.8,1910 / Birth Place: Idaho	Full Name of Mother: Pearl Carter	Name of Father: Alvin Carter	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Sept. 14,1967

FORM BH 56067

SEP 1 4 1967

546-221-001-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-743

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Juanita Carter Edwards
2. Date Of Birth: March 21 1910
3. Color or Race: W White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: John W Edwards
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Minnie Overholser
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Juanita Green
11. Present Address of Registrant: 5522 S E 28th Portland Ore

NOTARY (Seal)

Subscribed and sworn to before me on: September 15 1967
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: September 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notorized copy of Bible Record	Family Bible	Mar 20 1964	original obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.21 1910	Boise Idaho	Minnie Overholser	John W. Edwards

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Notorized School Record	Ind.School Dist. - Boise	Jun.15 1962	Attended 1916 -1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.21 1910	Boise Idaho	Mrs. J. W. Edwards	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister Age 73	Hazel Ellen Fawke	Sept.12 1967	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar 21 1910	Boise Idaho	Minnie Overholser	John W. Edwards

QUALIFYING INFORMATION

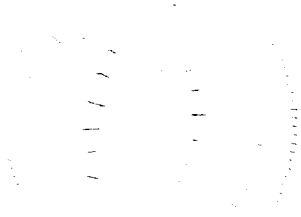
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept.15 1967

FORM BH 56067

SEP 15 1967



469-205-031-494

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-748

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Dorothy Moriarty		2. Date of Birth (month) (day) (year): January 5, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth 6. County: Ranch - Lewis
			7. City or Town of Birth: Cottonwood, Idaho
FATHER	6. Full Name of Father: John Moriarty		7. State or Country of Father's Birth: County Kerry, Ireland
MOTHER	8. Full Maiden Name of Mother: Dorothy Drube		9. State or Country of Mother's Birth: Wilson, Kansas, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant. (Margaret Dorothy Moriarty) Sister M. Celine Moriarty, OSB	11. Present Address of Registrant: St. Gertrude's Convent Cottonwood, Idaho 83522
NOTARY (Seal)	Subscribed and sworn to before me on: August 7 1967	12. Signature of Notary: Sister M. Nachtsheim OSB	13. Notary Commission expires: November 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

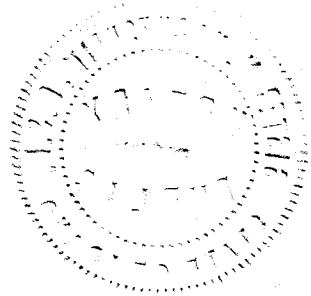
SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: St. Mary's Hospital, Cottonwood Idaho	Date Issued: Aug. 7, 1967	Date Orig. Entry: July 8, 1933
	Date of Birth: Jan. 5, 1910	Birth Place: Cottonwood, Idaho (ranch)	Full Name of Mother: Dorothy Drube	Name of Father: John Moriarty	
SUPPORTING RECORD 2.	Type of Document: Statement by family doctor		By whom issued and signed: W. F. Orr, M.D.	Date Issued: ----	Date Orig. Entry: -----
	Date of Birth: Jan. 5 1910	Birth Place: Ranch - Cotton-wood, Idaho	Full Name of Mother: Dorothy Drube	Name of Father: John Moriarty	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate (Roman Catholic Church)		By whom issued and signed: Our Lady Help of Christians Church, Co ttonwood, Idaho	Date Issued: Jul. 17, 1967	Date Orig. Entry: baptized May 31, 1910
	Date of Birth: Jan. 5 1910	Birth Place: Cottonwood, Ida.	Full Name of Mother: Dorothy Drube	Name of Father: John Moriarty	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 20, 1967

FORM BH 56067

SEP 20 1967

Moriarty,



777 653-220-014-999

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-777

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Beatrice Felton			2. Date of Birth (month) Oct. (day) 20 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caldwell Idaho Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: William Dolph Felton			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Estella May Griffin			9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Beatrice Felton Shepherd	11. Present Address of Registrant: Rt. 1 Eagle, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 26 1967		12. Signature of Notary: Jean D. Towne	13. Notary Commission expires: February 10 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy		By whom issued and signed: Whole Life Policy	Date Issued: Nov.11,1935	Date Orig. Entry: ------
	Date of Birth: Age 25	Birth Place: ------	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 78		By whom issued and signed: Estella May Felton	Date Issued: Sept.14,1967	Date Orig. Entry: ---------
	Date of Birth: Oct 20,1910	Birth Place: Caldwell	Full Name of Mother: Estella May Griffin	Name of Father: William Dolph Felton	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 289799	Date Issued: -----	Date Orig. Entry: child born Jan.6,1940
	Date of Birth: Age 29	Birth Place: Caldwell, Idaho	Full Name of Mother: ---------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

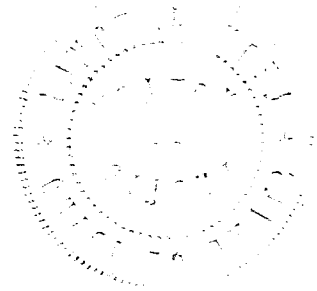
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept.26,1967

FORM BH 56067

No Record -

SEP 26 1967



635-220-029-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-820

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SARAH JENNIE FLESHMAN		2. Date Of Birth (month) 5 (day) 20 (year) 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: LELAND, LATAH COUNTY; b. City or Town of Birth: LELAND
FATHER	6. Full Name of Father: JAMES EDWARD FLESHMAN		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: DORA D. KITE		9. State or Country of Mother's Birth: WASHINGTON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Jennie Watson	11. Present Address of Registrant: RT. 1, CATALDO, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: SEPTEMBER 1 1967	12. Signature of Notary: Cecil Kelly Jr	13. Notary Commission expires: JANUARY 1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #208954	Date issued: -----	Date Orig. Entry: child born Dec. 11, 1932
	Date of Birth: Age 22	Birth Place: Leland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents		By whom issued and signed: J. E. Fleshman and Dora D. Fleshman	Date issued: Aug. 10, 1967	Date Orig. Entry: -----
	Date of Birth: May 20, 1910	Birth Place: Leland, Idaho	Full Name of Mother: Dora D. Fleshman	Name of Father: J. E. Fleshman	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record		By whom issued and signed: Coeur d'Alene Gen. Hosp.	Date issued: -----	Date Orig. Entry: May 8, 1961
	Date of Birth: May 20, 1910	Birth Place: -----	Full Name of Mother: Dora Kite	Name of Father: Edward Fleshman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Sept. 28, 1967

FORM BH 56067 Copy paid Dec 17924 P 3 67

SEP 29 1967

351-211-031-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-824

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hattie Elvyra Teats		2. Date Of Birth (month) June (day) 11 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Kamiah
FATHER	6. Full Name of Father: George Henry Teats		7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Anna Kole		9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hattie Elvyra Teats Angle	11. Present Address of Registrant: Bingen, Wash 98605 Box 394	
NOTARY (Seal)	Subscribed and sworn to before me on: September 18, 1967	12. Signature of Notary: Barbara Stephenson	13. Notary Commission expires: May 1, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Ella Stuart Age 77	Date Issued: Aug.11,1967	Date Orig. Entry: -----
	Date of Birth: Jun.11,1910 / Birth Place: Kamiah, Idaho	Full Name of Mother: Anna Kole Teats	Name of Father: George Henry Teats	
SUPPORTING RECORD 2.	Type of Document: photocopy of family Bible record	By whom issued and signed: Family Bible records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Jun.11,1910 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: transcript of school record	By whom issued and signed: Central Washington College of Education, Ellensburg, Wash.	Date Issued: -----	Date Orig. Entry: Jan. 3, 1938
	Date of Birth: Jun.11,1910 / Birth Place: Kamiah, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 29, 1967

FORM BH 56067

6-30-67

SEP 29 1967

449-109.022-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-826

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jesse Hyrum Murri			2. Date of Birth (month) (day) (year): February 9, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: St. Anthony a. County: Fremont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Gottfred Murri			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Christena Miller			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jesse Hyrum Murri		11. Present Address of Registrant: St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 2, 1967 19	12. Signature of Notary: Grant F. Chandler		13. Notary Commission expires: 10-15-71 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military discharge		By whom issued and signed: U.S. Army, Fort Douglas, Utah	Date issued: discharged Sep.20,1945	Date Orig. Entry: inducted July 12, 1943
	Date of Birth: Feb.9,1910	Birth Place: St. Anthony, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Baptism and Confirmation certificate		By whom issued and signed: LDS Church, W.W.Spiers, Bishop	Date issued: ------	Date Orig. Entry: baptized July 6, 1918
	Date of Birth: Feb.9,1910	Birth Place: St. Anthony, Idaho	Full Name of Mother: Christena Miller	Name of Father: Fred Murri	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (bd. 10-20-1898)		By whom issued and signed: Sadie Magdalena Murri Miller	Date issued: Oct.2,1967	Date Orig. Entry: ------
	Date of Birth: Feb.9,1919	Birth Place: St.Anthony, Idaho	Full Name of Mother: Christena Miller	Name of Father: Gottfred Murri	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

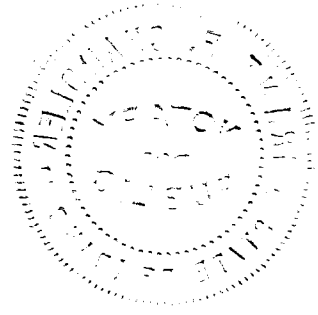
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 3, 1967

FORM BH 56067

7-21-67

OCT 3 1967



243-163-009-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-834

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN WILLIAM BUTTON			2. Date of Birth (month) 5 (day) 13 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: IDAHO a. County: BONNER	b. City or Town of Birth: SANDPOINT	
FATHER	6. Full Name of Father: CASSTELLO PHILDELO BUTTON			7. State or Country of Father's Birth: SOUTH DAKOTA	
MOTHER	8. Full Maiden Name of Mother: SARAH EMMA BRUCE			9. State or Country of Mother's Birth: WISCONSIN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John William Button		11. Present Address of Registrant: 9412 E. BURNSIDE ST PORTLAND ORE.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 19 67	12. Signature of Notary: Betty E. Zueton		13. Notary Commission expires: June 21 19 68	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Agreement #P-13800	By whom issued and signed: Lincoln Memorial Park, Portland Oregon	Date Issued: Jun. 22, 1957	Date Orig. Entry: June 22, 1957	
	Date of Birth: May 13, 1910	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Portland Osteopathic Hospital Oregon	Date Issued: Aug. 8, 1967	Date Orig. Entry: Dec. 26, 1962	
	Date of Birth: May 13, 1910	Birth Place: Idaho	Full Name of Mother: Sarah E. Bruce	Name of Father: Casstello P Button	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (Aug. 16, 1966)	By whom issued and signed: Nell H. Mangum	Date Issued: Sep. 19, 1967	Date Orig. Entry: -----	
	Date of Birth: May 13, 1910	Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Sarah Emma Button	Name of Father: Castello P. Button	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 5, 1967

FORM BH 56067

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B. Ill.

OCT 6 1967

693-204028-278

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-845

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELVA LENOR WILLIAMS			2. Date Of Birth (month) (day) (year): MARCH 4 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: HARRISON Kootenai	b. City or Town of Birth: HARRISON	
FATHER	6. Full Name of Father: Otto Ray Williams			7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: Rose Payne			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Elva Lenor Cronk	11. Present Address of Registrant: Worley Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 9-20 1967		12. Signature of Notary: Elbert F. Meredith	13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at Worley, Idaho 19 My commission expires Nov. 1, 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Rose Williams	Date Issued: Aug.4,1967	Date Orig. Entry: -----
	Date of Birth: Mar.4,1910	Birth Place: Harrison, Idaho	Full Name of Mother: Rose Williams	Name of Father: Otto R. Williams	
SUPPORTING RECORD 2.	Type of Document: Fish & Game License #190737		By whom issued and signed: State of Idaho, O.R.Williams	Date Issued: Nov.25,1946	Date Orig. Entry: Nov.25,1946
	Date of Birth: Age: 36	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage License #2140		By whom issued and signed: State of Montana, Mineral Co. Ellen H. Rose, Pastor	Date Issued: Sep.27,1946	Date Orig. Entry: Sept.21,1946
	Date of Birth: Age 36	Birth Place: Harrison, Idaho	Full Name of Mother: Rose Payne	Name of Father: Otto R. Williams	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 5, 1967

FORM BH 56067

1 copy paid 10-20-61

OCT 6 1967

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-851

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Marion Talbott			2. Date Of Birth (month) Sept. (day) 29th (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Nez Perce	b. City or Town of Birth: Leland	
FATHER	6. Full Name of Father: Francis Marion Talbott			7. State or Country of Father's Birth: West Virginia	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Poling			9. State or Country of Mother's Birth: West Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys M. Rogers		11. Present Address of Registrant: 14710 - S. Lakewood Blvd. Paramount	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1958	12. Signature of Notary: Glenda Larson		13. Notary Commission expires: My Commission Expires Dec. 13, 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 64	By whom issued and signed: Lulu Wessels	Date Issued: 8-27-58	Date Orig. Entry:
	Date of Birth: Sept. 29, 1910 / Birth Place: Leland, Idaho	Full Name of Mother: Mary Jane Poling	Name of Father: Francis M. Talbott	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: San Francisco Co.,S.F.,Calif.	Date Issued:	Date Orig. Entry: Jan. 6, 1936
	Date of Birth: age 25 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: sheet of records copied from	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: -----
	Date of Birth: Sep.29,1910 / Birth Place: Leland,Idaho Nez Perce County	Full Name of Mother: Mary Jane Poling	Name of Father: Francis Marion Talbott	

QUALIFYING INFORMATION: transcript of voting registration #M 12856, Los Angeles County, California issued Sept. 22, 1967 by Jessamine Kester, Deputy gives registrant's birthplace as Idaho registration date as August 18, 1956.

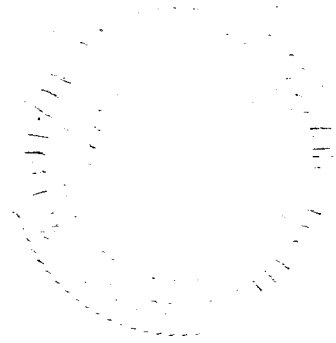
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Glenda Larson	October 6,1967

FORM BH 56067

OCT 6 1967



M. OK'd documents

389-202 029-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-895

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Helen Christie			2. Date Of Birth (month) (day) (year): January 2, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah	b. City or Town of Birth: Troy, Idaho
FATHER	6. Full Name of Father: Martin Halvor Christie			7. State or Country of Father's Birth: Windom, Minn. USA
MOTHER	8. Full Maiden Name of Mother: Bertha Hellickson			9. State or Country of Mother's Birth: Svene Song, Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice Christie Rauch		11. Present Address of Registrant: Troy, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 10th 19 67	12. Signature of Notary: [signature]		13. Notary Commission expires: August 1st 19 69

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #13719-S		By whom issued and signed: Professional & Business Men's Life Ins. Co., Denver, Colorado	Date Issued: Jan.20,1956	Date Orig. Entry: Dec.28,1955
	Date of Birth: Jan.2,1910	Birth Place: Troy, Idaho	Full Name of Mother: Mrs. Martin Christie	Name of Father: Mr. Martin Christie	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #23965-59M		By whom issued and signed: Mutual Benefit Health & Accident Assoc, Omaha, Nebraska	Date Issued: Jan.28,1959	Date Orig. Entry: Jan.28,1959
	Date of Birth: Jan.2,1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of baptismal record		By whom issued and signed: Arnold Ulvestad, Pastor, Troy, Idaho	Date Issued: -----	Date Orig. Entry: Apr.17,1910
	Date of Birth: Jan.2,1919	Birth Place: ---	Full Name of Mother: Bertha Christie	Name of Father: Martin Christie	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: October 16,1967

FORM BH 56067 1 copy paid rec. 19267 (R) 9

(R) 9-26-67 [illegible]

OCT 16 1967

755-111018-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-924

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FREEMAN RHODES GENTRY		2. Date of Birth (month) (day) (year): April 11, 1910
	3. Color or Race: Caucasion	4. Sex: Male	5. Place of Birth a. County: Clearwater County, Idaho; b. City or Town of Birth: Orofino, Idaho
FATHER	6. Full Name of Father: James William Gentry		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Belle Zera Crockett		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Freeman Rhodes Gentry	11. Present Address of Registrant: 3665 56th Street, Sacramento
NOTARY (Seal)	Subscribed and sworn to before me on: August 31 19 67	12. Signature of Notary: Ellen M. Nitshke	13. Notary Commission expires: Dec 8, 19 67

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Mary Pearl Cook (bd. 7-7-1896)	Date issued: Sep.25,1967	Date Orig. Entry: -----
	Date of Birth: Apr.11,1910; Birth Place: Orofino, Idaho	Full Name of Mother: Zera Belle Crockett	Name of Father: James William Gentry	
SUPPORTING RECORD 2.	Type of Document: photocopy of church membership record	By whom issued and signed: LDS Church	Date issued: ----	Date Orig. Entry: baptized Mar.16,1940
	Date of Birth: Apr.11,1910; Birth Place: Orofino, Idaho	Full Name of Mother: Belle Sarah Crochett	Name of Father: James William Gentry	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 130313-918	By whom issued and signed: New York Life Ins. Co.	Date issued: Nov.21,1937	Date Orig. Entry: Nov.19,1937
	Date of Birth: Apr.11,1910; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 26, 1967

FORM BH 56067

1 cp pdm. #20258

(G) 9-25-67 gml

OCT 27 1967

249-219-022-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-936

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Lamona Decima Burrell			2. Date of Birth (month) Dec (day) 19 (year) 1910	
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Wilford Fremont	b. City or Town of Birth: Wilford Idaho	
FATHER	6. Full Name of Father: Joseph Henry Burrell			7. State or Country of Father's Birth: Richmond Utah	
MOTHER	8. Full Maiden Name of Mother: Josephine Gauthier.			9. State or Country of Mother's Birth: Salmon Falls New. Hampshire	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lamona Decima Burrell	11. Present Address of Registrant: R # 2 St. Anthony, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 16 19 67		12. Signature of Notary: La Monde Bowen Clerk Of The District Court	13. Notary Commission expires: elective 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #39971		By whom issued and signed: Idaho Mutual Benefit Assoc. Boise, Idaho	Date Issued: ----	Date Orig. Entry: Nov.16,1956
	Date of Birth: Dec.19,1910	Birth Place: Wilford, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Josephine Gauthier Burrell Sommercorn	Date Issued: Oct.16,1967	Date Orig. Entry: -----
	Date of Birth: Dec.19,1910	Birth Place: Wilford, Idaho	Full Name of Mother: Josephine Gauthier Burrell	Name of Father: Joseph Henry Burrell	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for marriage license		By whom issued and signed: Fremont County, Idaho #110379 Book 4 page 106	Date Issued: Oct.12,1967	Date Orig. Entry: Feb.5,1931
	Date of Birth: Age 20	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 26, 1967

FORM BH 56067

OCT 27 1967

593-22-5042-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-950

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Mary Vickers			2. Date of Birth (month) (day) (year): October 25 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Richard Maxson Vickers			7. State or Country of Father's Birth: Morris Co. Kansas
MOTHER	8. Full Maiden Name of Mother: Dakota Elizabeth Prentiss			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 1521 E. Colton, Ave. Redlands, California
NOTARY (Seal)	Subscribed and sworn to before me on: September 27, 1967	12. Signature of Notary: [signature] ANN P. MABRY NOTARY PUBLIC SAN BERNARDINO COUNTY CALIFORNIA		13. Notary Commission expires: Sept. 17, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage record #733	By whom issued and signed: San Bernardino County, Calif. book 60 page 229	Date Issued: Aug.18,1967	Date Orig. Entry: Aug.25,1931	
	Date of Birth: Age 20	Birth Place: Twin Falls, Idaho	Full Name of Mother: Dakota Prentiss	Name of Father: R. M. Vickers	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #485	By whom issued and signed: San Bernardino County, Calif. book 52 page 230	Date Issued: Aug.15,1967	Date Orig. Entry: child born July 16,1932	
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family records in Bible	Date Issued: Oct.20,1967	Date Orig. Entry: obviously old Christmas 1943	
	Date of Birth: Oct.25,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	November 1, 1967

FORM BH 56067

17322

(C) 10-10-67

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1713-22 1007-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-971

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Patterson Vera Agnes		2. Date of Birth (month) Sept (day) 12 (year) 1910	
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Carey Blaine Co.	b. City or Town of Birth: Carey Idaho
FATHER	6. Full Name of Father: Patterson Thomas Samuel		7. State or Country of Father's Birth: Utah Spanish Fork	
MOTHER	8. Full Maiden Name of Mother: Markham Bertha Maretta		9. State or Country of Mother's Birth: Spanish Fork Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Patterson Adamson	11. Present Address of Registrant: Carey Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 30 1961	12. Signature of Notary: Pearl Tolman	13. Notary Commission expires: April 22 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of baptism and confirmation	By whom issued and signed: LDS Church, Carey Ward W. L. Adamson, Bishop	Date Issued: Oct.16,1919	Date Orig. Entry: baptized Oct.6,1918
	Date of Birth: Sep.12,1910 / Birth Place: Carey, Idaho Blaine County	Full Name of Mother: Bertha M. Markham	Name of Father: Thos. S. Patterson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Blaine County School Dist.61 Hailey, Idaho, V.Exner, Supt.	Date Issued: Oct.17,1967	Date Orig. Entry: Oct.24,1925
	Date of Birth: Sep.12,1910 / Birth Place: ———	Full Name of Mother: Bertha Patterson	Name of Father: Thomas S. Patterson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: D. E. Adamson Age 76	Date Issued: Oct.30,1967	Date Orig. Entry: ———
	Date of Birth: Sep.12,1910 / Birth Place: Carey, Blaine County, Idaho	Full Name of Mother: Bertha Maretta Markham	Name of Father: Thomas Samuel Patterson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

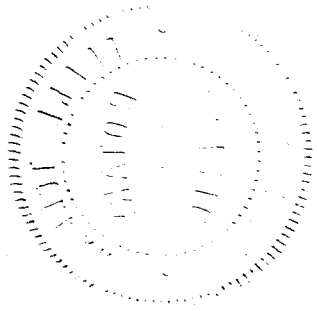
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Nov. 15, 1967

FORM BH 56067

Inoffice - No Record - No Corresp

NOV 1 6 1967



113-/08/004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-986

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee Jacobsen			2. Date of Birth (month) Jan. (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bloomington
FATHER	6. Full Name of Father: Andrew Moroni Jacobsen			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Mary Alice Thompson			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Lee Jacobsen		11. Present Address of Registrant: Mack's Inn, Idaho 83433
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 5 1967	12. Signature of Notary: Elizabeth B Bond		13. Notary Commission expires: May. 8 1968

APPLICANT (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #322430	Date Issued: ----	Date Orig. Entry: child born Sep.29,1941
	Date of Birth: Age 31	Birth Place: Bloomington, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Bloomington Ward E. T. Patterson, Clerk	Date Issued: -----	Date Orig. Entry: blessed Mar.13,1910
	Date of Birth: Jan.8,1910	Birth Place: Bloomington, Idaho Bear Lake County	Full Name of Mother: Mary A. Thompson	Name of Father: Moroni Jacobsen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Alice Jacobsen	Date Issued: Oct.24,1967	Date Orig. Entry: -----
	Date of Birth: Jan.8,1910	Birth Place: Bloomington, Idaho Bear Lake County	Full Name of Mother: Mary Alice Thompson	Name of Father: Andrew Moroni Jacobsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Nov. 16, 1967

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FORM BH 56067

NOV 16 1967
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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-993

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eubina Marian Nyberg		2. Date of Birth (month) (day) (year): February 4th 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Mullan
FATHER	6. Full Name of Father: Henry E. Nyberg		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Johanna M. Grils		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eubina Marian Nyberg Ivanich	11. Present Address of Registrant: 201 N. Alaska St, Butte Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: April 20, 1969

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date Issued: Oct.27,1967	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age 2 mos. / Birth Place: Idaho	Full Name of Mother: Hannah M. Nyberg	Name of Father: Henry E. Nyberg	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #210310	Date Issued: ———	Date Orig. Entry: child born Dec.12,1932
	Date of Birth: Age 22 / Birth Place: Mullan, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Hannah O. Lynn Age 73	Date Issued: Oct.23,1967	Date Orig. Entry: ———
	Date of Birth: Feb.4,1910 / Birth Place: Mullan, Idaho	Full Name of Mother: Johanna Matilda Grills Nyberg	Name of Father: Henry E. Nyberg	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 16, 1967

FORM BH 56067

10-2-67

NOV 1 6 1967

154-203-028-154

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De 67-1019
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Elizabeth Anderson		2. Date of Birth: May 3 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Peter Erik Anderson		7. State or Country of Father's Birth: Norway	
MOTHER	8. Full Maiden Name of Mother: Bertha Solem Anderson		9. State or Country of Mother's Birth: Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha A Johnson	11. Present Address of Registrant: E. 1019 Thurston Avenue Spokane 36, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: January 3, 1956	12. Signature of Notary: Bruce R Hunt	13. Notary Commission expires: 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: BERTHA ANDERSON Spokane, Washington	Date Issued: 1-3-56	Date Orig. Entry:
Class* B	Date of Birth: May 3 1910 / Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Bertha Anderson	Name of Father: Peter Erik Anderson	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #533-03-1865	By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: Dec.2,1936
Class	Date of Birth: May 3,1910 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Beret Solem	Name of Father: Peter Erik Anderson	
SUPPORTING RECORD 3.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Sacred Heart Hospital, Spokane, Washington	Date Issued: -----	Date Orig. Entry: Child born Apr.3,1941
Class	Date of Birth: May 3,1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: bw Glenda Larson	Date Filed: Dec. 8, 1967

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 8 1967

291225-028-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1042

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emily Charlotte Branden		2. Date Of Birth (month) (day) (year): October 25 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Kootenia; b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: Chornell Anton Branden		7. State or Country of Father's Birth: Wisconson
MOTHER	8. Full Maiden Name of Mother: Olga S. Straalsjoe		9. State or Country of Mother's Birth: Wisconson
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emily Charlotte Fisher	11. Present Address of Registrant: Spokane Wash. 99205
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 26 1967	12. Signature of Notary: Edith Morris	13. Notary Commission expires: 6-8 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal record	By whom issued and signed: Trinity Lutheran Church Coeur d'Alene, Idaho	Date issued: Oct.26,1967	Date Orig. Entry: baptized Nov.1,1910
	Date of Birth: Oct.25,1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Olga Severene Straalsjoe	Name of Father: Chornell A. Branden
SUPPORTING RECORD 2.	Type of Document: Affidavit for marriage record	By whom issued and signed: Kootenai,County, Idaho	Date issued: Oct.26,1967	Date Orig. Entry: Sept.2,1927
	Date of Birth: Age 16	Birth Place: -----	Full Name of Mother: -----	Name of Father: Chornell A. Branden
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age:71	By whom issued and signed: Inger C. Gridley	Date issued: Nov.27,1967	Date Orig. Entry: -----
	Date of Birth: Oct.25,1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Olga Syverine Branden	Name of Father: Chornell A. Branden
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 8, 1967

FORM BH 56067

(F) 12- -67 ml

DEC 1 1 1967
MAR 8 1972

218-170-040-846

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No De 67-1049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMER URHO SAYLOR		2. Date of Birth: (month) January (day) 10 (year) 1910	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kingston
FATHER	6. Full Name of Father: Jack Sailer		7. State or Country of Father's Birth: Pyha Maa Turru Lani (Finland)	
MOTHER	8. Full Maiden Name of Mother: Hilma Alina Huosiamaa		9. State or Country of Mother's Birth: Ala Jarvi Vasa Lani (Finland)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Urho Saylor	11. Present Address of Registrant: 3416-35th Ave. S.W., Seattle, Wn	
NOTARY (Seal)	Subscribed and sworn to before me on October 17, 1967	12. Signature of Notary	13. Notary Commission expires: Nov. 17 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Aetna Life Ins. Co.	Date Issued: Apr.10,1946	Date Orig. Entry: Apr.10,1946	
	Date of Birth: Jan.10,1910 Age 36	Birth Place: Kingston, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of medical summary card case #2551	By whom issued and signed: Dr. Sharples, Seattle	Date Issued: -----	Date Orig. Entry: Apr.17,1923	
	Date of Birth: Age: 13	Birth Place: -----	Full Name of Mother: -----	Name of Father: Jack Sailor	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: The Doctor's Hospital, Seattle Washington	Date Issued: -----	Date Orig. Entry: Nov.5,1952	
	Date of Birth: Jan.10,1910	Birth Place: -----	Full Name of Mother: Hilma Judy	Name of Father: Jack Saylor	
QUALIFYING INFORMATION	Affidavit by sister, Age: 64 issued November 20, 1967 signed by Olga Marie Sailor Lidnin, gives birthdate as January 10, 1910 in Kingston, Shoshone County, Idaho Parents: Jack Sailor and Hilma Alina Huosiamaa.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 8, 1967		

FORM BH 56067

1-Temple Index #22-15

F-30-67

DEC 1 1 1967

418-226-029-153

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Anna Dahl			2. Date of Birth (month) (day) (year): June 26, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: P Latah	b. City or Town of Birth: Park Idaho
FATHER	6. Full Name of Father: O. C. Dahl			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Anna Marie Jelleberg			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Anna Dahl Wood		11. Present Address of Registrant: Box 164, Deary, Idaho 83823
NOTARY (Seal)	Subscribed and sworn to before me on: December 6 19 67	12. Signature of Notary: [signature]		13. Notary Commission expires: March 28 19 69

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #228220		Date Issued: ———	Date Orig. Entry: child born Dec.14,1934
	Date of Birth: Age:24	Birth Place: Park, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage certificate #48224 A	By whom issued and signed: Spokane County, Washington		Date Issued: Aug.16,1967	Date Orig. Entry: Nov.11,1933
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: Marie Jelleberg	Name of Father: O. C. Dahl	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person with personal knowledge of birth	By whom issued and signed: Nona B. Lawrence Age 68		Date Issued: May 1,1967	Date Orig. Entry: ———
	Date of Birth: Jun.26,1910	Birth Place: Park, Latah County, Idaho	Full Name of Mother: Marie A. Jelleberg Dahl	Name of Father: O. C. Dahl	

QUALIFYING INFORMATION: State of Idaho operator's license #236840 gives birthdate as June 26, 1910. date issued is June 12, 1942.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Dec. 14, 1967

FORM BH 56067

8-3-65

DEC 15 1967

855-215-022-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-009

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vida Amanda Henrie			2. Date of Birth (month) June (day) 15 (year) 1910	
	3. Color or Race: White	4. Sex: F.M.	5. Place of Birth a. County: Clawson, Fremont	b. City or Town of Birth: Clawson, Idaho.	
FATHER	6. Full Name of Father: James Henrie			7. State or Country of Father's Birth: Manti, Sanpete Co. Utah	
MOTHER	8. Full Maiden Name of Mother: Caroline Eliza Westenskow			9. State or Country of Mother's Birth: Manti, Sanpete Co. Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vida Henrie Zager		11. Present Address of Registrant: 106 Woodrow Murray Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: 12th Oct 1967	12. Signature of Notary: [illegible]		13. Notary Commission expires 84107: Jan 10 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #133	By whom issued and signed: State of Utah, Division of Vital Statistics		Date Issued: Nov.28,1967	Date Orig. Entry: child born July 5,1933
	Date of Birth: Age 23	Birth Place: Clawson, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for marriage license #1781	By whom issued and signed: Uintah County, Utah		Date Issued: Oct.19,1967	Date Orig. Entry: Sept.14,1931
	Date of Birth: Jun.15,1910	Birth Place: Clawson, Idaho	Full Name of Mother: Caroline Westensko	Name of Father: James Henrie	
SUPPORTING RECORD 3.	Type of Document: affidavit by nephew (12 years older)	By whom issued and signed: Lewis Ray Allred		Date Issued: Oct.12,1967	Date Orig. Entry: -----
	Date of Birth: Jun.15,1910	Birth Place: Clawson, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	January 5, 1968

FORM BH 56067

2-27-67

JAN 8 1968

636-21 0042-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-012

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Leah Flory			2. Date of Birth (month) (day) (year): April 12 1910
	3. Color or Race: W	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: John Samuel Flory			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lydia Alice Garber			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Leah Flory (Mrs.)		11. Present Address of Registrant: Lubbock, Texas
NOTARY (Seal)	Subscribed and sworn to before me on: DEC 3 1967 19__	12. Signature of Notary: Lavina Patrick		13. Notary Commission expires: 6-1 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Kansas, Division of Vital Statistics	Date Issued: July 7,1953	Date Orig. Entry: child born Nov.27,1946	
	Date of Birth: Age 36	Birth Place: Twin Falls,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: ----	Date Orig. Entry: Nov.10,1934	
	Date of Birth: Apr.12,1910	Birth Place: Idaho	Full Name of Mother: L. Alice Flory	Name of Father: John S. Flory	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Harold G. Flory (bd. 10/30/1900)	Date Issued: 1966	Date Orig. Entry: -----	
	Date of Birth: Apr.12,1910	Birth Place: Twin Falls,Idaho	Full Name of Mother: L. Alice Garber Flory	Name of Father: John S. Flory	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: January 8,1968

FORM BH 56067

3-25-66

JAN 8 1968
APR 19 1968

319-126-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-056

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Melroy Larsen (now Franklin)
2. Date of Birth (month) (day) (year): Feb. 26 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Mink Creek Oneida
b. City or Town of Birth: Mink Creek

FATHER

6. Full Name of Father: Ervin Hyrum Larsen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lauraine Petersen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Melroy Larsen
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on 1-9 1968

12. Signature of Notary: Wayne W Doney
13. Notary Commission expires: 12-22 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, Mink Creek Ward, Hans C. Jensen, Clerk	Apr.7,1918	baptized Mar.29,1918
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.26,1910 / Mink Creek, Idaho Oneida County	Lauraine Petersen	Ervin Larsen	
SUPPORTING RECORD 2.	Certificate of Ordination as a Deacon	LDS Church, W. E. Crane, Bishop Mink Creek Ward	July 2,1922	ordained July 2,1922
	Feb.26,1910 / Mink Creek, Idaho Franklin County	Lauraine Petersen	Ervin Larsen	
SUPPORTING RECORD 3.	#21874 membership photocopy of application for insurance policy #GC5495-8	Idaho Mutual Benefit Assoc. Boise, Idaho	-----	Sept.17,1941
	Feb.26,1910 / Mink Creek, Idaho	-------	-------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

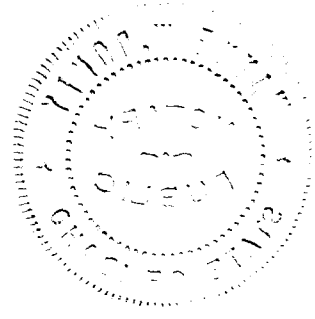
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Jan. 23, 1968

FORM BH 56067

2-14-68

JAN 23 1968



466115-029-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-086

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorsey Charles Moore		2. Date of Birth (month) Nov. (day) 15 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Moscow Latah; b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Pren Moore		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Emma Bennett		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorsey Charles Moore	11. Present Address of Registrant: Salem, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 16 1968	12. Signature of Notary: Clyde Hall	13. Notary Commission expires: Sept 27 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Providence Hospital, Wallace, Idaho	Date Issued: -----	Date Orig. Entry: child born Jan.31,1939
	Date of Birth: Nov.15,1910 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age: 73	By whom issued and signed: Edna L. (Bennett) Sherwood	Date Issued: Jan.12,1968	Date Orig. Entry: -----
	Date of Birth: Nov.15,1910 / Birth Place: Moscow, Idaho Latah County	Full Name of Mother: Mary Emma (Bennett) Moore	Name of Father: Pren Moore	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #18 082 985	By whom issued and signed: new York Life Ins. Co.	Date Issued: Sep.11,1950	Date Orig. Entry: Dec.20,1940
	Date of Birth: Nov.15,1910 / Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: - ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 30, 1968

FORM BH 56067

1-5-68

JAN 3 1 1968

431-218-005-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-100

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Mildred McAfee		2. Date Of Birth (month) June (day) 18 (year) 1910
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: St Maries (Benewah) Idaho b. City or Town of Birth
FATHER X	6. Full Name of Father: Ernest William McAfee (deceased)		7. State or Country of Father's Birth: Iowa
MOTHER X	8. Full Maiden Name of Mother: Ina Amelia McLaughlin		9. State or Country of Mother's Birth: Albert Leo, N.B. Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Frank Frost	11. Present Address of Registrant: Davenport-Washington
NOTARY (Seal)	Subscribed and sworn to before me on: 30 MARCH 1967	12. Signature of Notary: Don A. Titus	13. Notary Commission expires: 8-MARCH 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Mutual Life Insurance Co. of New York	Date issued: ----	Date Orig. Entry: July 2, 1946
	Date of Birth: June 18,1910 / Birth Place: St.Maries,Idaho U.S.A.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Ina A. (McLaughlin) McAfee	Date issued: May 15,[illegible]	Date Orig. Entry: ----
	Date of Birth: Jun.18,1910 / Birth Place: St.Maries,Idaho	Full Name of Mother: Ina A. (McLaughlin) McAfee	Name of Father: Ernest William McAfee	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: School Dist.#271,Coeur d'Alene Idaho,S.Clay Coy,Supt.of School	Date issued: Jan.10, 1968	Date Orig. Entry: Jan. 1926
	Date of Birth: Jun.18,1910 / Birth Place: St.Maries, Idaho	Full Name of Mother: -----	Name of Father: W. E. McAfee	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Jan. 31, 1968

X FORM BH 56067 1 cp pd rec #9691 (F) 12- -67 gml

JAN 31 1968

RELEASED

235-22-018-436

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth McFarland Steele			2. Date Of Birth (month) March (day) 22 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Clearwater	b. City or Town of Birth: Pierce
FATHER	6. Full Name of Father: Emby Bird Steele			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Josephine Leona McFarland			9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Steele Nelson		11. Present Address of Registrant: 1127 8th St. Lewiston, Idaho 83501
NOTARY (Seal)	Subscribed and sworn to before me on: 1-15 1968	12. Signature of Notary: Sister Mary Cyril		13. Notary Commission expires: 11-13 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #52-13395		Date Issued: ------	Date Orig. Entry: child born Oct.8,1952
	Date of Birth: Age: 42	Birth Place: Pierce, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho		Date Issued: Mar.31,1967	Date Orig. Entry: Nov.8,1950
	Date of Birth: Mar.22,1910	Birth Place: Pierce, Idaho	Full Name of Mother: Josephine McFarland		Name of Father: Emby Steele
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Clearwater County, Idaho School Dist. #1		Date Issued: Mar.14,1967	Date Orig. Entry: Oct.8,1927
	Date of Birth: Age 17	Birth Place: -------	Full Name of Mother: ----		Name of Father: E. B. Steele
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Feb. 1, 1968

FORM BH 56067

10-19 66

FEB 1 1968

416-224-009-256

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-111

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Sergia Dawson	2. Date of Birth (month) (day) (year): September 24, 1910
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Bonner County	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Benjamin Franklin Dawson	7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Louise Snode	9. State or Country of Mother's Birth: West Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary S. Conway; 11. Present Address of Registrant: Rt. 2, Box 2699 Oroville, California
NOTARY (Seal)	Subscribed and sworn to before me on: October 18, 1967 State of California	12. Signature of Notary: Mildred L. Darnell MILDRED L. DARNELL; 13. Notary Commission expires: September 12 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Butte County, California Book 22, Page 536	Date issued: Sept.9,1967	Date Orig. Entry: child born June 20,1945
	Date of Birth: Age 34; Birth Place: Sand Point, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Woodland Clinic Hospital, Woodland, California	Date issued: Jan.18,1968	Date Orig. Entry: June 26,1956
	Date of Birth: Sep.24,1910; Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Elizabeth Smith Age 67	Date issued: Nov.15,1967	Date Orig. Entry: ----
	Date of Birth: Sep.24,1910; Birth Place: Sand Point, Idaho Bonner County	Full Name of Mother: Mary Louise (Snode) Dawson	Name of Father: Benjamin Franklin Dawson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 1, 1968

FORM BH 56067 1 cp pd rec. #22805 (C) 11-3 67 gml

Conway

FEB 1 1968

677-203-018-634

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ella Doris Oppliger			2. Date of Birth (month) (day) (year): June 3, 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Orofino, Idaho
FATHER	6. Full Name of Father: Emil Ferdinand Oppliger			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Margaret Elizabeth Fluke			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna D. Kyle		11. Present Address of Registrant: 302 Pattee Canyon Drive Missoula, Montana 59801
NOTARY (Seal)	Subscribed and sworn to before me on: January 18 1968	12. Signature of Notary: E. Jean Dulat		13. Notary Commission expires: 8-3 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: June 5,1967	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9 / Birth Place: Idaho	Full Name of Mother: Margaret Oppliger	Name of Father: Emil F. Oppliger	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Mutual Life Ins. Co. of New York	Date Issued: Dec.11,1931	Date Orig. Entry: Dec.8,1931
	Date of Birth: June 3,1910 / Birth Place: Orofino, Idaho Clearwater County	Full Name of Mother: Margaret Oppliger	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Clearwater County, Idaho School Dist. #22	Date Issued: Apr.28,1967	Date Orig. Entry: Sept.18,1917
	Date of Birth: Age: 7	Birth Place: ------	Full Name of Mother: -----	Name of Father: Emil Oppliger
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson		Date Filed: Feb. 1, 1968

FORM BH 56067 nm (K) 2-16-65

FEB 1 1963

262-702 014-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-126

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Eugene Boston			2. Date Of Birth (month) (day) (year): November 2 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: John Isaac Boston			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Anna Mary Smith			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl E. Boston		11. Present Address of Registrant: Parma
NOTARY (Seal)	Subscribed and sworn to before me on: December 11 1967	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho #203008	Date Issued: ---	Date Orig. Entry: child born June 26,1932
	Date of Birth: Age 21	Birth Place: Parma, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 89		By whom issued and signed: Anna M. Boston	Date Issued: Jan.11,1968	Date Orig. Entry: ------
	Date of Birth: Nov.2,1910	Birth Place: Parma, Idaho	Full Name of Mother: Anna M Smith Boston	Name of Father: John Isaac Boston	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: Mar 13,1934	Date Orig. Entry: -----
	Date of Birth: Nov.2,1910	Birth Place: Parma, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Feb.5, 1968

FORM BH 56067

No Record

FEB 5 1968

397210-001-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-149
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Mabel Tiger
2. Date of Birth (month) (day) (year): July 10 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Boise, Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Vernon Earl Tiger
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Mabel Thompson
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel M. Geerhart
11. Present Address of Registrant: 409 Archer, Boise

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 1959
12. Signature of Notary: Charles A Rogge
13. Notary Commission expires: 5-15 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by mother age 71
By whom issued and signed: Mabel Tiger
Date Issued: May 5,1959
Date Orig. Entry: ----

Class*
Date of Birth: July 10,1910
Birth Place: Boise, Idaho
Full Name of Mother: Mabel Thompson
Name of Father: Vernon Earl Tiger

SUPPORTING RECORD 2.

Type of Document: Own childs birth certificate
By whom issued and signed: on file - Idaho #282999
Date Issued: - - -
Date Orig. Entry: child born Oct. 28, 1936

Class
Date of Birth: Age 26
Birth Place: Boise, Idaho
Full Name of Mother: --------
Name of Father: ------

SUPPORTING RECORD 3.

Type of Document: Application for Insurance
By whom issued and signed: Idaho Hospital Service
Date Issued: Dec.1,1953
Date Orig. Entry: Dec. 1, 1953

Class
Date of Birth: 1910 July 10
Birth Place: -----
Full Name of Mother: --------
Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Florence Curtright
Date Filed: Feb.8, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #0067

FEB 8 1968

313-21-1006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-151

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Carson Callister		2. Date of Birth (month) (day) (year): Sept. 19 1910
	3. Color or Race: White	4. Sex: FeMale	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Groveland
FATHER	6. Full Name of Father: Walter Stanley Callister		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Grace Inez Carson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret C Murdock	11. Present Address of Registrant: 395 E 800 No. Orem Utah
NOTARY (Seal)	Subscribed and sworn to before me on: February 8 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin & neighbor (at time of birth)	By whom issued and signed: Marvin W. Elison	Date Issued: Jan.6,1964	Date Orig. Entry: -----
	Date of Birth: Sept.19,1910 Birth Place: Groveland,Ida.	Full Name of Mother: Grace Inez Carson	Name of Father: Walter Stanley Callister	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Millard County High School	Date Issued: ----	Date Orig. Entry: Enrolled Sept.1925
	Date of Birth: Sept.19,1910 Birth Place: Idaho	Full Name of Mother: ----	Name of Father: W. S. Callister	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Utah Valley L.D.S.Hospital	Date Issued: Feb.2,1968	Date Orig. Entry: Admitted 1950
	Date of Birth: Sept.19,1910 Birth Place: ---	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 8, 1968

FORM BH 56067

11-13-67

FEB 9 1968

285-21-7038-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Margaretha Sherman			2. Date of Birth (month) Nov. (day) 17 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Marinus Buel Sherman			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Eva Josephine Street			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vera Margaretha Hildebrand	11. Present Address of Registrant: John Day, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 2 1968		12. Signature of Notary: [signature]	13. Notary Commission expires: 3-15 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of voter's registration		By whom issued and signed: Linn County, Oregon	Date Issued: -----	Date Orig. Entry: Apr.16,1954
	Date of Birth: Nov.17,1910	Birth Place: Idaho	Full Name of Mother: Eva Street	Name of Father: Marinus B. Sherman	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records Dist. #373		By whom issued and signed: George H.Hunt, Sup't. Payette County, Idaho	Date Issued: Dec.6,1966	Date Orig. Entry: Sept.11,1925
	Date of Birth: Nov.17,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: M. B. Sherman	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #53-20657		By whom issued and signed: State of Oregon	Date Issued: Jan.12,1968	Date Orig. Entry: child born July 9,1953
	Date of Birth: Age: 42	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION	Affidavit by brother (born 3/7/1897), Milo Sherman, Signed January 12, 1968 gives information as follows: birthdate - November 17, 1910 birthplace - Payette, Idaho				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. M. Barron		Evidence reviewed by: Glenda Larson		Date Filed: Feb. 15, 1968

FORM BH 56067

OCT 22 1969
FEB 16 1968

434-20-001-858

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Vivian Ulmer			2. Date of Birth (month) Feb. (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Jacob Frank Ulmer			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Adaline A. Heyde			9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Margaret V Johnson		11. Present Address of Registrant: 1205 Ranch Road
NOTARY (Seal)	Subscribed and sworn to before me on: February 23 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 65	By whom issued and signed: Leslie H. Ulmer	Date Issued: Sept.21,1964	Date Orig. Entry: ----
	Date of Birth: Feb.10,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Adaline A. Heyde	Name of Father: Jacob Frank Ulmer	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 219864	Date Issued: ----	Date Orig. Entry: child born Mar 6,1934
	Date of Birth: Age 24 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: - ----	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Boise Public Schools	Date Issued: Feb.23,1968	Date Orig. Entry: Attended Sept. 2, 1924
	Date of Birth: Feb.10,1910 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: J.F. Ulmer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb. 23, 1968

FORM BH 56067

FEB 28 1968

964207040553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-210

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Louise Rodgers		2. Date of Birth (month) November (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wardner
FATHER	6. Full Name of Father: Leon L. Rodgers		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Lilla Vetting		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Louise Rodgers Corning	11. Present Address of Registrant: 23115 7th Bothell
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 26 1968	12. Signature of Notary: Robert E. Corning	13. Notary Commission expires: November 30 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 87	By whom issued and signed: Ida F. Vetting	Date Issued: Feb.26,1968	Date Orig. Entry: ------
	Date of Birth: Nov.7,1910 / Birth Place: Wardner, Idaho	Full Name of Mother: Lilla Vetting	Name of Father: Leon L. Rodgers	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Washington # 1748	Date Issued: Feb. 26,1968	Date Orig. Entry: child born Apr 28,1937
	Date of Birth: Age 26 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Statement from Dr's Records	By whom issued and signed: Dr. F.P. Matchette	Date Issued: July 29,1940	Date Orig. Entry:
	Date of Birth: Nov. 7, 1910 / Birth Place: Wardner, Ida.	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION				

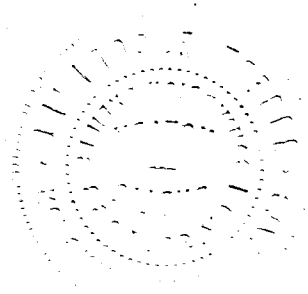
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 28,1968

FORM BH 56067

FEB 28 1968



291-22/-028-381

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-243
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Della Agnes Braman			2. Date Of Birth: (month) May (day) 21 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Kootenai	b. City or Town of Birth: Hayden Lake	
			Hayden Lake Idaho USA		
FATHER	6. Full Name of Father: Harry Eugene Braman			7. State or Country of Father's Birth: U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Sarah Thayer			9. State or Country of Mother's Birth: U S A	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs Della Goodspeed	11. Present Address of Registrant: Beaverlodge Alberta, Can.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 10th 1968		12. Signature of Notary: [illegible]	13. Notary Commission expires: December 31st 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census record		By whom issued and signed: Dominion Bureau of Statistics Census Div., Ottawa, Canada	Date Issued: Jan.24,1968	Date Orig. Entry: June 1,1911
Class*_____	Date of Birth: May 1910	Birth Place: United States of America	Full Name of Mother: Sarah Braman	Name of Father: Harry Braman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt		By whom issued and signed: Mrs. Sadie Thayer (more than ten years older)	Date Issued: Jan.16,1968	Date Orig. Entry: ---
Class_____	Date of Birth: May 21,1910	Birth Place: Hayden Lake, Idaho USA	Full Name of Mother: Sarah Thayer	Name of Father: Harry Eugene Braman	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of marriage #16311		By whom issued and signed: Province of Alberta, Canada	Date Issued: ---	Date Orig. Entry: Dec.6,1928
Class_____	Date of Birth: Age: 18	Birth Place: Hayden, Idaho USA	Full Name of Mother: Sarah Thoyes	Name of Father: Harry Eugene Braman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: March 7, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 8 1968

695216020-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-272

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Lorean Winter		2. Date Of Birth (month) (day) (year): October 16, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Mountain Home, Elmore; b. City or Town of Birth:
FATHER	6. Full Name of Father: Joseph Keller Winter		7. State or Country of Father's Birth: Nevada
MOTHER	8. Full Maiden Name of Mother: Maude Mae Waddell		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Lorean Winter Zimmerman	11. Present Address of Registrant: 936 S. E. Harney Street, Portland, Oregon 97202
NOTARY (Seal)	Subscribed and sworn to before me on: December 7, 19 67	12. Signature of Notary: Elizabeth M. Mabee	13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Aug. 17, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Maude M. Winter	Date Issued: Dec.15,1967	Date Orig. Entry: -------	
	Date of Birth: Oct.16,1910	Birth Place: Mountain Home, Ida. Elmore County	Full Name of Mother: Maude Mae Waddell	Name of Father: Joseph Keller Winter	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Portland Public Schools, Ore. Failing Elementary School	Date Issued: Feb.26,1968	Date Orig. Entry: 1919-20	
	Date of Birth: Oct.16,1910	Birth Place: Mountain Home, Idaho	Full Name of Mother: Maude Winter	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage return	By whom issued and signed: State of Oregon, Vital Statistics Section	Date Issued: Mar.1,1968	Date Orig. Entry: Aug.2,1930	
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 12, 1968

FORM BH 56067

ICP Ad Rec'd 2-27-07

(2) 1-24684md

MAR 12 1968

419-224-016-523

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
MAR 7 1955
Division of Vital Statistics

State File No. De 68-276
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dayley, Arlie Marzet		2. Date of Birth (month) 3 (day) 24 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: b. City or Town of Birth: Basin, Cassia County
FATHER	6. Full Name of Father: Dayley, Porteious Donald		7. State or Country of Father's Birth: Grantsville, Utah
MOTHER	8. Full Maiden Name of Mother: Fairchild, Birdie Estella		9. State or Country of Mother's Birth: Grantsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arlie M Dayley by Marriage	11. Present Address of Registrant: Box (631) 230, Burley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 5, 1955.	12. Signature of Notary: Robert J. Miller	13. Notary Commission expires: NOTARY PUBLIC OF IDAHO RESIDING AT BURLEY, IDAHO 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: CASSIA COUNTY SCHOOLS Burley, Idaho	Date Issued: 3-10-55	Date Orig. Entry: September 1917
	Date of Birth: March 24 1910 / Birth Place:	Full Name of Mother: Berdie Dayley	Name of Father: P. D. Dayley	
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY AUNT	By whom issued and signed: EMMA FAIRCHILD MCINTOSH Basin, Idaho	Date Issued: 3-11-55	Date Orig. Entry:
	Date of Birth: March 24 1910 / Birth Place: Basin, Idaho Cassia County	Full Name of Mother: Birdie Estella Fairchild	Name of Father: Porteious Donald Dayley	
SUPPORTING RECORD 3. Class	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: Jan.20,1966	Date Orig. Entry: Sept.1,1918
	Date of Birth: Mar.24,1910 / Birth Place: Basin, Cassia County, Idaho	Full Name of Mother: Berdie Fairchild	Name of Father: Portieous B. Dayley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	bw Glenda Larson	March 12, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

MAR 12 1968

DECEASED

381-203-033-965

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-284

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Iretta Chandler		2. Date of Birth (month) May (day) 3 (year) 1910
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Rexburg Idaho Fremont (now Madison Co.) b. City or Town of Birth: Rexburg Idaho
FATHER	6. Full Name of Father: William Henry Chandler		7. State or Country of Father's Birth: Fremont County Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Zweifel		9. State or Country of Mother's Birth: Fremont County Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Iretta Chandler	11. Present Address of Registrant: Blackfoot Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: August 9, 1966	12. Signature of Notary: Garth Dexter	13. Notary Commission expires: 2-15-69 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #566-03-0583		By whom issued and signed: Social Security Adm.	Date issued: Feb.19,1937	Date Orig. Entry: Feb.19,1937
	Date of Birth: May 3,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Sarah Zwiefel	Name of Father: William Henry Chandler	
SUPPORTING RECORD 2.	Type of Document: photocopy of church membership record		By whom issued and signed: LDS Church	Date issued: ---	Date Orig. Entry: blessed June 5,1910
	Date of Birth: May 3,1910	Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Sarah Sweifel	Name of Father: William Henry Chandler, Jr.	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Sarah Zweifel Chandler	Date issued: Sep.20,1966	Date Orig. Entry: ---
	Date of Birth: May 3,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Sarah Zweifel Chandler	Name of Father: William Henry Chandler, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 12, 1968

FORM BH 56067

APR 30 1968

815-223-002-312

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

State File No. De 68-302
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL LOULLA HANSON.	2. Date Of Birth (month) April (day) 23 (year) 1910
	3. Color or Race: WHITE; 4. Sex: Female; 5. Place of Birth: Council; a. County: Adams	b. City or Town of Birth: Council Idaho
FATHER	6. Full Name of Father: Soren Rasmussen Hanson.	7. State or Country of Father's Birth: Ugelcolle, Demark.
MOTHER	8. Full Maiden Name of Mother: Dora Dulcina Lakey.	9. State or Country of Mother's Birth: Heppner Ore.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel L. Matthews; 11. Present Address of Registrant: 2034 N. Winchell St. Portland Oregon
NOTARY (Seal)	Subscribed and sworn to before me on 4-15- 19 65	12. Signature of Notary: [signature]; 13. Notary Commission expires: My Commission Expires June 18, 1966 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment		By whom issued and signed: Emanuel Hospital, Portland	Date issued: Jan.10,1962 hired	Date Orig. Entry: Jan.6,1962
Class*	Date of Birth: Apr.23,1910	Birth Place: Council, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle		By whom issued and signed: Wm. Hanson Age: 79	Date issued: Feb.23,1968	Date Orig. Entry: ----
Class	Date of Birth: Apr.23,1910	Birth Place: Council, Idaho	Full Name of Mother: Dora Lakey	Name of Father: Soren Hanson	
SUPPORTING RECORD 3.	Type of Document: photocopy of credit union application		By whom issued and signed: City of Portland Credit Union	Date issued: ---	Date Orig. Entry: Jan. 1959
Class	Date of Birth: Apr.23,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 20, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067 1 copy ad

(A) 9-20-67

MAR 20 1968

355120-016-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-304

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roy Raymond Teem
2. Date of Birth (month) (day) (year): February 20, 1910
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Jaekson, Cassia Co.,
b. City or Town of Birth: Jackson

FATHER

6. Full Name of Father: John Robert Teem
7. State or Country of Father's Birth: North Caroline

MOTHER

8. Full Maiden Name of Mother: Sara Catherine Irvin
9. State or Country of Mother's Birth: Alabama

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roy Raymond Teem
11. Present Address of Registrant: 1595 13th Ave., Box 311 Sweet Home, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 6, 1968
12. Signature of Notary: Peggy Connell
13. Notary Commission expires: December 7, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding school records	School Dist.#49, Middle Fork School, Adams County, Idaho	Feb.23,1968	Sept.5,1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 14 / -----	-----	J. R. Teem	
SUPPORTING RECORD 2.	federal census record	U.S. Department of Commerce Bureau of the Census	Mar.1,1968	Jan.1,1920
	Age: 9 / Idaho	Sarah Teem	John R. Teem	
SUPPORTING RECORD 3.	Affidavit by sister Age:78	Mary Margaret Cline	Mar.12,1968	---
	Feb.20,1910 / Jackson, Cassia County, Idaho	Sarah Catherine Irvin Teem	John Robert Teem	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

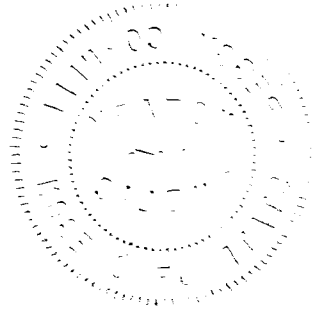
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barsom	Glenda Larson	March 20, 1968

FORM BH 56067

2/29/68

MAR 20 1968



693-128-021-865

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-324

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Bertron Wilkinson
2. Date of Birth (month) (day) (year): Aug. 28 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Franklin - Franklin
b. City or Town of Birth: Franklin Idaho

FATHER

6. Full Name of Father: Uriah Wilkinson
7. State or Country of Father's Birth: Idaho - Franklin County

MOTHER

8. Full Maiden Name of Mother: Lucy Ann Handy
9. State or Country of Mother's Birth: Idaho - Franklin County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Bertron Wilkinson
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on February 8 1968

12. Signature of Notary: Lonnie Westover
13. Notary Commission expires: July 1 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #218667	----	child born Jan.9,1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 23 / Franklin, Idaho	----	----	
SUPPORTING RECORD 2.	Certified copy of application for license to marry #263	Cache County, Utah	Mar.19,1968	June 15,1932
	Aug.28,1910 / Idaho	Lucy A. Handy	Euria Wilkinson	
SUPPORTING RECORD 3.	Affidavit by uncle who lived next door at time of birth	Newel D. Handy Age:80	Mar.6,1968	-----
	Aug.28,1910 / Franklin, Idaho	Lucy Ann Handy	Uriah Wilkinson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	March 27, 1968

FORM BH 56067 Application # 7707

(W) 2-26-68 gml

MAR 27 1968

MAR 27 1968

413-202-001-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-350

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Pearl Matcham		2. Date of Birth (month) Sept. (day) 2 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Ustick
FATHER	6. Full Name of Father: Alfred J. Matcham		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Jessie Viola Shaw		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah Edmiston	11. Present Address of Registrant: 1029 W 4th Meridian Idaho 83642
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record of Birth	By whom issued and signed: on file - Ada County	Date Issued: Mar.6,1953	Date Orig. Entry: Sept. 1910
	Date of Birth: Sept.2,1910 / Birth Place: Ustick, Idaho	Full Name of Mother: Jessie Viola Shaw	Name of Father: Alfred J. Matcham	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho #214375	Date Issued: ----	Date Orig. Entry: child born July 23, 1933
	Date of Birth: Age 22 / Birth Place: Ustick, Idaho	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother Age 81	By whom issued and signed: Jessie Viola Matcham	Date Issued: Apr.1,1968	Date Orig. Entry: -----
	Date of Birth: Sept.2,1910 / Birth Place: Ustick, Idaho	Full Name of Mother: Jessie Viola Shaw	Name of Father: Alfred J.Matcham	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	April 1,1968

K FORM BH 56067 2-14-69

APR 1 1968

632-1/14.021-262

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-372

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roland Bodily Olson			2. Date of Birth (month) Jan. (day) 14 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fairview, Idaho, Franklin	b. City or Town of Birth: mail-Preston, Idaho
FATHER	6. Full Name of Father: John Theadore Olson			7. State or Country of Father's Birth: Malmo, Sweden
MOTHER	8. Full Maiden Name of Mother: Mary Louisa Bobily			9. State or Country of Mother's Birth: Preston, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roland Bodily Olson		11. Present Address of Registrant: Salt Lake City 11, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 23, 1968	12. Signature of Notary: Gary O. Nelson		13. Notary Commission expires: March 23, 1969

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License & Certificate	By whom issued and signed: On file Idaho #47-4886		Date Issued: Nov.27,1947	Date Orig. Entry: Nov.22,1947
	Date of Birth: Age: 37	Birth Place: Fairview, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge paper	By whom issued and signed: U.S.Army, J.Willard Wagner, Lt. Col.AGD, Ft.Lewis, Wash.		Date Issued: Dec.1,1945	Date Orig. Entry: Apr.8,1941
	Date of Birth: Jan.14,1910	Birth Place: Fairview, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Family Group Sheet	By whom issued and signed: Salt Lake Temple, LDS Church		Date Issued: ----	Date Orig. Entry: Temple date May 27,1959
	Date of Birth: Jan.14,1910	Birth Place: Fairview, Idaho Franklin County	Full Name of Mother: Mary Louisa Bodily	Name of Father: John Theadore Olson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 4, 1968

FORM BH 56067

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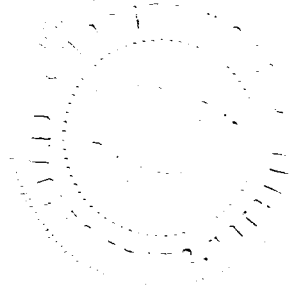
Olson

APR 4 1968



639-19-021-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elden W. Oliverson			2. Date of Birth (month) July (day) 19 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: James H. Oliverson			7. State or Country of Father's Birth: Franklin, Idaho
MOTHER	8. Full Maiden Name of Mother: Margaret E. Whitehead			9. State or Country of Mother's Birth: Franklin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elden W. Oliverson		11. Present Address of Registrant: 1593 Cassiopeia, Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 1, 19 67	12. Signature of Notary: Lester Allred		13. Notary Commission expires: 12-11-67 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #1186218		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Oct.30,1925	Date Orig. Entry: Oct.16,1925
	Date of Birth: Jul.19,1910	Birth Place: Preston, Idaho	Full Name of Mother: Margaret Oliverson	Name of Father: ———	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #56-9718	Date Issued: ———	Date Orig. Entry: child born Aug.22,1956
	Date of Birth: Age 46	Birth Place: Preston, Idaho	Full Name of Mother: ———	Name of Father: ———	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-12-5324		By whom issued and signed: Treasury Department Social Security Adm.	Date Issued: ----	Date Orig. Entry: Nov.23,1937
	Date of Birth: Jul.19,1910	Birth Place: Preston, Idaho	Full Name of Mother: Margaret Whitehead	Name of Father: J. H. Oliverson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 16, 1968

FORM BH 56067

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(O) 11-21-67

APR 16 1968

413-231-042-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-396

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GERALDINE MACAW			2. Date Of Birth (month) July (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: TWIN FALLS	b. City or Town of Birth: TWIN FALLS
FATHER	6. Full Name of Father: MARTIN JOSEPH MACAW			7. State or Country of Father's Birth: OKLAHOMA
MOTHER	8. Full Maiden Name of Mother: DEBORAH LEE			9. State or Country of Mother's Birth: TENNESSIEE
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geraldine MacAw Musgrave		11. Present Address of Registrant: Filer IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: December 16 1959	12. Signature of Notary: John M Barker		13. Notary Commission expires: JAN 1 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #165954	Date Issued: ----	Date Orig. Entry: child born Oct.25,1928
	Date of Birth: Age: 18	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who was building home for parents at the time of birth.		By whom issued and signed: L.S.Atwood Age: 82	Date Issued: Dec.22,1959	Date Orig. Entry: -----
	Date of Birth: Jul.31,1910	Birth Place: Twin Falls,Idaho	Full Name of Mother: Deborah Macaw	Name of Father: Martin Macaw	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Filer High School,Filer,Idaho Ethel Brown,Secretary	Date Issued: Mar.28,1968	Date Orig. Entry: Sept.4,1922
	Date of Birth: Age:12	Birth Place: ----	Full Name of Mother: -----	Name of Father: M. J. Macaw	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Barker	Evidence reviewed by: Glenda Larson	Date Filed: April 16,1968

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FORM BH 56067

APR 16 1968

413-231-042-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAULINE MACAW			2. Date Of Birth (month) July (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: TWIN FALLS - Twin Falls City	b. City or Town of Birth: TWIN FALLS
FATHER	6. Full Name of Father: MARTIN JOSEPH MACAW			7. State or Country of Father's Birth: OKLAHOMA
MOTHER	8. Full Maiden Name of Mother: DEBORAH LEE			9. State or Country of Mother's Birth: TENNESSEE
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Macaw Haag		11. Present Address of Registrant: FILER, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: December 16 1959	12. Signature of Notary: John M Barker		13. Notary Commission expires: JAN 1 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #262827	Date Issued: -----	Date Orig. Entry: child born Jan.14,1938	
	Date of Birth: Age:27	Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who was building home for parents at time of birth	By whom issued and signed: G.S.Atwood Age:82	Date Issued: Dec.22,1959	Date Orig. Entry: ----	
	Date of Birth: Jul.31,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Deborah Macaw	Name of Father: Martin Macaw	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Filer High School, Filer, Idaho Ethel Brown, Secretary	Date Issued: Mar.27,1968	Date Orig. Entry: Sept.4,1922	
	Date of Birth: Age:12	Birth Place: -----	Full Name of Mother: -----	Name of Father: M. J. Macaw	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barker	Glenda Larson	April 16, 1968

FORM BH 56067

APR 16 1968

249-202-011-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-407

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie June Burroway			2. Date Of Birth: (month) May (day) 2 (year) 1910
	3. Color or Race: Cauc.	4. Sex: Female	5. Place of Birth: a. County: Boundary	b. City or Town of Birth: Bonner's Ferry
FATHER	6. Full Name of Father: Lawrence Ellswood Burroway			7. State or Country of Father's Birth: Ohio - USA
MOTHER	8. Full Maiden Name of Mother: Jessie June (MacKenzie) Burroway			9. State or Country of Mother's Birth: Pennsylvania - USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie June Burroway		11. Present Address of Registrant: Star Route, Box 329 Hollister, Missouri
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1968	12. Signature of Notary: Maxine Cunningham		13. Notary Commission expires: My Commission Expires July 14, 1970 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Lawrence E. Burroway	Date Issued: Feb.20,1943	Date Orig. Entry: ----
	Date of Birth: May 2,1910	Birth Place: Bonners Ferry,Ida.	Full Name of Mother: Jessie June Burroway nee. MacKenzie	Name of Father: Lawrence E. Burroway	
SUPPORTING RECORD 2.	Type of Document: Passport #B 023741		By whom issued and signed: U.S. Passport	Date Issued: Feb.14,1961	Date Orig. Entry: Feb.14,1961
	Date of Birth: May 2,1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #226 211		By whom issued and signed: New York Life Ins. Co.	Date Issued: Jan.14,1954	Date Orig. Entry: Jan.8,1954
	Date of Birth: May 2,1910	Birth Place: Bonners Ferry,Ida.	Full Name of Mother: ------	Name of Father: Lawrence E. Burroway	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 16,1968

FORM BH 56067

3-19-68

Johnson

APR 17 1968

246-201-014-794

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-410

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lottie Viola Buffington			2. Date of Birth (month) (day) (year): February 1, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Center Point District (near Notus)
FATHER	6. Full Name of Father: Joseph James Buffington			7. State or Country of Father's Birth: Potawatomy, Iowa
MOTHER	8. Full Maiden Name of Mother: Pheoba Ellen Pruett			9. State or Country of Mother's Birth: Potawatomy, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lottie Haskins		11. Present Address of Registrant: Box 134 Cascade Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #262960	Date Issued: -----	Date Orig. Entry: child born Dec. 13, 1937
	Date of Birth: Age: 27	Birth Place: Canyon County, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by older sister	By whom issued and signed: Sarah Buffington Edwards Age: 78	Date Issued: Apr. 7, 1968	Date Orig. Entry: -----
	Date of Birth: Feb. 1, 1910	Birth Place: Canyon Co., Idaho Center Point Dist.	Full Name of Mother: Pheoba Ellen Pruett Buffington	Name of Father: Joseph James Buffington
SUPPORTING RECORD 3.	Type of Document: Family Bible	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Feb. 1, 1910	Birth Place: ----	Full Name of Mother: Pheoba Ellen Pruett Buffington	Name of Father: Joseph James Buffington
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 18, 1968

FORM BH 56067

APR 18 1968

819231-014-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-411

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Harvey			2. Date of Birth (month) (day) (year): October 31, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Jonathan Louis Harvey			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mae Langstaff			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Margaret Harvey Lillywhite		11. Present Address of Registrant: 133 Jacon Way Pacific Palisades Cal 90274
NOTARY (Seal)	Subscribed and sworn to before me on: April 15 1968	12. Signature of Notary: Pamela C. Hargis		13. Notary Commission expires: October 14 1968

PAMELA C. HARGIS
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE
LOS ANGELES COUNTY

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mae L. Harvey	Date issued: Mar.15,1944	Date Orig. Entry: ----
	Date of Birth: Oct.31,1910 / Birth Place: Nampa, Idaho	Full Name of Mother: Mae Langstaff	Name of Father: Jonathan Louis Harvey	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism & Confirmation	By whom issued and signed: LDS Church, Peter J.William Bishop	Date issued: ----	Date Orig. Entry: baptized June 5,1920
	Date of Birth: Oct.31,1910 / Birth Place: Nampa, Idaho	Full Name of Mother: Mae Langstaff	Name of Father: Jonathan L. Harvey	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: Nov.30,1937	Date Orig. Entry: Oct.27,1937
	Date of Birth: Oct.31,1910 / Birth Place: Nampa,Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 19, 1968

FORM BH 56067 NM RUSH (L) 4-12-68 gml

APR 1 9 1968

859-105-042-499

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-415

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Kelly Herendeen
2. Date Of Birth: (month) August (day) 5 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Twin Falls, Idaho

FATHER

6. Full Name of Father: William Kingman Herendeen
7. State or Country of Father's Birth: Dunn, Illinois

MOTHER

8. Full Maiden Name of Mother: Etta Love Dir
9. State or Country of Mother's Birth: Fontana, Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Kelly Herendeen
11. Present Address of Registrant: BOX 2212 Columbia City Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: April 8 1968
12. Signature of Notary: Lucy J. Avis
13. Notary Commission expires: January 5 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister, age 61	Ruth Shinkle	5-24-57	
	Date of Birth: Aug. 5, 1910 / Birth Place: Twin Falls Co. Twin Falls, Ida.	Full Name of Mother: Etta Love Dir	Name of Father: William Kingman Herendeen	
SUPPORTING RECORD 2.	Church Record	By whom issued and signed: Twin Falls Ward LDS Church	3-26-22	Aug. 31, 1918
	Date of Birth: Aug. 5, 1910 / Birth Place: Twin Falls Co. Twin Falls, Ida.	Full Name of Mother: Etta Dir	Name of Father: Wm. K. Herendeen	
SUPPORTING RECORD 3.	certified copy of own child's birth certificate #203	By whom issued and signed: State of Oregon, Vital Statistics Section	Apr.5,1968	child born Oct.29,1934
	Date of Birth: Age: 24 / Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Glenda Larson	April 23, 1968

FORM BH 56067

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APR 2 4 1968

396-217-040-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-416

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LELA MAE CROWLEY
2. Date of Birth (month) (day) (year): DEC. 17 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth — a. County: Shoshone; b. City or Town of Birth: BLACKBEAR IDAHO

FATHER

6. Full Name of Father: WILLIS CROWLEY
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: BESSIE JANE BARNES
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lela Mae Jackson
11. Present Address of Registrant: Butler, Mo. R. 3. Box 87

NOTARY (Seal)

Subscribed and sworn to before me on: 19th day March 1968
12. Signature of Notary: Dorothy L. Gaston
13. Notary Commission expires: Feb 10 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
federal census record	U.S. Department of Commerce Bureau of the Census	Mar.7,1968	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 9	Idaho	Bessie J. Crowley	Willis Crowley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of family Bible records	Family Bible Records	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.17,1910	-----	Bessie J. Barnes	Willis Crowley

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #490-42-0507	Treasury Department	----	Aug.15,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.17,1910	Blackbear, Idaho	Lou-Bessie Jane Barnes	Willis Crowley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	April 23, 1968

FORM BH 56067 NM.

(J) 3-26-68 DH

APR 24 1968

231-04-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-419

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Staten			2. Date of Birth (month) June (day) 4 (year) 1910
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Palisades, Idaho Bonneville	b. City or Town of Birth: Palisades
FATHER	6. Full Name of Father: William Staten			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Caroline Burton			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Albert Staten	11. Present Address of Registrant: 247 Rio Verde Daly City Calif.
NOTARY (Seal)	Subscribed and sworn to before me on March 26, 1968		12. Signature of Notary: Arthur Resnick	13. Notary Commission expires: ARTHUR RESNICK 19

ARTHUR RESNICK
NOTARY PUBLIC, CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO
My Commission Expires June 28, 1971

My Commission Expires June 28, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age: 75		By whom issued and signed: Zina May Burton	Date issued: Mar.13,1968	Date Orig. Entry: ----
	Date of Birth: June 4,1910	Birth Place: Palisades, Idaho Bonneville County	Full Name of Mother: Caroline Burton	Name of Father: William Staten	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Mutual Benefit Health & Accident Association	Date issued: ----	Date Orig. Entry: May 1,1956
	Date of Birth: June 4,1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of military separation paper		By whom issued and signed: U.S. Navy, W.J.Voigt, Jt.(jg) USN	Date issued: Mar.17,1947	Date Orig. Entry: enlisted Mar.20,1941
	Date of Birth: June 4,1910	Birth Place: Palisade, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 23, 1968

FORM BH 56067 1cp Add'l # 21873 (S) 3-26-

APR 2 4 1968

795-120-026-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-421

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Donald K. Greaves			2. Date of Birth (month) January (day) 20 (year) 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: was Oneida now Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Thomas Greaves			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Hannah Kidd			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: X Donald K Greaves		11. Present Address of Registrant: Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 4/4/1968 19__	12. Signature of Notary: [illegible]		13. Notary Commission expires 5-22-1971 19__

(((APPLICANT — DO NOT WRITE BELOW THIS LINE)))

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Preston 3rd Ward Joseph B. Roper, Clerk	Date Issued: ----	Date Orig. Entry: blessed Apr.3,1910
	Date of Birth: Jan.20,1910 / Birth Place: Preston, Idaho Oneida County	Full Name of Mother: Hannah Kidd	Name of Father: Thomas Greaves	
SUPPORTING RECORD 2.	Type of Document: Insurance policy #GEL 9144-6	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: Mar.14,1941	Date Orig. Entry: Mar.12,1941
	Date of Birth: Jan.20,1910 / Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #284882	Date Issued: -----	Date Orig. Entry: child born Sept.29,1939
	Date of Birth: Age: 29 / Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 23, 1968

FORM BH 56067

1 copy paid rec.68-30946 (B) 4-2-68 gml

APR 24 1968

799-227-036-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-435

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Price		2. Date of Birth (month) July (day) 27 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Samaria
FATHER	6. Full Name of Father: William Morse Price		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Hamblin		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Price Sanderson	11. Present Address of Registrant: 584 Gem St - Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 20, 1968	12. Signature of Notary: Russell S. Brown	13. Notary Commission expires: February 19, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: William M. Price	Date issued: Feb.17,1968	Date Orig. Entry: -----
	Date of Birth: Jul.27,1910; Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Annie Hamblin Price	Name of Father: William Morse Price	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 628,780,702M	By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: Jul.17,1962	Date Orig. Entry: June 18,1962
	Date of Birth: Jul.27,1910; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3. *	Type of Document: Church certificate of Birth	By whom issued and signed: LDS Church,Malad Stake,Pleasant View Ward Pages 1162-3	Date issued: Apr.4,1968	Date Orig. Entry: Dec.4,1910
	Date of Birth: Jul.27,1910; Birth Place: Pleasant View,Ida. Oneida County	Full Name of Mother: Annie Hamlin	Name of Father: William Price	

QUALIFYING INFORMATION: * Pleasant View is not a town but merely a community which is located in Oneida County in the same general area as Samaria.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	hh gml Glenda Larson	April 23, 1968

FORM BH 56067

1 cp pd rec #18152 (5) 3-1-68 gml

APR 24 1968

912-121-036-742

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eben Don Rasmussen		2. Date of Birth (month) Feb. (day) 21 (year) 1910	
	3. Color or Race	4. Sex: Male	5. Place of Birth a. County: Mink Creek Oneida	b. City or Town of Birth: Mink Creek Idaho
FATHER	6. Full Name of Father: Hans J. Rasmussen		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Kristina Pukkendal		9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eben Don Rasmussen	11. Present Address of Registrant: Ashton Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 1968	12. Signature of Notary: [illegible]	13. Notary Commission expires: 7/31 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Elizabeth Pukkendal Hansen (bd.12-3-1895)	Date Issued: Apr.10,1968	Date Orig. Entry: -----
	Date of Birth: Feb.21,1910 / Birth Place: Mink Creek,Idaho	Full Name of Mother: Kristina Hansen Pukkendal Rasmussen	Name of Father: Hans J. Rasmussen	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: LDS Church, Preston 2nd Ward Lorenzo Johnson, Bishop	Date Issued: -----	Date Orig. Entry: baptized Feb.23,1918
	Date of Birth: Feb.21,1910 / Birth Place: Mink Creek,Idaho	Full Name of Mother: Kristina Pukkendal	Name of Father: Hans J. Rasmussen	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Mink Creek Ward Arthur Schnieder, Clerk	Date Issued: ----	Date Orig. Entry: blessed May 1,1910
	Date of Birth: Feb.21,1910 / Birth Place: Mink Creek,Idaho	Full Name of Mother: Christena Pukkendal	Name of Father: Hans, Rasmussen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: April 24, 1968

FORM BH 56067

4-14-67

APR 24 1968

816-205-021-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vaunda Hannah Hawkes		2. Date of Birth (month) July (day) 5 (year) 1910	
	3. Color or Race: White	4. Sex: F M	5. Place of Birth: Idaho a. County: Franklin	b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: Thomas Herbert Hawkes		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Ann Gibbons		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: × Vaunda H Smith	11. Present Address of Registrant: Wendell, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 17th 1968	12. Signature of Notary: Larry Peterson	13. Notary Commission expires: Jan 1, 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #256042	Date Issued: -----	Date Orig. Entry: child born May 16, 1937
	Date of Birth: Age:26	Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Elizabeth Ann Hawkes	Date Issued: Apr.17,1968	Date Orig. Entry: -----
	Date of Birth: July 5,1910	Birth Place: Preston, Idaho	Full Name of Mother: Elizabeth Ann Gibbons	Name of Father: Thomas Herbert Hawkes
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #1973B5	By whom issued and signed: Gem State Mutual Life Assoc. of Pocatello, Idaho	Date Issued: Sep.23,1935	Date Orig. Entry: Sep.20,1935
	Date of Birth: July 5,1910	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W M Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 24, 1968	

FORM BH 56067

3-6-68

APR 24 1968

168-21401A-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-454

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Leon Johnson		2. Date of Birth (month) April (day) 14 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Chester A. Johnson		7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Mabel Ann Powley		9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Mrs. Beulah L. Johnson	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on ~~Sept~~ May 1 1968	12. Signature of Notary: W. J. Smithdale	13. Notary Commission expires: Sept. 29 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 259640	Date Issued: ----	Date Orig. Entry: child born August 10, 1937	
	Date of Birth: Age 27	Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother Age 80	By whom issued and signed: Mabel Johnson	Date Issued: May 1,1968	Date Orig. Entry: ----	
	Date of Birth: Apr.14,1910	Birth Place: Nampa, Idaho	Full Name of Mother: Mabel Ann Powley	Name of Father: Chester A. Johnson	
SUPPORTING RECORD 3.	Type of Document: County Record of Marriage	By whom issued and signed: Ada County Lorraine, Crawford, Deputy	Date Issued: May 1,1968	Date Orig. Entry: Married Sept. 22,1934	
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: May 1, 1968

FORM BH 56067

MAY 2 1968

789-1081001-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-458

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Donald Phillippi			2. Date Of Birth (month) April (day) 8 (year) 1910	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Wesley Martin Phillippi			7. State or Country of Father's Birth: State of Illinois	
MOTHER	8. Full Maiden Name of Mother: Amanda Brubaker			9. State or Country of Mother's Birth: State of Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X John Donald Phillippi	11. Present Address of Registrant: 3301 no. Dustin Farmington, New Mexico	
NOTARY (Seal)	Subscribed and sworn to before me on: 4/19 1968		12. Signature of Notary: Ruth L. Nation	13. Notary Commission expires: March 19 1971	

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #279783	Date Issued: ----	Date Orig. Entry: child born May 11,1939
	Date of Birth: Age: 29	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Valla P. Bassett Age: 67	Date Issued: May 7,1964	Date Orig. Entry: ----
	Date of Birth: Apr.8,1910	Birth Place: Boise, Idaho Ada County	Full Name of Mother: Amanda Brubaker Phillippi	Name of Father: Wesley Martin Phillippi	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Ada County, Idaho; School Dist. #45	Date Issued: May 11,1964	Date Orig. Entry: May 16,1924
	Date of Birth: Age: 14	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

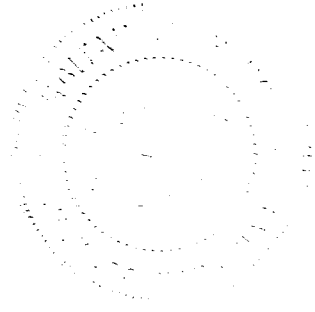
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	May 3, 1968

FORM BH 56067

1 copy paid rec. 68-30738 (P) 4-5-68 gml

MAY 3 1968



753-216-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Elvene Petersen		2. Date Of Birth (month) Dec. (day) 16th (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: St. John, Idaho Oneida Co. mail b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: William E. Petersen		7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Zina Williams Petersen		9. State or Country of Mother's Birth: Evanston, Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: S. Elvene Petersen Hamel	11. Present Address of Registrant: 238 West 200 North Malad
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 19 1968	12. Signature of Notary: Colen H Swenson Jr	13. Notary Commission expires: _____ 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Zina Petersen	Date issued: Feb.19,1968	Date Orig. Entry: ----
	Date of Birth: Dec.16,1910 / Birth Place: Malad City, Idaho	Full Name of Mother: Zina W. Petersen	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of church certificate of membership	By whom issued and signed: LDS Church	Date issued: ---	Date Orig. Entry: baptized Aug.3,1918
	Date of Birth: Dec.16,1910 / Birth Place: St.John, Oneida County, Idaho	Full Name of Mother: Zina Williams	Name of Father: William E. Petersen	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Gem State Mutual Life Association, Inc.,Pocatello	Date issued: -----	Date Orig. Entry: June 1,1948
	Date of Birth: Dec.16,1910 / Birth Place: St.John, Idaho	Full Name of Mother: Zina W. Petersen	Name of Father: ----	
QUALIFYING INFORMATION				

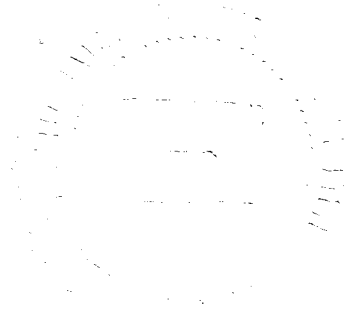
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 3, 1968

FORM BH 56067 1 cc, pd rec 68-30886 (H) 4-5-68 good

MAY 3 1968



693-201-036-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-463

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mattie Martha Williams		2. Date of Birth (month) (day) (year): Dec. 1 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Malad Oneida; b. City or Town of Birth: Malad Idaho
FATHER	6. Full Name of Father: Edwin Williams		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucy Emma Green		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mattie Martha Williams Trauvie	11. Present Address of Registrant: Downey Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 12-1- 1967	12. Signature of Notary: John B. Bowen	13. Notary Commission expires: Oct 20 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #208157	Date issued: -----	Date Orig. Entry: child born Nov.19,1932
	Date of Birth: Age:21	Birth Place: Malad, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Ella Richardson Age:75	Date issued: Feb.27,1968	Date Orig. Entry: ----
	Date of Birth: Dec.1,1910	Birth Place: Malad, Idaho	Full Name of Mother: Lucy Emma Williams	Name of Father: Edwin Williams	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Marsh Valley,Memorial Hospital Downey, Idaho,W.Armstrong,Adm.	Date issued: Apr.17, 1968	Date Orig. Entry: Aug.24,1959
	Date of Birth: Dec.1,1910	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	May 3, 1968

FORM BH 56067 ICC Pd no #67-24856 (T) 3-26-68

MAY 3 1968

141-108001-566

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be 68-470

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleo Theodore Adams		2. Date of Birth (month) March (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Meridian, Ada — b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Lloyd F. Adams		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Loah O. Voorhees		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cleo T. Adams	11. Present Address of Registrant: BOX 51 - Meridian Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: APRIL 20 1968	12. Signature of Notary: Wm Dean Mayes	13. Notary Commission expires: Sept 10, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend & neighbor at time of birth	By whom issued and signed: Meda Whiteley Age: 80		Date Issued: Apr.20,1968	Date Orig. Entry: ----
	Date of Birth: Mar.8,1910	Birth Place: Meridian, Idaho	Full Name of Mother: Loah O. Voorhees	Name of Father: Lloyd F. Adams	
SUPPORTING RECORD 2.	Type of Document: Cradle Roll Certificate	By whom issued and signed: Sabbath Home M.E.Sunday School Rev. Winters, Pastor		Date Issued: ---	Date Orig. Entry: Mar.21,1910
	Date of Birth: Mar.8,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, Harvey D.Taylor,Lt. Col. Cavalry,Ft.Lewis,Wash.		Date Issued: Nov.24,1945	Date Orig. Entry: inducted Sep.20,1943
	Date of Birth: Mar.8,1910	Birth Place: Meridian, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: May 3, 1968

FORM BH 56067

Marriage # 21558

4-11-68

MAY 3 1968

236-115-029-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-474

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Ernest Scott			2. Date of Birth (month) April (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Juliaetta, Idaho
FATHER	6. Full Name of Father: Ulyssus Dow Scott			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Lydia Pearl Pierce			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Ernest Scott		11. Present Address of Registrant: 1226 Ribby Lane Lewiston, Idaho 83501
NOTARY (Seal)	Subscribed and sworn to before me on: April 16, 1968	12. Signature of Notary: Bruce A. Lambert		13. Notary Commission expires: May 7, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License and Certificate		By whom issued and signed: On file Idaho #57-5487	Date Issued: Aug.30,1957	Date Orig. Entry: Aug.30,1957
	Date of Birth: Age: 47	Birth Place: Juliaetta, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Identification Card (Smith Frozen Foods)		By whom issued and signed: Medical Service Bureau Lewiston, Idaho	Date Issued: June 1,1949	Date Orig. Entry: June 1,1949
	Date of Birth: Apr.15,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt (28 yrs. old at time of birth)		By whom issued and signed: Annie M. Pierce	Date Issued: Apr.22,1968	Date Orig. Entry: ----
	Date of Birth: Apr.15,1910	Birth Place: Juliaetta, Idaho	Full Name of Mother: Lydia Pearl Scott	Name of Father: Ulyssus D. Scott	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Jeppson	Glenda Larson	May 3, 1968

FORM BH 56067

4-9-68

MAY 3 1968

6W3-101-011-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-480

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rupert Adin Fuller		2. Date Of Birth (month) (day) (year): September 1, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boundary; b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Adin Lloid Fuller		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Maude Edna Forrest		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rupert Adin Fuller	11. Present Address of Registrant: 2791 Nicolet Dr. Green Bay Wis
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1968	12. Signature of Notary: Helen M. Hanson	13. Notary Commission expires: March 1 1970

APPLICANT—DO NOT WRITE BELOW THIS LINE

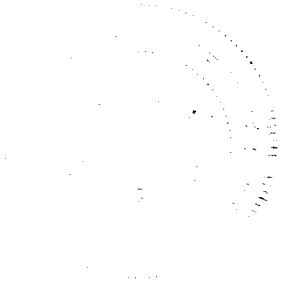
SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Maude Edna Fuller	Date Issued: Apr.3,1943	Date Orig. Entry: -----
	Date of Birth: Sept.1,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Maude Edna Forrest	Name of Father: Adin Lloid Fuller	
SUPPORTING RECORD 2.	Type of Document: certified copy of county record of birth		By whom issued and signed: Boundary County recorder's Office, Idaho	Date Issued: -----	Date Orig. Entry: -----
	Date of Birth: Sept.1,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Maude Forrest Fuller	Name of Father: Adin Fuller	
SUPPORTING RECORD 3.	Type of Document: Certificate of Discharge		By whom issued and signed: Civilian Conservation Corps Theo.A.Rathje, 1st Lt. Cav-Res.	Date Issued: Mar.1,1934	Date Orig. Entry: June 8,1933
	Date of Birth: Age: 22	Birth Place: Bonnersferry, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: sm by gml Glenda Larson	Date Filed: May 14, 1968

FORM BH 56067 1 cpd.

(F) 8-31-67 sm

MAY 1 5 1968



615-124-021-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-491

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joseph John Wanner
2. Date of Birth (month) (day) (year): May 24 1910
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Preston - Franklin
b. City or Town of Birth: Preston Idaho

FATHER

6. Full Name of Father: Fred Wanner
7. State or Country of Father's Birth: Preston Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Carter Wanner
9. State or Country of Mother's Birth: Preston Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joseph John Wanner
11. Present Address of Registrant: 305 West 6th North Logan Ut

NOTARY (Seal)

Subscribed and sworn to before me on 4/10/68 19__
12. Signature of Notary:
13. Notary Commission expires: ____ 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #236272	----	child born Sept. 13, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Preston, Idaho	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt (bd. 12-12-1885)	Ethel C. Barrington	Apr. 30, 1968	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 24, 1910	Preston, Idaho	Mary Elizabeth Carter Wanner	Fred Wanner

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Glendale Ward Vern Nelson, Clerk	-----	blessed July 3, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 24, 1910	Preston, Idaho Franklin County	Mary E. Carter	Frederick Wanner

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	May 14, 1968

FORM BH 56067

1 copy mailed 5-26-68 31966

(11) 4-26-68 Cert

MAY 1 5 1968

219-201-003-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-512

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rachel Barfuss			2. Date of Birth (month) Dec. (day) 1 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Bancroft; b. City or Town of Birth: Bannock		
FATHER	6. Full Name of Father: Frederick Barfuss			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Wilhelmina Leonhardt			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Rachel Barfuss McLain	11. Present Address of Registrant: Bancroft	
NOTARY (Seal)	Subscribed and sworn to before me on: May 6, 1968		12. Signature of Notary: La Ducta Oleran	13. Notary Commission expires: 2/15 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #207611	Date Issued: ----	Date Orig. Entry: child born Oct.28,1932
	Date of Birth: Age: 21	Birth Place: Bancroft	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Bancroft Ward, George Fisher, Bishop	Date Issued: Jan.1,1911	Date Orig. Entry: blessed Jan.1,1911
	Date of Birth: Dec.1,1910	Birth Place: Bancroft, Idaho Bannock County	Full Name of Mother: Mina Leonhardt	Name of Father: Frederick Barfuss	
SUPPORTING RECORD 3.	Type of Document: War Ration Book One No. 200323 -363		By whom issued and signed: USA Office of Price Adm. Robt. H. Alley, Local Board 3	Date Issued: May 6,1942	Date Orig. Entry: May 6,1942
	Date of Birth: Age: 31	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

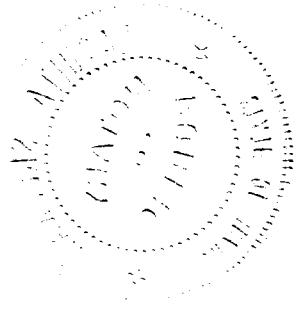
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	May 21, 1968

FORM BH 56067

4-5-47

MAY 2 1 1968



DECEASED

632-231-004-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-541

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vera Grace Olsen
2. Date of Birth: (month) July (day) 31 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Bear Lake; b. City or Town of Birth: Ovid

FATHER

6. Full Name of Father: James Christian Olsen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Eliza Gertrude King
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vera Mc Farland
11. Present Address of Registrant: 252 Westwood Blvd. Moscow

NOTARY (Seal)

Subscribed and sworn to before me on February 23 1968
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs birth certificate	on file - Idaho # 212902	----	child born Dec. 10, 1932
	Date of Birth: Age 22 / Birth Place: Ovid, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Certificate of Blessing	L.D.S.Church-P. Lindsay,Bish.	Sept.18,1910	Blessed Sept.4 1910
	Date of Birth: Jul.31,1910 / Birth Place: Ovid, Idaho	Full Name of Mother: Eliza G. King	Name of Father: James C. Olson	
SUPPORTING RECORD 3.	Affidavit by mother Age 79	Eliza Gertrude King Olson	May 31,1968	--------
	Date of Birth: July 31,1910 / Birth Place: Ovid, Idaho	Full Name of Mother: Eliza Gertrude King	Name of Father: James Christian Olsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	June 3,1968

FORM BH 56067

1cp pd rec # 28833

JUN 3 1968

893-118-022-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-545

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bruce Whittle Hill			2. Date Of Birth (month) Aug (day) 18 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Farnum (Ashton) Fremont	b. City or Town of Birth: Farnum (Ashton)
FATHER	6. Full Name of Father: James 'Jim' Hill			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elma Whittle			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bruce W. Hill		11. Present Address of Registrant: 5821 Randolph Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 1968	12. Signature of Notary: Peter Schaefer Bruce W. Hill		13. Notary Commission expires: 1-19-69 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Physician		By whom issued and signed: E. L. Hargis	Date Issued: May 1968	Date Orig. Entry: ----
	Date of Birth: Aug.18,1910	Birth Place: Farnum, Idaho	Full Name of Mother: Elma Whittle	Name of Father: James 'Jim' Hill	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy 3 840 481		By whom issued and signed: Equitable Life Assurance Co.	Date Issued: Oct.19,1925	Date Orig. Entry: Oct.6,1925
	Date of Birth: Aug 18,1910	Birth Place: Farnum, Idaho	Full Name of Mother: Elma Hill	Name of Father: James Hill	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 278420	Date Issued: ---	Date Orig. Entry: child born Nov.6,1938
	Date of Birth: Age 28	Birth Place: Ashton	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 5, 1968

FORM BH 56067

JUN 7 1968
OCT 2 0 1971

955-231-18-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-555

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frances Rose Reed		2. Date Of Birth (month) (day) (year): December 31 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Orofino, Idaho Clearwater; b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: Frank Blair Reed		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Pauline ~~Reed~~ Maruska		9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frances R. Rickard	11. Present Address of Registrant: 7881 Stratford Dr. N.E. Salem, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission Expires March 31, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage certificate #B20624		By whom issued and signed: Clark County, Washington	Date issued: Apr.8,1968	Date Orig. Entry: Mar.1,1937
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: Pauline Maruski	Name of Father: Frank B. Reed	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: State of Oregon Vital Statistics Section	Date issued: Apr.25,1968	Date Orig. Entry: child born July 11,1944
	Date of Birth: Age: 33	Birth Place: Orphino, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance policy #WA-2-167783		By whom issued and signed: Westland Life Ins. Co., San Francisco, Calif.	Date issued: Apr.2,1958	Date Orig. Entry: Mar.25,1958
	Date of Birth: Dec.31,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	June 6, 1968

FORM BH 56067 1 cp pd ck #32661 (R) 5-14-68 gml

JUN 6 1968

653-210-022-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-559

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ione Wellard		2. Date of Birth (month) (day) (year): March 10 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: Charles Leroy Wellard		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Marvilla Riggs		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ione W. Bean	11. Present Address of Registrant: Teton, Idaho 83451
NOTARY (Seal)	Subscribed and sworn to before me on: May 16 1968	12. Signature of Notary: M. L. Johnston	13. Notary Commission expires: March 19 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #234303	Date Issued: ----	Date Orig. Entry: child born June 29,1935
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Marvilla Riggs Wellard	Date Issued: May 16,1968	Date Orig. Entry: ----
	Date of Birth: Mar.10,1910	Birth Place: Teton, Fremont County, Idaho	Full Name of Mother: Marvilla Riggs Wellard	Name of Father: Charles Leroy Wellard
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Walter Riggs, clerk, Teton, Idaho	Date Issued: Apr.7,1918	Date Orig. Entry: baptized Apr.6,1918
	Date of Birth: Mar.10,1910	Birth Place: Teton, Idaho Fremont County	Full Name of Mother: Marvilla Wellard	Name of Father: Chas. L. Wellard
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subtentiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	June 6, 1968

FORM BH 56067

4-29-68

JUN 6 1968

259-228-041-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-580

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Cecilia Knight			2. Date of Birth (month) March (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Driggs
FATHER	6. Full Name of Father: Charles William Knight			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Helbertina Jensen			9. State or Country of Mother's Birth: Logan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Grace Powell	11. Present Address of Registrant: 328 S. 3rd. West, Rexburg, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 31, 1968		12. Signature of Notary: Vern J. Ditrich	13. Notary Commission expires: Oct 1, 1968

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by person raised on neighboring farm		By whom issued and signed: Vera Knight Price Age:69	Date Issued: May 14,1968	Date Orig. Entry: ---
	Date of Birth: Mar.28,1910	Birth Place: Driggs, Idaho	Full Name of Mother: Mary Helbertina Jensen Knight	Name of Father: Charles William Knight	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #445966	Date Issued: ----	Date Orig. Entry: child born Nov.3,1947
	Date of Birth: Age: 37	Birth Place: Driggs, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #187838		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Nov.12,1938	Date Orig. Entry: Nov.12,1938
	Date of Birth: Mar.28,1910	Birth Place: Driggs, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	June 12, 1968

FORM BH 56067 1 cp Ref 24± 68-30812 (P) 5-27-68 gml

JUN 12 1968

299-208-022-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-585

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Blackford Briggs		2. Date of Birth (month) Oct (day) 8th (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth: a. County: Teton City Fremont; b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: George Albert Briggs		7. State or Country of Father's Birth: Utah Salt Lake City
MOTHER	8. Full Maiden Name of Mother: Eva Blackford		9. State or Country of Mother's Birth: Oldham Lancashire England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Blackford Briggs	11. Present Address of Registrant: Box 85, Newdale, Idaho 83436
NOTARY (Seal)	Subscribed and sworn to before me on June 5 1968	12. Signature of Notary: La Monte Bauer, Clerk Of The District Court	13. Notary Commission expires: elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin Age:74		By whom issued and signed: Caroline Briggs Williams	Date issued: June 5,1968	Date Orig. Entry: ----
	Date of Birth: Oct.8,1910	Birth Place: Teton City, Idaho	Full Name of Mother: Eva Blackford Briggs	Name of Father: George Albert Briggs	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church,Salt Lake City,Ut.	Date issued: Feb.9,1961	Date Orig. Entry: Nov.6,1910
	Date of Birth: Oct.8,1910	Birth Place: Teton, Fremont County, Idaho	Full Name of Mother: Eva Blackford	Name of Father: George A. Briggs	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #155651		By whom issued and signed: Beneficial Life Ins. Co.	Date issued: May 20,1936	Date Orig. Entry: May 20,1936
	Date of Birth: Oct.8,1910	Birth Place: Teton, Idaho	Full Name of Mother: -----	Name of Father: George A. Briggs	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 13, 1968

FORM BH 56067 ICR pd Ret # 13091 4-21-65

JUN 1 3 1968

122-12-1034-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-590

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ERNEST ASSON			2. Date of Birth (month) Nov. (day) 24 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: Joseph Asson			7. State or Country of Father's Birth: Austria
MOTHER	8. Full Maiden Name of Mother: Rosa Gabardi			9. State or Country of Mother's Birth: Austria
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest Asson		11. Present Address of Registrant: Rt. 2, Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 1967	12. Signature of Notary: Helen Clark		13. Notary Commission expires: Oct. 1 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Edith Girardell Age:72		Date Issued: June 2,1967	Date Orig. Entry: ----
	Date of Birth: Nov.24,1910	Birth Place: Rupert, Minidoka County, Idaho	Full Name of Mother: Rosa Gabardi	Name of Father: Joseph Asson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license and Certificate #135	By whom issued and signed: Dickinson County Clerk,Mich.		Date Issued: July 5,1967	Date Orig. Entry: Aug.11,1960
	Date of Birth: Age:49	Birth Place: Rupert, Idaho	Full Name of Mother: Rosa Garardi	Name of Father: Joseph Asson	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 28 541 168	By whom issued and signed: The Prudential Ins. Co. of America		Date Issued: ----	Date Orig. Entry: Oct.6,1960
	Date of Birth: Nov.24,1910	Birth Place: Rupert, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 13, 1968

FORM BH 56067

2-1-67

JUN 13 1968
JUL 1 1968

693-202-019-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-625

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vella Verle Williams		2. Date Of Birth (month) Aug. (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Custer; b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: David Morgan Williams		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Viola Zuincy		9. State or Country of Mother's Birth: Blaine Co. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vella V. Williams Merritt	11. Present Address of Registrant: Obsidian Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 15 1966	12. Signature of Notary: Proda A. Stevens	13. Notary Commission expires: 4-13 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 51-1734	Date issued: ----	Date Orig. Entry: Child born Feb. 28, 1951
	Date of Birth: Age 40 / Birth Place: Mackay, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: School Census Record	By whom issued and signed: Blaine County Dist. # 61	Date issued: May 27,1968	Date Orig. Entry: Census Taken Oct. 30,1925
	Date of Birth: Aug. 7,1910 / Birth Place: Mackay, Idaho	Full Name of Mother: ------	Name of Father: - ------	
SUPPORTING RECORD 3.	Type of Document: U. S. Census	By whom issued and signed: Dpt. of Commerce-Wash.D.C.	Date issued: Jan 1,1920	Date Orig. Entry: Census takann Jan.1,1920
	Date of Birth: Age 9 / Birth Place: Idaho	Full Name of Mother: Viola Zuincy Williams	Name of Father: David Morgan Williams	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 1, 1968

FORM BH 56067 1 cp pd rec # 15762 7-7-66

63-135218.014-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Louise Alexanderson		2. Date of Birth (month) July (day) 18 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Andrew (Anders) Peter Alexanderson		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Annie M. Peterson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen L. Pearson	11. Present Address of Registrant: P.O. Box 912, Eureka, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept 28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Andrew Alexanderson	Date issued: Dec.7,1950	Date Orig. Entry: ----
	Date of Birth: July 18,1910 / Birth Place: Caldwell, Ida.	Full Name of Mother: Annie M. Peterson	Name of Father: Andrew Peter Alexanderson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Second Presbyterian Church	Date issued: -- 1921	Date Orig. Entry: Baptized June 12, 1921
	Date of Birth: July 18,1910 / Birth Place: Idaho	Full Name of Mother: Annie Peterson	Name of Father: Andrew Alexanderson	
SUPPORTING RECORD 3.	Type of Document: School Census Record	By whom issued and signed: County of Canyon	Date issued: Mar.11,1968	Date Orig. Entry: Census taken Sept. 1916
	Date of Birth: Age 6 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: A. P. Alexanderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 9,1968

FORM BH 56067

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1-23-68 Sister dated

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398-208-015-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-644

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ara Alice Creger			2. Date Of Birth (month) 5 (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Samuel S Creger			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Ara Jenny McPherson			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Dougatte		11. Present Address of Registrant: Hyrum Utah
NOTARY (Seal) Oct 12 1969	Subscribed and sworn to before me on: March 11 1968	12. Signature of Notary: Henry H Gibbons		13. Notary Commission expires: Oct 12 1969

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #200637	Date Issued: ----	Date Orig. Entry: child born Mar.16,1932
	Date of Birth: Age 21 / Birth Place: Soda Springs,Ida.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Preston 6th Ward Walter Rawlings,Jr.Elder	Date Issued: Aug.14,1933	Date Orig. Entry: baptized Aug.4,1933
	Date of Birth: May 8,1910 / Birth Place: Soda Springs,Ida. Caribou County	Full Name of Mother: Ara Jenny McPherson	Name of Father: Samuel Creger	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal aunt	By whom issued and signed: Flora L. Lynch (bd.Mar.4,1892)	Date Issued: June 8,1968	Date Orig. Entry: ----
	Date of Birth: May 8,1910 / Birth Place: Soda Springs,Ida.	Full Name of Mother: Ara J. McPherson	Name of Father: Samuel S. Creger	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	July 10, 1968

FORM BH 56067 Typed no. 29928 (D) 4-5-68mf

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-666

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otto Charles Miller, Jr.		2. Date Of Birth (month) May (day) 9 (year) 1910
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: now Payette was Canyon; b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Otto Charles Miller		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Martha LaRene Martin		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Otto C Miller Jr	11. Present Address of Registrant: Rt 4 Box 357 Pueblo Colo
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1968	12. Signature of Notary: Reva Shay	13. Notary Commission expires: Sept 15 1971

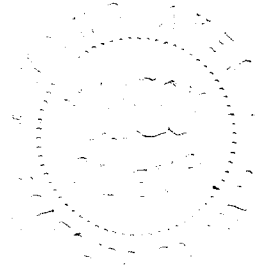
((APPLICANT — DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: certified copy of county record of birth #1443 Page 66	By whom issued and signed: Canyon County, Idaho - reported by O.H. Avey, M.D.	Date issued: Mar.11,1968	Date Orig. Entry: ---
	Date of Birth: May 9,1910	Birth Place: Payette, Idaho	Full Name of Mother: Martha Martin	Name of Father: Otto C. Miller
SUPPORTING RECORD 2.	Type of Document: Affidavit by Great Aunt Age 88	By whom issued and signed: Mrs. Dora Euler	Date issued: Mar.1.1968	Date Orig. Entry: ----
	Date of Birth: May 9,1910	Birth Place: Payette, Idaho	Full Name of Mother: Martha LaRene Martin	Name of Father: Otto Charles Miller
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho # 49-1128	Date issued: ---	Date Orig. Entry: child born Aug 30,1932
	Date of Birth: Age 22	Birth Place: Payette, Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright	Date Filed: July 11, 1968

FORM BH 56067 Appl. no. #29957 (E) 5-3-68 gml

JUL 12 1968



256-131-023-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-668

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George William Knowles JR.		2. Date of Birth (month) 1 (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Gem; b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: George William Knowles Sr.		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary agnes Brennan		9. State or Country of Mother's Birth: Penn
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George W. Knowles	11. Present Address of Registrant: 1809 North Beach St Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 16th July 1968	12. Signature of Notary: William J. Arpe	13. Notary Commission expires: 16 Sept. 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: George William Knowles,Sr.	Date Issued: Jun.10,1968	Date Orig. Entry: ----
	Date of Birth: Jan.31,1910	Birth Place: Emmett, Idaho	Full Name of Mother: Mary Agnes Knowles	Name of Father: George William Knowles,Sr.	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: U.S. Army,H.T.Byles,Lt.Col., FA, Ft.Douglas,Utah	Date Issued: Nov.24,1944	Date Orig. Entry: inducted Jan.25,1944
	Date of Birth: Age:33 yrs. 11 mos.	Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record		By whom issued and signed: Boise Cascade Corp.,Gordon C. Randall,Director of Org.& Comm.	Date Issued: ---	Date Orig. Entry: hired Sept.30,1933
	Date of Birth: Jan.31,1910	Birth Place: -----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

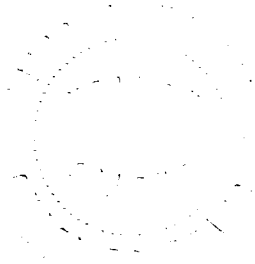
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	July 16, 1968

FORM BH 56067 in office 7-16-68

JUL 16 1968



239-206-022-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-669

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DELLA LEOLA STIMPSON			2. Date of Birth (month) JAN (day) 6 (year) 1910	
	3. Color or Race: CAU	4. Sex: F	5. Place of Birth a. County: PARENTS HOME FREMONT	b. City or Town of Birth: ST. ANTHONY IDAHO	
FATHER	6. Full Name of Father: JOHN STIMPSON			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: SARAH ELIZABETH SINGLETON			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Della S. Blake		11. Present Address of Registrant: 165 W. 200 N. ST. GEORGE, UTAH	
NOTARY (Seal)	Subscribed and sworn to before me on: July 1 1968	12. Signature of Notary: E. Royden Christian		13. Notary Commission expires: March 1 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

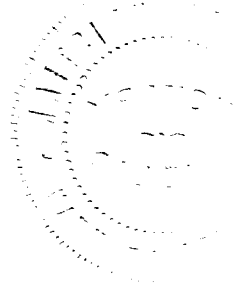
SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, St. Anthony, W.W.Spiers, Bishop		Date Issued: ----	Date Orig. Entry: baptized July 6,1918
	Date of Birth: Jan.6,1910	Birth Place: St.Anthony, Idaho	Full Name of Mother: Sarah Singleton	Name of Father: Jno. Stimpson	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Utah, Division of Vital Statistics		Date Issued: Dec.29,1952	Date Orig. Entry: child born Apr.14,1932
	Date of Birth: Age:22	Birth Place: St.Anthony, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #209465	By whom issued and signed: Beneficial Life Ins. Co.		Date Issued: Jan.6,1941	Date Orig. Entry: Jan.2,1941
	Date of Birth: Jan.6,1910	Birth Place: St.Anthony, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: July 17, 1968

FORM BH 56067

6-21-68

JUL 17 1968



993-204-023-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-681

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Dorothy Ritter		2. Date of Birth (month) August (day) 4 (year) 1910
	3. Color or Race: American	4. Sex: Female	5. Place of Birth a. County: Gem; b. City or Town of Birth: Ola
FATHER	6. Full Name of Father: Charles Frederick Ritter		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Mary Marksbury Crandell		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Dorothy Ritter Parente	11. Present Address of Registrant: 85 Austin Ave San Anselmo, Calif
NOTARY (Seal) STELLA V. HAELIN NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN MARIN COUNTY	Subscribed and sworn to before me on June 27 19 68	12. Signature of Notary: Stella V Haelin	13. Notary Commission expires: STELLA V. HAELIN My Commission Expires Aug. 14, 1969

APPLICANT (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary M. Ritter		Date Issued: Mar.15,1941	Date Orig. Entry: -----
	Date of Birth: Aug.4,1910	Birth Place: Ola, Idaho	Full Name of Mother: Mary Marksbury Crandell	Name of Father: Charles Frederick Ritter	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records (Park School)	By whom issued and signed: Boise Public Schools, Idaho D.H.Beary,Adm. Assistant		Date Issued: Jun.18,1968	Date Orig. Entry: 1916-17
	Date of Birth: Aug.4,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: C. F. Ritter	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #823048	By whom issued and signed: The Pacific Mutual Life Ins. Co. of America		Date Issued: ----	Date Orig. Entry: July 8,1932
	Date of Birth: Aug.4,1910	Birth Place: Ola, Idaho	Full Name of Mother: Mary C. Ritter	Name of Father: Charles F. Ritter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	July 26, 1968

FORM BH 56067

JUL 2 6 1968

855219-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-683

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BERTHA ALMIRA HENSON- ALSO KNOWN AS BEE H.
2. Date of Birth (month) JULY (day) I9 (year) I9I0
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: [redacted] BANNOCK
b. City or Town of Birth: McCAMMON

FATHER

6. Full Name of Father: AMAZAIH MORONI HENSON
7. State or Country of Father's Birth: FRANKLIN IDAHO

MOTHER

8. Full Maiden Name of Mother: MINNIE BERYL BAILEY
9. State or Country of Mother's Birth: PORTAGE UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Almira Ellis
11. Present Address of Registrant: I55 MORNINGSIDE LONG BEACH CALIF.

NOTARY (Seal)

Subscribed and sworn to before me on March 30 19 68

12. Signature of Notary: Vira M. Hunt
13. Notary Commission expires: May 21 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs birth certificate certified copy	City of Long Beach, Calif. #1664	May 17,1968	child born July 27,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 29 / Idaho	-----	-----	
SUPPORTING RECORD 2.	photocopy of pages from family Bible	Family records	----	obviously old
	July 19,1910 / McCammon, Idaho	Minnie Beryl Bailey	Ameziah M. Henson	
SUPPORTING RECORD 3.	Affidavit by maternal aunt	Mary E. Bailey Age:77	Jun.28,1968	---
	July 19,1910 / McCammon, Idaho Bannock County	Minnie Beryl Bailey	Amazaih Moroni Henson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	July 26, 1968

FORM BH 56067

1 Cy Letter # 7713

(E) 6-6-68 gml

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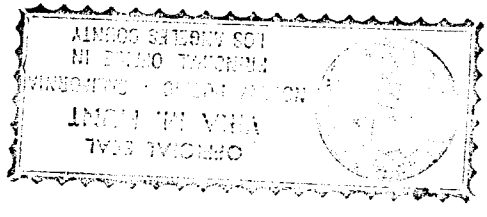

OFFICIAL SEAL
VERA M. FONT
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

15-7-130:022-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-698

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecil Wayne Anglesey		2. Date of Birth (month) October (day) 30 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: La Belle
FATHER	6. Full Name of Father: John Thomas Anglesey		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elsie May Simmons		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: x Cecil Wayne Anglesey	11. Present Address of Registrant: 1365 Baltimore Bend Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1968	12. Signature of Notary: Edna I N Gist	13. Notary Commission expires: August 16 1970	

((APPLICANT— DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Ellis Gallup, Clerk LaBelle, Idaho	Date Issued: ----	Date Orig. Entry: baptized July 2, 1919	
	Date of Birth: Oct.30,1910	Birth Place: LaBelle, Idaho Jefferson County	Full Name of Mother: Elsie Simmons	Name of Father: John Anglesey	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Deacon	By whom issued and signed: LDS Church, LaBelle Ward, Alfred E. Hansen, Clerk	Date Issued: ----	Date Orig. Entry: ordained Jan.29,1923	
	Date of Birth: Oct.30,1910	Birth Place: LaBelle, Idaho Jefferson County	Full Name of Mother: Elsie May Simmons	Name of Father: John T. Anglesey	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Pyramid Life Ins. Co, Kansas,	Date Issued: Jan.26,1955	Date Orig. Entry: Jan.24,1954	
	Date of Birth: Oct.30,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	July 26, 1968

FORM BH 56067 1 CD Ad

(A) 6-20-68 gmf

JUL 26 1968

235-224-028-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-732

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH DWYER STEVENSON.			2. Date of Birth (month) MAY (day) 24 (year) 1910	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: COEUR D'ALENE Kootenai Co.	b. City or Town of Birth	
FATHER	6. Full Name of Father: ROBERT WESLEY STEVENSON.			7. State or Country of Father's Birth: ILLINOIS	
MOTHER	8. Full Maiden Name of Mother: MAY HERMINA TAYLOR.			9. State or Country of Mother's Birth: PENNSYLVANIA.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth D. Thompson		11. Present Address of Registrant: 184 W Whiting St Grass Valley Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: April 4, 1968	12. Signature of Notary: Estelle L. Hollow		13. Notary Commission expires: October 18, 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Robert Wesley Stevenson		Date Issued: Jun.27,1957	Date Orig. Entry: -----
	Date of Birth: May 24,1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: May Hermina Taylor Stevenson	Name of Father: Robert Wesley Stevenson	
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit for marriage license #689	By whom issued and signed: Lyon County, Nevada		Date Issued: July 3,1957	Date Orig. Entry: May 25,1938
	Date of Birth: Age: 28	Birth Place: ------	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #553-38-0016	By whom issued and signed: Social Security Adm.		Date Issued: ---	Date Orig. Entry: Oct.19,1945
	Date of Birth: May 24,1910	Birth Place: Courde' Lane, Idaho	Full Name of Mother: May Hermina Taylor	Name of Father: Robert W. Stevenson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 1, 1968

FORM BH 56067

(1) 4-25-(6

AUG 1 1968

845-202-001-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 68-748**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosa Maude Huntington		2. Date of Birth (month) Aug (day) 2 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Boise ada; b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Charles Hyde Huntington		7. State or Country of Father's Birth: Fort Scott Kansas
MOTHER	8. Full Maiden Name of Mother: Rosa Eunice Backus		9. State or Country of Mother's Birth: Oakland Ore
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Maude R. Barnett	11. Present Address of Registrant: 1420 E. Washington Boise Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 5th day August 1968	12. Signature of Notary: W. W. Benson	13. Notary Commission expires: 1 Aug 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug. 2, 1910 / Birth Place: Boise, Idaho	Full Name of Mother: Rosa Eunice Backus	Name of Father: Charles Hyde Huntington	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 120423	By whom issued and signed: Modern Woodmen of America	Date Issued: Dec.20,1933	Date Orig. Entry: Dec.5,1933
	Date of Birth: Aug 2, 1910 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father Age 80	By whom issued and signed: Charles Hyde Huntington	Date Issued: Aug 5, 1968	Date Orig. Entry: -----
	Date of Birth: Aug.5, 1968 / Birth Place: Boise, Idaho	Full Name of Mother: Rosa Eunice Backus	Name of Father: Charles Hyde Huntington	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: August 5, 1968

FORM BH 56067

In office - No Correct

AUG 6 1968
AUG 8 1972

107 553-203-022-128

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Ashcraft Nelson		2. Date of Birth (month) (day) (year): November 3 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: James Anthon Nelson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Dolly Martha Ashcraft		9. State or Country of Mother's Birth: Indiania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Ashcraft Long	11. Present Address of Registrant: 216-8th Ave., So. Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: St. Matthews Episcopal	Date Issued:	Date Orig. Entry: Baptized May 16,1943
	Date of Birth: Nov.3,1910	Birth Place: Teton, Idaho	Full Name of Mother: Dolly Martha Ashcraft	Name of Father: James Anthon Nelson
SUPPORTING RECORD 2.	Type of Document: Family Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Nov.3,1910	Birth Place: Teton, Idaho	Full Name of Mother: Dolly Martha Ashcraft	Name of Father: James Anthon Nelson
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle Age 74	By whom issued and signed: William E. Ashcraft	Date Issued: Aug 13, 1968	Date Orig. Entry: ----
	Date of Birth: Nov.3,1910	Birth Place: Teton, Idaho	Full Name of Mother: Dolly Martha Ashcraft	Name of Father: James Anthon Nelson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: August 22, 1968

FORM BH 56067

Rush

AUG 22 1968

996-21-042-368

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-805

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred May Rife			2. Date of Birth (month) May (day) 11 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: ~~Kmull, TWIN FALLS~~ TWIN FALLS	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: Charles Albert Rife			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Emma Elizabeth Lohman			9. State or Country of Mother's Birth: Nebr.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred May Kilso		11. Present Address of Registrant: 213 Harrison St Twin Falls, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: August 20 1968	12. Signature of Notary: Flora E. Wagner		13. Notary Commission expires: Aug. 5 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of employment record	By whom issued and signed: Ore-Ida Foods, Inc., Burley, Idaho		Date Issued: ----	Date Orig. Entry: Feb.21,1961
	Date of Birth: May 11,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #178463		Date Issued: ----	Date Orig. Entry: child born Jan.2,1930
	Date of Birth: Age: 19	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of family record	By whom issued and signed: Family Records		Date Issued: Mar.25,1968	Date Orig. Entry: obviously old
	Date of Birth: May 11,1910	Birth Place: -----	Full Name of Mother: Emma Elizabeth Lohman	Name of Father: Charles Albert Rife	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

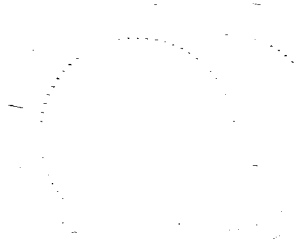
State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept.12,1968

FORM BH 56067

1 cp pd rec # 29897

3-14-68

SEP 1 2 1968



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-816

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLEN ZONA EDWARDS			2. Date Of Birth: (month) MARCH (day) 25 (year) 10	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: At home a. County: Washington	b. City or Town of Birth: Cambridge, Idaho	
FATHER	6. Full Name of Father: Charles Roy Edwards			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Harriett Victoria Wells			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ×Ellen Zona Edwards Ford		11. Present Address of Registrant: P. O. Box 32 Cambridge, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 21 1966	12. Signature of Notary: Ila D. Wilson		13. Notary Commission expires: September 8 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Harriett Victoria Edwards		Date Issued: Jan.18,1966	Date Orig. Entry: -----
	Date of Birth: Mar.25,1910	Birth Place: Cambridge, Idaho Washington County	Full Name of Mother: Harriett Victoria Edwards	Name of Father: Charles Roy Edwards	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Continental Life & Accident Co.		Date Issued: -----	Date Orig. Entry: Mar. 23, 1955
	Date of Birth: Mar.25,1910	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: registration card to receive ration book	By whom issued and signed: Office of Price Administration		Date Issued: June 4,1943	Date Orig. Entry: June 4,1943
	Date of Birth: Mar.1910	Birth Place: ----	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Sept.12,1968

FORM BH 56067 NR. ICP pd rec. #6033

2-7-66 gml

SEP 12 1988

263-230-035-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Susan Kole		2. Date Of Birth (month) June (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Gifford Idaho
FATHER	6. Full Name of Father: John Kole		7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Musetta Minnie Zelma Denney		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Susan Chase	11. Present Address of Registrant: 2023 Grelle Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sep 21 1964	12. Signature of Notary: Art L Kletchum	13. Notary Commission expires: Jan 18 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census	By whom issued and signed: School Dist. #26, Nez Perce County Idaho	Date Issued: July 6, 1964	Date Orig. Entry: Sept. 1922
	Date of Birth: Age 12 / Birth Place: ---	Full Name of Mother: ---	Name of Father: John Kole	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Musetta (Minnie) Z. Kole	Date Issued: May 24, 1965	Date Orig. Entry: ----
	Date of Birth: June 30,1910 / Birth Place: Gifford, Idaho	Full Name of Mother: Musetta (Minnie) Z. Kole	Name of Father: John Kole	
SUPPORTING RECORD 3.	Type of Document: photocopy of family record	By whom issued and signed: Family Records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Jun.30,1910 / Birth Place: Nez Perce County, Idaho	Full Name of Mother: M. Z. Kole	Name of Father: John Kole	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Sept.13,1968

FORM BH 56067

(c) 5-1267

SEP 13 1968

DECEASED

632-107-029-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-822

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MELVIN RALPH OLSON ~~LAVINA~~
2. Date Of Birth: (month) APRIL (day) 7th (year) 1910
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County Latah ~~Idaho~~ b. City or Town of Birth: TROY IDAHO

FATHER

6. Full Name of Father: OLE OLSON
7. State or Country of Father's Birth: SWEEDEN

MOTHER

8. Full Maiden Name of Mother: LENA ~~OLSON~~ GRANLEY
9. State or Country of Mother's Birth: NORWAY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Melvin R Olson
11. Present Address of Registrant: 125-E-33 EUGENE ORE

NOTARY (Seal)

Subscribed and sworn to before me on: May 14 19 16

12. Signature of Notary: [signature]
13. Notary Commission expires: 8-24 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding Selective Service registration	Selective Service HQ, Boise, W.P.McDaniel, Major-FC Adm.Div.	Aug.9,1968	Oct.16,1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.7,1910 / Troy, Idaho	----	---	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: O.P.Anderson, Pastor at Nora, Idaho	Date Issued: ---	Date Orig. Entry: baptized June 16,1912
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.7,1910 / Nora, Idaho	Lina Olson	Ole Olson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lena Granley Olson	Date Issued: Aug.12,1968	Date Orig. Entry: ----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.7,1910 / Nora (now known as Troy), Idaho	Lena Granley Olson	Ole Olson	

QUALIFYING INFORMATION

According to a 1929 map of Idaho Nora was a small community located about 6 mi. N.E. of Troy, Idaho. Nora is no longer in existence.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barsom	gml Glenda Larson	Sept.13,1968

FORM BH 56067

SEP 13 1968

319-224-006-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-850

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Elizabeth Larsen			2. Date of Birth (month) May (day) 24 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Idaho a. County: Bingham	b. City or Town of Birth: Aberdeen
FATHER	6. Full Name of Father: Lewis D. Larsen			7. State or Country of Father's Birth: Utah, County of San Pete
MOTHER	8. Full Maiden Name of Mother: Alice Melissa Cooper Lierer			9. State or Country of Mother's Birth: Utah, County of San Pete
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Elizabeth Larsen Clifford		11. Present Address of Registrant: Gooding, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19__	12. Signature of Notary: Andrew James		13. Notary Commission expires: November 1 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation #A 12588	By whom issued and signed: Reorganized Church of Jesus Christ of LDS,	Date issued: Oct.1922	Date Orig. Entry: baptized Aug.23,1922
	Date of Birth: May 24,1910 / Birth Place: Aberdeen, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Age from Marriage records	By whom issued and signed: Twin Falls County, Idaho	Date issued: Apr.15,1968	Date Orig. Entry: Oct.6,1927
	Date of Birth: Age: 17 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:68	By whom issued and signed: Mrs. Clara A. Brickner	Date issued: Apr.24,1968	Date Orig. Entry: ---
	Date of Birth: May 24, 1910 / Birth Place: Aberdeen, Idaho	Full Name of Mother: Alice Melissa Cooper	Name of Father: Lewis Dorius Larsen	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: October 1,1968	

FORM BH 56067

2 copies pd no. #68-30658 (J) 4. 5-68 gml

Clifford

OCT 1 1968

415-202-023-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-867

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Louise Davison			2. Date of Birth (month) May (day) 2 (year) 1910
	3. Color or Race: White	4. Sex: FeMale	5. Place of Birth: a. County: Gem	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Thomas William Davison			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Eloise Marker			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma Louise Davison (Erma Louise Bryden)		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on Aug. 28th 1968	12. Signature of Notary: Edward W. Lane		13. Notary Commission expires 1-25-72 HERMISTON ORE. UMATILLA Aug 28, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age 70	By whom issued and signed: Mary M. Ireland		Date Issued: Aug 15,1968	Date Orig. Entry: ----
	Date of Birth: May 2,1910	Birth Place: Emmett, Idaho	Full Name of Mother: Eloise Marker	Name of Father: Thomas William Davison	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate	By whom issued and signed: State of Idaho - Ada Co.		Date Issued: Aug.2,1955	Date Orig. Entry: Married Aug 2, 1955
	Date of Birth: Age 45	Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 190064		Date Issued: ---	Date Orig. Entry: child born April 3,1931
	Date of Birth: Age 20	Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barson	Evidence reviewed by: fc Glenda Larson		Date Filed: Oct. 7, 1968	

FORM BH 56067

3/1/68

OCT 8 1968

255-120-016-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-868

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hyrum Harrison Severe		2. Date of Birth (month) (day) (year): November 20 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Oakley, Idaho, Cassia b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: Joesph William Severe		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lillie Elizabeth Briggs		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hyrum Harrison Severe	11. Present Address of Registrant: Rockport, Wash 98283
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 30, 1967	12. Signature of Notary: W. D. Fulton	13. Notary Commission expires: Feb 26 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #320041	Date Issued: ----	Date Orig. Entry: child born Aug.29,1941
	Date of Birth: Age: 30 / Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: copy of enlisted record & report of separation	By whom issued and signed: U.S. Army, J.R.Sikes,2d LT WAC	Date Issued: Sept.2,1945	Date Orig. Entry: inducted Feb.27,1945
	Date of Birth: Nov.20,1910 / Birth Place: Oakley, Idaho	Full Name of Mother: - ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of church membership record	By whom issued and signed: LDS Church, Bishop R. Kirk Wilson, Burlington, Wash.	Date Issued: ----	Date Orig. Entry: blessed Jan.3,1912
	Date of Birth: Nov.20,1910 / Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Lily Briggs	Name of Father: William Severe	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

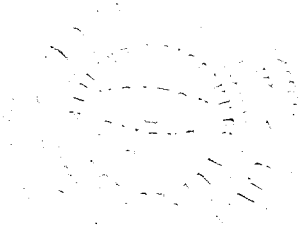
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Oct. 8, 1968

FORM BH 56067

(S) 3-1-69

OCT 8 1968



236-22-3044-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-874

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma Lucille Stover			2. Date of Birth (month) April (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Ernest Stover			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lulu Stover			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velma Lucille Acuff		11. Present Address of Registrant: P.O. Box 572 Weed, California
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 19 68	12. Signature of Notary: Mary Fautz		13. Notary Commission expires: January 20 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: Siskiyou County, California		Date Issued: ---	Date Orig. Entry: child born June 22,1926
	Date of Birth: Age: 16	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who remembers time of birth	By whom issued and signed: Ethel Townley Age: 80		Date Issued: July 2,1968	Date Orig. Entry: ----
	Date of Birth: Apr.23,1910	Birth Place: Weiser, Idaho	Full Name of Mother: Lulu Stover	Name of Father: Ernest Stover	
SUPPORTING RECORD 3.	Type of Document: Certified copy of county record of birth #580	By whom issued and signed: Washington County Recorder's Office, Idaho		Date Issued: Jul.2,1968	Date Orig. Entry: Nov.28,1910
	Date of Birth: Apr.23,1910	Birth Place: Weiser, Idaho	Full Name of Mother: Lulu Stover (nee McCormick)	Name of Father: Ernest Stover	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 8, 1968

FORM BH 56067

7-1-68

Wilma Pruett

OCT 8 1968

154-213-029-742

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-880

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Signe (Anette) Andreassen		2. Date of Birth (month) (day) (year): August 13 1910
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: at Home Latah
			b. City or Town of Birth: Avon, Idaho
FATHER	6. Full Name of Father: Joseph Andreassen		7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: Clara Bertina Gustafson		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Neta Shaffer	11. Present Address of Registrant: Rt.1, Box 801-Prineville, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: July 11th 1968	12. Signature of Notary: Loraine Sindel	13. Notary Commission expires: January 11 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: Troy Lutheran Church, Troy, Idaho, Gerald Hoffman, Pastor	Date Issued: Mar.5,1968	Date Orig. Entry: baptized Sept.4,1910
	Date of Birth: Aug.13,1910 / Birth Place: ----	Full Name of Mother: Klara Andreassen	Name of Father: Josef Andreassen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time	By whom issued and signed: Hjalmer Brennan Age:76	Date Issued: Aug.7,1968	Date Orig. Entry: ----
	Date of Birth: Aug.13,1910 / Birth Place: Avon, Idaho	Full Name of Mother: Clara Bertina Gustafson Andreassen	Name of Father: Joseph Andreassen	
SUPPORTING RECORD 3.	Type of Document: Certificate of Confirmation	By whom issued and signed: P.J.Luvaas, Pastor, Trinity Lutheran Church, Coeur d'Alene, Idaho	Date Issued: ---	Date Orig. Entry: confirmed June 6, 1926
	Date of Birth: Aug.13,1910 / Birth Place: Avon, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Oct. 8, 1968

FORM BH 56067

(S) 9-19-6 gml

OCT 8 1968

457-218-040-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-881

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha May DeGraff			2. Date of Birth (month) May (day) 18 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Gem
FATHER	6. Full Name of Father: William Abner DeGraff			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Julia Sheahan			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mrs. L. E. Gist	11. Present Address of Registrant: Blanco Texas
NOTARY (Seal)	Subscribed and sworn to before me on: September 19, 1968		12. Signature of Notary: Nell Stansbury NELL STANSBURY NOTARY PUBLIC, BLANCO COUNTY, TEXAS	13. Notary Commission expires: June 1, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Mary Sheahan (bd.12024-1893)	Date Issued: Sep.27,1961	Date Orig. Entry: ----
	Date of Birth: May 18,1910 / Birth Place: Gem, Idaho	Full Name of Mother: Julia Sheahan Degraff	Name of Father: William Degraff	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: May 18,1910 / Birth Place: ----	Full Name of Mother: Julia DeGraff	Name of Father: William A. DeGraff	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Sylvester Treinen, Bishop, Roman Catholic Church	Date Issued: Sept.5,1968	Date Orig. Entry: baptized April 1912
	Date of Birth: May 18,1910 / Birth Place: Gem, Idaho	Full Name of Mother: Julia Sheahan	Name of Father: William A. DeGraff	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson		Date Filed: Oct. 8, 1968

FORM BH 56067

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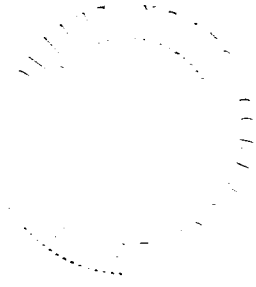
OCT 8 1968



299-231-009-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-886

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PATRICIA LUCILLE KIRBY			2. Date of Birth: March 31 1910
	3. Color or Race: cauc.	4. Sex: F	5. Place of Birth: a. County: Bonner	b. City or Town of Birth: Granite
FATHER	6. Full Name of Father: Orrin Alva Kirby			7. State or Country of Father's Birth: Kenney, Ill.
MOTHER	8. Full Maiden Name of Mother: Lizzie Maggie Savage			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Janey L. Smith		11. Present Address of Registrant: 2075 University, SE Salem, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 1968	12. Signature of Notary: Damara A. Simons		13. Notary Commission expires: March 17 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #158		By whom issued and signed: State of Oregon, Vital Statistics Section	Date Issued: Jan.26,1968	Date Orig. Entry: child born May 2,1937
	Date of Birth: Age: 27	Birth Place: Granite, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding lodge records		By whom issued and signed: Arbor Vitae Rebekah Lodge #11 Myrtle Creek, Oregon	Date Issued: Sep.13,1968	Date Orig. Entry: May 15,1928
	Date of Birth: Age: 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (bd.9-20-1900)		By whom issued and signed: Edna Kirby Clark	Date Issued: Jan.19,1968	Date Orig. Entry: ---
	Date of Birth: Mar.31,1910	Birth Place: Bonner County Granite, Idaho	Full Name of Mother: Lizzie Maggie Kirby	Name of Father: Orrin Alva Kirby	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 8, 1968

FORM BH 56067

OCT 8 1968

265-111-011-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-929

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUSSELL CLAYTON SWENSON		2. Date Of Birth (month) (day) (year): FEB 11 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BOUNDRY; b. City or Town of Birth: BONNERS FERRY, IDA
FATHER	6. Full Name of Father: HELMER SEVERN SWENSON		7. State or Country of Father's Birth: N. DAKOTA
MOTHER	8. Full Maiden Name of Mother: MARIE CHRISTINA BANGS		9. State or Country of Mother's Birth: MINN
AFEIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Russell C Swenson	11. Present Address of Registrant: Box 495 Camino Ca
NOTARY (Seal)	Subscribed and sworn to before me on: AUGUST 20 1968	12. Signature of Notary: Geo C Burrows, Geo. C. Burrows	13. Notary Commission expires: FEB. 12 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment record		By whom issued and signed: Neal E. Sisson, Michigan-California Lumber Co., Cimino, Ca.	Date Issued: Aug.23,1968	Date Orig. Entry: May 7,1947
	Date of Birth: Feb.11,1910	Birth Place: Bonners Ferry, Ida.	Full Name of Mother: Marie Bangs	Name of Father: Helmer Swenson	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: Recorder's Office, El Dorado County, California	Date Issued: Jul.10,1961	Date Orig. Entry: child born Sept.30,1948
	Date of Birth: Age: 38	Birth Place: Bonners Ferry, Ida.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Occidental Life Ins. Co. Los Angeles, California	Date Issued: ----	Date Orig. Entry: Mar.1,1936
	Date of Birth: Feb.11,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Oct. 29, 1968

FORM BH 56067

(S) 10-8-68

OCT 30 1968

556-231-003-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-930

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Esther Newton		2. Date Of Birth (month) 3 (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Pocatello Idaho Bannock; b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: William Edward Newton		7. State or Country of Father's Birth: Colo.
MOTHER	8. Full Maiden Name of Mother: Bessie Amillia Clark		9. State or Country of Mother's Birth: Salt Lake City Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Esther Newton Pack	11. Present Address of Registrant: 10236 Old River Sch. Rd. Downey Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 27 1968	12. Signature of Notary: Gordon R Shaw	13. Notary Commission expires: GORDON R. SHAW, JR. My Commission Expires Aug. 18, 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: W. E. Newton	Date issued: Sep.17,1968	Date Orig. Entry: ----
	Date of Birth: Mar.31,1910	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Bessie Newton	Name of Father: W. E. Newton
SUPPORTING RECORD 2.	Type of Document: certified copy of county record of birth pg.21 no.917	By whom issued and signed: Bannock County, Idaho	Date issued: Sep.17,1968	Date Orig. Entry: ---
	Date of Birth: Mar.31,1910	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Bessie Newton (nee Clark)	Name of Father: W. E. Newton
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #206863	Date issued: ----	Date Orig. Entry: child born Oct.6,1932
	Date of Birth: Age: 22	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 29, 1968

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238-116-006-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-933

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Virgil Scharbrough			2. Date Of Birth: (month) 3 (day) 16 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Rich	
FATHER	6. Full Name of Father: Henry Jacob Scharbrough			7. State or Country of Father's Birth: Knights Town, Indiana	
MOTHER	8. Full Maiden Name of Mother: Ida Mabel Sanford			9. State or Country of Mother's Birth: Oakley, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Henry Virgil Scharbrough	11. Present Address of Registrant: 2800 - 5th. ave	
NOTARY (Seal)	Subscribed and sworn to before me on: April 26 1968		12. Signature of Notary: Kathryn L Gates	13. Notary Commission expires: 4-28 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #48-166604		By whom issued and signed: State of California	Date Issued: Jun.17,1968	Date Orig. Entry: child born Sept.21,1948
	Date of Birth: Age: 38	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Ida Mabel Sanford Scharbrough Moore	Date Issued: May 1,1968	Date Orig. Entry: ----
	Date of Birth: Mar.16,1910	Birth Place: Rich, Idaho	Full Name of Mother: Ida Mabel Sanford Scharbrough	Name of Father: Henry Jacob Scharbrough	
SUPPORTING RECORD 3.	Type of Document: photocopy of compensation record		By whom issued and signed: Burroughs Corp.	Date Issued: ----	Date Orig. Entry: Aug. 1952
	Date of Birth: Mar.16,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bascom	Glenda Larson	Oct. 29, 1968

FORM BH 56067

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249-127-003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-938

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Jenkins Smith		2. Date Of Birth (month) 1 (day) 27 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Arimo
FATHER	6. Full Name of Father: Thomas Charles Smith		7. State or Country of Father's Birth: Davis County Utah
MOTHER	8. Full Maiden Name of Mother: Olive Elizabeth Jenkins		9. State or Country of Mother's Birth: Bannock County Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas J. Smith	11. Present Address of Registrant: Arimo Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 1968	12. Signature of Notary: Russell J. Hyde	13. Notary Commission expires: May 4 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #351383	Date issued: ----	Date Orig. Entry: child born June 10,1942
	Date of Birth: Age: 32	Birth Place: Arimo, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Andrew Johnson, Supt.,Arimo, Idaho, Dist. #21	Date issued: May 16,1968	Date Orig. Entry: 1916
	Date of Birth: Jan.27,1910	Birth Place: Arimo, Idaho	Full Name of Mother: Olive Elizabeth Jenkins Smith	Name of Father: Thomas Charles Smith	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance Policy		By whom issued and signed: The Gem State Mutual Life Assoc. Inc, Pocatello, Idaho	Date issued: Mar.26,1947	Date Orig. Entry: Mar.10,1947
	Date of Birth: Jan.27,1910	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Oct. 30, 1968

FORM BH 56067 1 cp. pd

(S) 5-24-68 gml

OCT 30 1968

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-945

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Eleanor Ryan
2. Date of Birth (month) (day) (year): December 3 1910
3. Color or Race: Caucasian
4. Sex: Fem.
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls

FATHER
6. Full Name of Father: Daniel D. Ryan
7. State or Country of Father's Birth: Utah

MOTHER
8. Full Maiden Name of Mother: Grace Eleanor Bosley
9. State or Country of Mother's Birth: Utah

PHYLLIS MURPHY NOTARY PUBLIC PRINCIPAL OFFICE COUNTY OF LOS ANGELES

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eleanor R. Lyndon
11. Present Address of Registrant: 1257 Thompson Ave. Glendale, California

NOTARY (seal)

Subscribed and sworn to before me on October 18, 19 68

12. Signature of Notary: Phyllis S. Murphy

13. Notary Commission expires: PHYLLIS S. MURPHY, NOTARY PUBLIC My Commission Expires Sept. 6, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Census Marshall's report (photocopy)	Dist.#1, Twin Falls Co., Ida.	---	Sept. 1925
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.3,1910 / ----	Grace Ryan	D. D. Ryan	
SUPPORTING RECORD 2.	Affidavit by sister	Marie R. Hall Age: 69	Aug.27,1968	----
	Dec.3,1910 / Twin Falls, Idaho	Grace Eleanor Bosley Ryan	Daniel D. Ryan	
SUPPORTING RECORD 3.	photocopy of application for insurance policy	The Equitable Life Assurance Society of the U.S.	----	Dec.11,1930
	Dec.3,1910 / Twin Falls County Twin Falls, Idaho	Grace Eleanor Ryan -	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Oct. 30, 1968

FORM BH 56067

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OCT 31 1968

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-952

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Mayhew Hillman		2. Date of Birth (month) (day) (year): November 25, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison; b. City or Town of Birth: Plano
FATHER	6. Full Name of Father: Russell Mayhew Hillman		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hazel Bertha Lucas		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard Mayhew Hillman	11. Present Address of Registrant: Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 23 1965	12. Signature of Notary: Mary Smith	13. Notary Commission expires: June 25 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #10121427	By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: Apr.13,1936	Date Orig. Entry: Apr.13,1936
	Date of Birth: Nov.25,1910 / Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt who was present at time of birth	By whom issued and signed: Maud Weatherston Age: 77	Date issued: Sep.23,1965	Date Orig. Entry: ---
	Date of Birth: Nov.25,1910 / Birth Place: Plano, Madison County, Idaho	Full Name of Mother: Hazel Bertha Lucas Hillman	Name of Father: Russell Mayhew Hillman	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #282658	Date issued: ----	Date Orig. Entry: child born Aug.1,1939
	Date of Birth: Age: 28 / Birth Place: Plano, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Berson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 1, 1968	

FORM BH 56067

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-953

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Myrrl Wilson		2. Date Of Birth (month) November (day) 6 (year) 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Elmore; b. City or Town of Birth: Hammett
FATHER	6. Full Name of Father: Francis Elmer Wilson		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary Ada Griffith		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrrl H. Heller	11. Present Address of Registrant: 2502 Woodlawn - Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 31 October 1968	12. Signature of Notary: Rose A. Gastell	13. Notary Commission expires: 1-1- 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized copy of Bible Record		By whom issued and signed: Family Bible	Date issued: Oct.17,1968	Date Orig. Entry: original obviously old
	Date of Birth: Nov.6,1910	Birth Place: Hammett, Idaho	Full Name of Mother: Mary Ada Griffith	Name of Father: Francis Elmer Wilson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 329304	Date issued: ------	Date Orig. Entry: child born Nov. 27,1941
	Date of Birth: Age 31	Birth Place: Hammett, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit at time of birth by friend Age72		By whom issued and signed: Hazel I. Carey	Date issued: Apr.27,1968	Date Orig. Entry: -----
	Date of Birth: Nov.6,1910	Birth Place: Hammett, Idaho	Full Name of Mother: Mary Ada Griffith	Name of Father: Francis Elmer Wilson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov.1,1968

FORM BH 56067 1 cp rec# 31529 4-11-68

NOV 1 1968
AUG 1 1969

692-223-001-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-965

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Evelyn Wise		2. Date of Birth (month) November (day) 23 (year) L910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Thomas Jefferson Wise		7. State or Country of Father's Birth: Port Huron, Michigan
MOTHER	8. Full Maiden Name of Mother: Lillie Luella Pearch		9. State or Country of Mother's Birth: Leesville, Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite E Pettit	11. Present Address of Registrant: 611-19th Ave SAN FRANCISCO CALIF
NOTARY (Seal)	Subscribed and sworn to before me on October 15, 1968	12. Signature of Notary: John Mertens	13. Notary Commission expires: 1-3-1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep.13,1968	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Lillie L. Wise	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage Certificate		By whom issued and signed: County Recorder's office Sacramento Co., California	Date Issued: Sept,3,1968	Date Orig. Entry: Nov.8,1934
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: Lillie Pearch	Name of Father: Thos. J. Wise	
SUPPORTING RECORD 3.	Type of Document: Statement regarding insurance policy #514 T90 956		By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Sep.11,1968	Date Orig. Entry: Oct.1,1951
	Date of Birth: Nov.23,1910	Birth Place: Boise, Idaho	Full Name of Mother: Lily L. Pearch	Name of Father: Thomas Jefferson Wise	

QUALIFYING INFORMATION

Statement regarding records of the Sacramento City Unified School District, Arthur H. Polster, Asst. Supt., dated October 4, 1950 states that Marguerite Wise was born November 23, 1910 in Idaho. Taken from 1923 school record.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Nov. 10, 1968

FORM BH 56067

E-2-7-6

NOV 12 1968

669-206-022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-967

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~XXXXX~~ Leola May Worrell			2. Date Of Birth (month) May (day) 6 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Twin Groves
FATHER	6. Full Name of Father: Jeremiah Joseph Worrell			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Maria Elizabeth Bird			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Leola Biddle		11. Present Address of Registrant: Route #2 Box 24, St. Anthony
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 19 68	12. Signature of Notary: Clerk Of The District Court La Monte Bauer By Harriet Hyer		13. Notary Commission expires: Elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #358781	Date issued: ----	Date Orig. Entry: child born Aug.28,1942
	Date of Birth: Age: 32	Birth Place: Twin Groves, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin		By whom issued and signed: Bianca Allen Age: 79	Date issued: Oct.29,1968	Date Orig. Entry: ---
	Date of Birth: May 6,1910	Birth Place: Twin Groves, Idaho Fremont County	Full Name of Mother: Maria Elizabeth Bird	Name of Father: Jeremiah Joseph Worrell	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: Fremont County, Idaho	Date issued: Sep.9,1965	Date Orig. Entry: Fall of 1921
	Date of Birth: Age: 11	Birth Place: ----	Full Name of Mother: Mrs. J. J. Worrell	Name of Father: Mr. J. J. Worrell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Nov. 13, 1968

FORM BH 56067 ICA Adj Rec # 2327 10-15-68

NOV 13 1968

295-211-035-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-975

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Mae Sincleir		2. Date Of Birth (month) Dec (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Culdesac Nez Perce; b. City or Town of Birth: Culdesac
FATHER	6. Full Name of Father: Rollin Owen Sincleir		7. State or Country of Father's Birth: Marshall, Michigan
MOTHER	8. Full Maiden Name of Mother: Cora Mae Reeves		9. State or Country of Mother's Birth: Decorah, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie Mae Ewing	11. Present Address of Registrant: P O Box 185, Clarkston, Wash 99403
NOTARY (Seal)	Subscribed and sworn to before me on: June 6, 19 68	12. Signature of Notary: Theodore H. Little	13. Notary Commission expires: Jan 8 19 69

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Dewey Scheibe, Co. Supt. of Schools, Asotin, Washington	Date issued: Aug.12,1968	Date Orig. Entry: May 1,1919
	Date of Birth: Dec.11,1910	Birth Place: ----	Full Name of Mother: Mrs. R. O. Sincleir	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: State of Washington	Date issued: Nov.20,1952	Date Orig. Entry: child born May 3,1934
	Date of Birth: Age: 23	Birth Place: Cul De Sac, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt		By whom issued and signed: Mrs. Naomia I. Hill Age:84	Date issued: Nov.4,1968	Date Orig. Entry: ----
	Date of Birth: Dec.11,1910	Birth Place: Culdesac, Idaho	Full Name of Mother: Cora Mae Reeves	Name of Father: Rollin Owen Sincleir	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	Nov. 19, 1968

FORM BH 56067

(E) 9-19-69

NOV 1 9 1968

515-203-001-318

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-981
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ~~Mrs.~~ Elsie May Van Duyn
2. Date of Birth (month) June (day) 3 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Eagle Ida. Ada
b. City or Town of Birth: Eagle

FATHER

6. Full Name of Father: Ezra Millard Van Duyn
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Edith Taylor
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Elsie May Good
11. Present Address of Registrant: 412-12th Ave. No

NOTARY (Seal)

Subscribed and sworn to before me on August 23 1968
12. Signature of Notary: Donald A. Hawkins
13. Notary Commission expires: April 8 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Own child's birth certificate	On file Idaho #389435	----	child born Apr.15,1944
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Age: 33 / Eagle, Idaho	----	---	
SUPPORTING RECORD 2. Class_____	Affidavit by aunt who lived near at time of birth	Mary Edith Taylor Age:76	Nov.5,1968	----
	June 3,1910 / Eagle, Idaho	Edith Taylor Van Duyn	Ezra Millard Van Duyn	
SUPPORTING RECORD 3. Class_____	photocopy of application for insurance policy #19 164 658	The Prudential Ins. Co. of America	----	Oct.2,1961
	June 3,1910 / Eagle, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Nov. 21, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 9 1968

Child's birth # 434054.

693-204-009-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-983

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fae Esther Will		2. Date of Birth (month) January (day) 4 (year) 1910
	3. Color or Race: W	4. Sex: female	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: Jack Will		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Hattie M. Marsh		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fae Esther Schwartz	11. Present Address of Registrant: Rt. #1 Box 123 Priest River, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1968	12. Signature of Notary: Fred E. Condo	13. Notary Commission expires: June 23 19 72.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of The Census	Date Issued: Oct.25,1968	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 3 mos.	Birth Place: Idaho	Full Name of Mother: Hattie M. Will	Name of Father: Jack Will	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records (Priest River,Idaho)		By whom issued and signed: Mike Lamanna, Asst. Supt. Bonner Co. School Dist.#82	Date Issued: Nov.1,1968	Date Orig. Entry: Sept. 1916
	Date of Birth: Age: 6 yrs.	Birth Place: ----	Full Name of Mother: ----	Name of Father: Jack Will	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #64915		By whom issued and signed: New World Life Ins. Co. Seattle, Washington	Date Issued: Feb.17,1937	Date Orig. Entry: Feb.6,1937
	Date of Birth: Jan.4,1910	Birth Place: Priest River,Ida.	Full Name of Mother: Hattie M. Will	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 21, 1968

FORM BH 56067

6-3-60 one copy paid #03143

NOV 21 1968

962-217-033-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-992

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Robertson ~~Kohler~~		2. Date of Birth (month) June (day) 17 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg, Idaho
FATHER	6. Full Name of Father: Isaac George Robertson		7. State or Country of Father's Birth: Midville, Utah
MOTHER	8. Full Maiden Name of Mother: Melvina Edna Wilson		9. State or Country of Mother's Birth: Wilsonville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva R Kohler	11. Present Address of Registrant: East 41st St. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 12 1968	12. Signature of Notary: [illegible]	13. Notary Commission expires: My Commission Expires Jan. 17th, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #202304	Date Issued: ----	Date Orig. Entry: child born May 5, 1932
	Date of Birth: Age: 21	Birth Place: Rexburg	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Thomas Ward	Date Issued: ----	Date Orig. Entry: blessed Oct.2,1910
	Date of Birth: Jun.17,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Melvina E. Willson	Name of Father: Isaac G. Robertson	
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit for marriage license		By whom issued and signed: Bannock County, Idaho County Recorder's Office	Date Issued: Jan.29,1968	Date Orig. Entry: May 31, 1930
	Date of Birth: Age: 19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

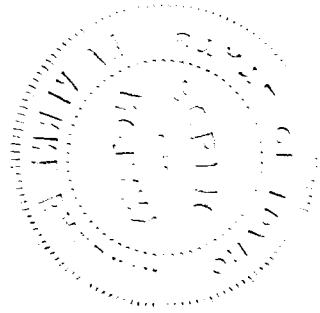
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barson	Glenda Larson	Dec. 2, 1968

FORM BH 56067 50¢ paid rec. #42-60331 (K) 12-15-66 gml

d
Keller
(Elva Melvina Robertson)

DEC 2 1968



855-129-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-998

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ElRoy David Henderson		2. Date Of Birth (month) March (day) 29 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: William James Henderson		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Dorthea Evaldina Larsen		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ElRoy David Henderson	11. Present Address of Registrant: Tetonia Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on Nov. 13 1968	12. Signature of Notary: Robert H Davis	13. Notary Commission expires: My Commission Expires June 6, 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, SLC, Utah, Yellowstone St., Ashton Wd. page 1274 line 154	Date Issued: Oct. 18, 1968	Date Orig. Entry: May 8, 1910	
	Date of Birth: Mar. 29, 1910	Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Dora Larsen	Name of Father: William J. Henderson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #27908	By whom issued and signed: State of Oregon Vital Statistics Section	Date Issued: Sep. 23, 1966	Date Orig. Entry: child born Oct. 3, 1949	
	Date of Birth: Age: 39	Birth Place: Ashton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding union records P.R. Wages, Sec. L#701	By whom issued and signed: Int'nl Union of Operating Engineers, Portland, Oregon	Date Issued: Jun. 17, 1968	Date Orig. Entry: Aug. 4, 1950	
	Date of Birth: Mar. 29, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by friend of family & childhood friend of mother, Ethel Olsen, Age: 80 issued nov. 8, 1965 gives following: Born March 29, 1910 in Ashton, Fremont County, Idaho to William James Henderson and Dora E. Larsen Henderson.

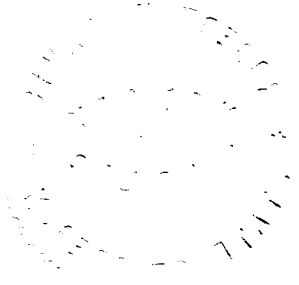
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Dec. 2, 1968

FORM BH 56067

DEC 3 1968



433-14-025 -433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-999

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JACK EDWARD McLOUGHLIN		2. Date of Birth (month) 11 (day) 14 (year) 1910	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: COTTONWOOD IDAHO
FATHER	6. Full Name of Father: CHARLES NICHOLAS McLOUGHLIN		7. State or Country of Father's Birth: IOWA	
MOTHER	8. Full Maiden Name of Mother: CLARA VIOLA McLOUGHLIN		9. State or Country of Mother's Birth: ARKANSAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jack Edward McLoughlin	11. Present Address of Registrant: 415 Grove WALLA WALLA, WASH	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 12 1968	12. Signature of Notary: R.E. Goldman	13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 16, 1970 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

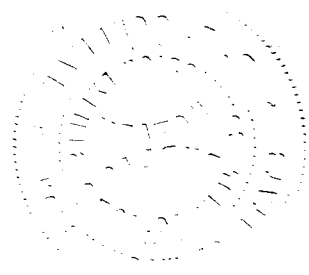
SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #1117939	By whom issued and signed: Bankers Life Co., Des Moines, Iowa	Date Issued: Oct.15,1936	Date Orig. Entry: Oct.13,1936
	Date of Birth: Nov.14,1910 / Birth Place: Cottonwood,Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Clara V. McLoughlin	Date Issued: Feb.23,1954	Date Orig. Entry: ----
	Date of Birth: Nov.14,1910 / Birth Place: Cottonwood, Idaho	Full Name of Mother: Clara V. McLoughlin	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of family record	By whom issued and signed: Family Records	Date Issued: Aug.21,1957	Date Orig. Entry: obviously old
	Date of Birth: Nov.14,1910 / Birth Place: Cottonwood, Idaho Idaho County	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	newspaper clipping from the Spokesman-Review, Spokane, Washington dated Oct. 27, 1940 gives the parents names of J.E.McLoughlin as Mr. & Mrs. C. N. McLoughlin			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 2, 1968	

FORM BH 56067

8-21-65

Mr. Laughlin

DEC 3 1968



219-109.003-414

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1003

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Homer La-dell Barron
2. Date of Birth: (month) April (day) 9 (year) 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Inkom,

FATHER

6. Full Name of Father: Jacob J. Barron
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Chalnicha Damron
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Homer Ladell Barron
11. Present Address of Registrant: R#2 Inkom, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 25, 1968
12. Signature of Notary: [illegible]
13. Notary Commission expires: June 1, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of Certificate of Baptism and Confirmation	LDS Church, Inkom Ward, J. Roy Cardon, Bishop	----	baptized Sept.3,1924
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.9,1910 / Inkom, Idaho	Chelnecha Damron	J. J. Barron	
SUPPORTING RECORD 2.	photocopy of Certificate of Blessing	LDS Church, Inkom,Ward, J.M.Thompson, Clerk	-----	blessed Aug.7,1910
	Apr.9,1910 / Inkom, Bannock County, Idaho	Chalnicha Damron	Jacob J. Barron	
SUPPORTING RECORD 3.	Affidavit by sister	Ora Chelnecha Barron Rhoades (bd.9-15-1897)	Sep.13,1968	----
	Apr.9,1910 / Inkom, Idaho	----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Barron
Evidence reviewed by: Glenda Larson
Date Filed: Dec. 3, 1968

FORM BH 56067 4-4-63. nm

DEC 3 1968

695-29-013-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lola ~~LaVern~~ Lavon Finch			2. Date Of Birth (month) October (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Camas	b. City or Town of Birth: Fairfield (Soldier) *
FATHER	6. Full Name of Father: Eugene Finch			7. State or Country of Father's Birth: Soldier, Camas County Idaho
MOTHER	8. Full Maiden Name of Mother: Eva Watt			9. State or Country of Mother's Birth: Twisting Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lola Lavon Rowland		11. Present Address of Registrant: P O Box 176 Starbuck, Wash 99359
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____	12. Signature of Notary: Helen M. Jackson Starbuck, Wash.		13. Notary Commission expires: Aug. 31, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 77		By whom issued and signed: Eugene Finch	Date Issued: Oct.8,1968	Date Orig. Entry: ------
	Date of Birth: Oct.29,1910	Birth Place: Fairfield,	Full Name of Mother: Eva Watt	Name of Father: Eugene Finch	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #202076	Date Issued: ----	Date Orig. Entry: child born May 22,1932
	Date of Birth: Age: 21	Birth Place: Fairfield, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: transcript of school record		By whom issued and signed: Mike N. Daley, Supt., Camas Co. High School, Fairfield	Date Issued: Oct 18,1968	Date Orig. Entry: Sept.14,1925
	Date of Birth: Oct.29,1910	Birth Place: Soldier, Idaho	Full Name of Mother: ----	Name of Father: Eugene Finch	

QUALIFYING INFORMATION: * Soldier and Fairfield are the same place.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	fc Glenda Larson	Dec. 4, 1968

FORM BH 56067

DEC 5 1968

253-210-019-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1013

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Leota Kelley		2. Date of Birth (month) (day) (year): November 10 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Custer; b. City or Town of Birth: Challis Idaho.
FATHER	6. Full Name of Father: Arthur Daniel Kelley		7. State or Country of Father's Birth: Marshall-Wisconsin
MOTHER	8. Full Maiden Name of Mother: Phoebe Jane Thomas		9. State or Country of Mother's Birth: Forreston, Howard Co. Iowa.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leota (Kelley) Hardman	11. Present Address of Registrant: P.O. Box 486 Mackay Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 21, 1968	12. Signature of Notary: Eileen Larson Mackay Idaho	13. Notary Commission expires: June 7, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage license affidavit	By whom issued and signed: Bingham County, Idaho	Date Issued: ----	Date Orig. Entry: Apr.10,1939
	Date of Birth: Nov.10,1910 / Birth Place: Challis	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (16 years older)	By whom issued and signed: Elizabeth Ione Kelley Clark	Date Issued: Nov.4,1968	Date Orig. Entry: ----
	Date of Birth: Nov.10,1910 / Birth Place: Challis, Idaho Custer County	Full Name of Mother: Phoebe Jane Thomas Kelley	Name of Father: Arthur Daniel Kelley	
SUPPORTING RECORD 3.	Type of Document: copy of application for membership	By whom issued and signed: American Legion Aux., Joe Nowacki Post, unit 16, Idaho	Date Issued: ---	Date Orig. Entry: Nov.14,1945
	Date of Birth: Nov.10,1910 / Birth Place: Challis, Idaho	Full Name of Mother: Phoebe J. Kelley	Name of Father: Arthur D. Kelley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Dec. 4, 1968

FORM BH 56067

3-22-61

DEC 9 1968

263231-009-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Elizabeth Ann Solomon		2. Date Of Birth (month) July (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonners Ferry - Bonner; b. City or Town of Birth: Bonners Ferry, Idaho
FATHER	6. Full Name of Father: Frank Burton Solomon		7. State or Country of Father's Birth: Wat Seka, Illinois
MOTHER	8. Full Maiden Name of Mother: Alvina Catherine Schmidt		9. State or Country of Mother's Birth: Peru — Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet E. A. Bullock	11. Present Address of Registrant: Blue River, Ida - 97413
NOTARY (Seal)	Subscribed and sworn to before me on: November 6 1968	12. Signature of Notary For Orc Gov: Harold R. Phillips	13. Notary Commission expires: Oct 7 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: Rev. Glen A. Goddard, Kellogg	Date issued: ---	Date Orig. Entry: baptized Oct.5,1958
	Date of Birth: July 31,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth		By whom issued and signed: Sacred Heart Hosp. Eugene, Oregon	Date issued: ----	Date Orig. Entry: child born Sep.3,1947
	Date of Birth: July 31,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt who attended mother at time of birth		By whom issued and signed: Clara M. Pentecost Age:79	Date issued: Dec.27,1968	Date Orig. Entry: -----
	Date of Birth: Jul.31,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Alvina Catherine Schmidt	Name of Father: Frank B. Solomon	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Dec. 27, 1968

FORM BH 56067 ICR Add rec #2991 (B) 11-25-68 gml

DEC 27 1968

716216-0003-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1066

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CARYL EVELYN GAFFY
2. Date Of Birth (month) (day) (year): FEB. 16 1910
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: POCATELLO IDAHO
b. City or Town of Birth: POCATELLO IDAHO

FATHER

6. Full Name of Father: FLOYD GAFFY
7. State or Country of Father's Birth: U. S.

MOTHER

8. Full Maiden Name of Mother: VERA DOT POWERS
9. State or Country of Mother's Birth: U. S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: CARYL E. TRENARY
11. Present Address of Registrant: POCAHONTAS, IOWA

NOTARY (Seal)

Subscribed and sworn to before me on: December 11 19 68
12. Signature of Notary: [signature]
13. Notary Commission expires: July 1, 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census record	Age: 9	Idaho	U.S. Department of Commerce Bureau of the census	Vera Schmit	Dec.6,1968	----	Jan. 1,1920
SUPPORTING RECORD 2.	Insurance Policy #216963	Feb.16,1910	Pocatello,Idaho	Mutual Trust Life Ins. Co. Chicago, Illinois	Vera D. Schmit	July 3,1930	----	June 30,1930
SUPPORTING RECORD 3.	Insurance Policy #194311	Feb.16,1910	Pocatello, Idaho	Farm Bureau Life Ins. Co. Des Moines, Iowa	-----	Apr.25,1962	-----	Apr.23,1962

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bf Glenda Larson
Date Filed: Dec. 27, 1968

FORM BH 56067

9-18-68

DEC 27 1968

MAY 8 1970

246-19-023-525

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oscar Conrad Smoke		2. Date Of Birth (month) (day) (year): September 19 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Em; b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Henry Creb Smoke		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Martha Eberhardt		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Oscar Conrad Smoke	11. Present Address of Registrant: 702 E. Main
NOTARY (Seal)	Subscribed and sworn to before me on: FEBRUARY 5, 1969	12. Signature of Notary: Duane W. McCracken	13. Notary Commission expires: June 24, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Original Birth Announcement	By whom issued and signed: Parents	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Sept.19,1910	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: H.C. Smoke
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Methodist Episcopal S.S.	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Sept.19,1910	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Baptismal Record	By whom issued and signed: Conrad Eberhardt, Pastor Methodist Episcopal	Date Issued: Oct.16,1918	Date Orig. Entry: -----
	Date of Birth: Sept.19,1910	Birth Place: Emmett, Idaho	Full Name of Mother: Martha A. Eberhardt	Name of Father: Henry C. Smoke

QUALIFYING INFORMATION

Own childs birth certificate on file with state of Idaho, # 279174 lists age of father as 28 at the time the child was born, April 17, 1939. Lists the fathers birthplace as Emmett, Idaho.

REGISTRAR'S CERTIFICATION (seal)

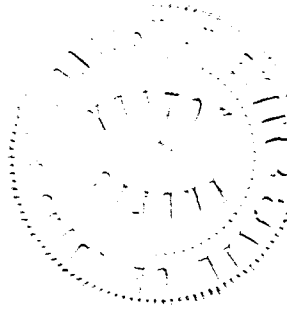
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 6, 1969

FORM BH 56067

1 cp pd rec #

FEB 7 1969



849-202-042-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-067

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elsie Jack Gretta Hurelle (Gretta Hurelle)
2. Date of Birth: (month) Dec. (day) 2. (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Twin Falls County
b. City or Town of Birth: near Curry

FATHER

6. Full Name of Father: William Amos Hurelle
7. State or Country of Father's Birth: U. S. A.

MOTHER

8. Full Maiden Name of Mother: Lillian Decker Hurelle
9. State or Country of Mother's Birth: U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elsie Douglas (Mrs. Elsie Douglas)
11. Present Address of Registrant: Rt. 2 Box 2 Rt. 2 McCall Ida

NOTARY (Seal)

Subscribed and sworn to before me on: May 16 1966
12. Signature of Notary: Kim McDonald
13. Notary Commission expires: 1/26 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of affidavit for marriage license	Bannock County, Idaho	Mar.1,1962	Dec.19,1926
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 16 / -----	-----	-----	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #170304	----	child born Mar.25,1929
	Age: 18 / Idaho	----	----	
SUPPORTING RECORD 3.	Affidavit by sister	May Meader	Dec.15,1968	----
	Dec.2,1910 / Near Curry, Idaho	Lillian Decker	William Amos Hurell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

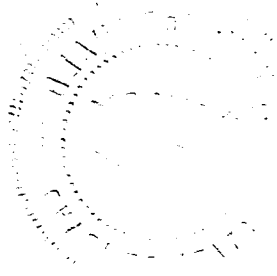
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml bf Glenda Larson	Feb. 7, 1969

FORM BH 56067

(D) 6-6-66 gml

FEB 19 1969



689-26-016-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-103

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RALPH CASPER WHITTLE			2. Date of Birth (month) (day) (year): December 26, 1910
	3. Color or Race: WHITE	4. Sex: M.	5. Place of Birth a. County: CASSIA	b. City or Town of Birth: OAKLEY
FATHER	6. Full Name of Father: William Casper Whittle			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARGARET SMITH			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Casper Whittle		11. Present Address of Registrant: 10209 N. Ivanhoe
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 12 1969	12. Signature of Notary: [illegible]		13. Notary Commission expires: NOTARY PUBLIC for the State of Washington Residing at Spokane, Washington My commission expires April 3, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Voting Registration	By whom issued and signed: Spokane County, Washington		Date Issued: Feb.11,1969	Date Orig. Entry: Oct.17,1946
	Date of Birth: Age: 35	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of family record	By whom issued and signed: Family Records		Date Issued: Feb.12,1969	Date Orig. Entry: obviously old
	Date of Birth: Dec.26,1910	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Margaret Smith Whittle	Name of Father: William Casper Whittle	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for membership	By whom issued and signed: Society of Daughters of the Utah Pioneers-CampDorian,Pocatello		Date Issued: Feb.12,1969	Date Orig. Entry: Dec.6,1933
	Date of Birth: Dec.26,1910	Birth Place: Oakley, Idaho	Full Name of Mother: Margaret Smith Whittle	Name of Father: William Casper Whittle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

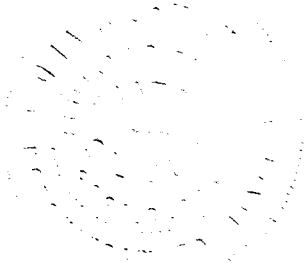
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	Glenda Larson	Feb. 17, 1969

FORM BH 56067

No Record. No Certificate

FEB 19 1969
NOV 14 1975



893 114.003-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-114

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: TED BURR HILLMAN		2. Date Of Birth (month) NOV. (day) 14 (year) 1910	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: LAVA HOTSPRINGS - Bannock	b. City or Town of Birth: LAVA HOTSPRINGS
FATHER	6. Full Name of Father: JAMES WARREN HILLMAN		7. State or Country of Father's Birth: IDAHO - BANNOCK	
MOTHER	8. Full Maiden Name of Mother: [redacted] LILLIAN (EDNA) HENDERSON		9. State or Country of Mother's Birth: IDAHO - BANNOCK	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ted Burr Hillman	11. Present Address of Registrant: RT. 3 - BOX 38 - IDAHO FALLS	
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1968	12. Signature of Notary: Imelda Boyle	13. Notary Commission expires: Jan. 15 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #192352	Date Issued: -----	Date Orig. Entry: Child born May 3,1931	
	Date of Birth: Age: 20	Birth Place: Lava, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: James W. Hillman	Date Issued: Jun.25,1968	Date Orig. Entry: ------	
	Date of Birth: Nov.14,1910	Birth Place: Lava Hot Springs, Idaho	Full Name of Mother: Lillian Edna Henderson Hillman	Name of Father: James W. Hillman	
SUPPORTING RECORD 3.	Type of Document: photocopy of medical record	By whom issued and signed: Lelia Garland, R.R.L., Med.Rec. Lib., Idaho Falls LDS Hospital	Date Issued: Feb.12,1969	Date Orig. Entry: Apr.10,1961	
	Date of Birth: Nov.14,1910	Birth Place: ----	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Feb. 19, 1969

FORM BH 56067 (H) 3-7-62. rm

2 copies pl rec #34889

(H) 2-12-68 gml

FEB 2 0 1969

Hillman

632 410 006-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHARLES O'NIEL OCKERMAN		2. Date Of Birth (month) October (day) 10 (year) 1910
	3. Color or Race: WHITE	4. Sex: Male	5. Place of Birth a. County: BLACKFOOT (BINGHAM) — b. City or Town of Birth: BLACKFOOT
FATHER	6. Full Name of Father: JAMES ALVIN OCKERMAN		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: FLORELLA PEARL FULLMER OCKERMAN		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles O'niel Ockerman	11. Present Address of Registrant: SHELLEY IDAHO R 2
NOTARY (Seal)	Subscribed and sworn to before me on: February 12, 1969	12. Signature of Notary: Ray Wilson	13. Notary Commission expires: August 1st 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-5361		Date Issued: -----	Date Orig. Entry: child born May 2,1951
	Date of Birth: Age: 40	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family	By whom issued and signed: Hatasu H. Oleson (bd.10-30-1893)		Date Issued: Feb.5,1969	Date Orig. Entry: ----
	Date of Birth: Oct.10,1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Pearl Fullmer Ockerman	Name of Father: James Alvin Ockerman	
SUPPORTING RECORD 3.	Type of Document: application for Metropolitan Life Ins. Co. policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: ----	Date Orig. Entry: Mar.12,1959
	Date of Birth: Oct.10,1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	Feb. 19, 1969

FORM BH 56067

1 copy pd Rec #6008 12-26-68

Ackerman

FEB 20 1969

168-118-001-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-142

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ray Gordon Johnson
2. Date of Birth (month) May (day) 18 (year) 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Willow Creek Ada
b. City or Town of Birth:

FATHER

6. Full Name of Father: Charles Moral Johnson
7. State or Country of Father's Birth: Salt Lake City Utha

MOTHER

8. Full Maiden Name of Mother: Eliza Jane Knight
9. State or Country of Mother's Birth: Salt Lake City Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: ×Ray G. Johnson
11. Present Address of Registrant: 2795 4th St Baker, Ore

NOTARY (Seal)

Subscribed and sworn to before me on Feb 10th 1962

12. Signature of Notary: Isabel M. McCarty
13. Notary Commission expires: Dec 5th 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister Age: 68	Della McCarty	Feb.24,1962	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 18,1910	Willow Creek, Ida.	Eliza Jane Knight	Charles Moral Johnson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage record	Payette County, Idaho	Feb.5,1969	Mar.7,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	Willow Creek, Ida.	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Discharge	Civilian Conservation Corps Darold G.Smith,1st Lt. Inf-Res	May 11,1935	Jan.9,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Willow Creek, Ida.	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

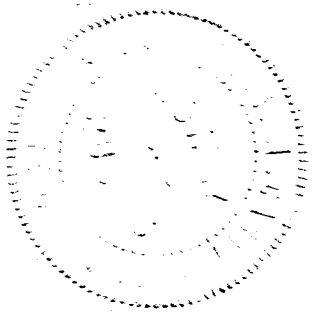
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barson	gml Glenda Larson	Feb. 26, 1969

FORM BH 56067 1-16-61

2-13-62

FEB 27 1969



595-212033-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-152

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leanor L Nielsen ~~Hemphill~~		2. Date Of Birth (month) (day) (year): July 12 1910
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: Bingham-Madison b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Orsen Nielsen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Effie Nielsen		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leanor L Hemphill	11. Present Address of Registrant: 416 E Bonita Marie Dr Santa Paula Calif 93060
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 10 1969	12. Signature of Notary: Lucile S. Stroud	13. Notary Commission expires: 2-18 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth		By whom issued and signed: LDS Church, from Rexburg 2nd ward page 772 line 297	Date Issued: Jan.22,1969	Date Orig. Entry: Sept.4,1910
	Date of Birth: July 12,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Effie C. Nielsen	Name of Father: Orsen Nielsen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Orsen Nielsen	Date Issued: Apr.16,1964	Date Orig. Entry: ---
	Date of Birth: July 12,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Effie C. Nielsen	Name of Father: Orsen Nielsen	
SUPPORTING RECORD 3.	Type of Document: Statement regarding medical records		By whom issued and signed: Ernest D.Carlson,M.D., Santa Paula, California	Date Issued: Feb.26,1969	Date Orig. Entry: Mar. 4, 1960
	Date of Birth: July 12,1910	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 3, 1969

FORM BH 56067

MAR 3 1969

632-113-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-164

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Albert Austin Olsen		2. Date of Birth (month) (day) (year): January 13, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont; b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Henry L. Olsen		7. State or Country of Father's Birth: Mink Creek, Idaho
MOTHER	8. Full Maiden Name of Mother: Merlie Damaris Davis		9. State or Country of Mother's Birth: Alpine, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Austin Olsen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 28 Feb 1969	12. Signature of Notary: N. K. Frome	13. Notary Commission expires: May 1991

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement by midwife	By whom issued and signed: Mrs. Gould Davis	Date Issued: July 7,1942	Date Orig. Entry: ---	
	Date of Birth: Jan.13,1910	Birth Place: St.Anthony, Idaho Fremont County	Full Name of Mother: Merlie Damaris Davis	Name of Father: Henry L. Olsen	
SUPPORTING RECORD 2.	Type of Document: Patriarchal Blessing	By whom issued and signed: Henry William Miller, Patriarch St. Anthony, Idaho	Date Issued: Nov.3,1929	Date Orig. Entry: Nov.3,1929	
	Date of Birth: Jan.13,1910	Birth Place: St.Anthony, Idaho	Full Name of Mother: Merley Demaris Olson	Name of Father: Henry L. Olson	
SUPPORTING RECORD 3.	Type of Document: School Census records	By whom issued and signed: Fremont County, Idaho	Date Issued: Feb.17,1969	Date Orig. Entry: Sept.10,1919	
	Date of Birth: Age: 9	Birth Place: ---	Full Name of Mother: ----	Name of Father: H. L. Olsen	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 5, 1969		

FORM BH 56067

MAR 11 1969

168-109-006-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-167

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ferris Beach Johnson
2. Date of Birth (month) 2 (day) 9 (year) 1910
3. Color or Race: American
4. Sex: Male
5. Place of Birth a. County: Iona Idaho Bingham
b. City or Town of Birth: Iona Idaho

FATHER

6. Full Name of Father: Andrew Hyrum Johnson
7. State or Country of Father's Birth: Ovid Ida Bear Lake

MOTHER

8. Full Maiden Name of Mother: Eliza Beach
9. State or Country of Mother's Birth: Parley Park Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ferris Beach Johnson
11. Present Address of Registrant: RT 2 Emmett Idaho.

NOTARY (Seal) E M M FEB 1969

Subscribed and sworn to before me on February 7 1969

12. Signature of Notary: Clare G. Zimmerman
13. Notary Commission expires: Postmaster 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother (12 yrs. older)	Andrew W. B. Johnson	Mar.4,1968	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.9,1910 / Bonneville County Idaho(formerly Bingham Co.)	Eliza Beach Johnson	Andrew Hyrum Johnson	
SUPPORTING RECORD 2.	Certificate of Blessing	LDS Church, Iona Ward, C.W. Rockwood, Bishop	----	blessed Apr.3,1910
	Feb.9,1910 / Iona, Bingham County, Idaho	Eliza Beach	Andrew H. Johnson	
SUPPORTING RECORD 3.	photocopy of fingerprint records & employment information	National Defense Program,FBI U.S.Dept. of Justice,Wash.D.C.	---	Feb.4,1943
	Feb.9,1910 / Iona, Idaho USA	-----	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: March 5, 1969

FORM BH 56067

2-27-61

MAR 13 1969

438-122-005-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-179

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Wilmer McHugh			2. Date of Birth (month) (day) (year): September 22 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Whitebird
FATHER	6. Full Name of Father: James Wilmer McHugh			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Emma Mae McHugh (Evans)			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl McHugh		11. Present Address of Registrant: Route 2 Caldwell
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1969	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents 79 73	By whom issued and signed: James Wilmer McHugh, Emma Mae McHugh		Date Issued: Mar. 7, 1969	Date Orig. Entry: ----
	Date of Birth: Sept. 22, 1910	Birth Place: Whitebird, Ida.	Full Name of Mother: Emma Mae McHugh (Evans)	Name of Father: James Wilmer McHugh	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy GK 528-3	By whom issued and signed: Idaho Mutual Benefit Assn;		Date Issued: Mar. 1, 1948	Date Orig. Entry: Feb. 28, 1948
	Date of Birth: Sept. 22, 1910	Birth Place: Whitebird, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 226940		Date Issued: -------	Date Orig. Entry: child born Sept 15, 1934
	Date of Birth: Age 24	Birth Place: Whitebird, Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

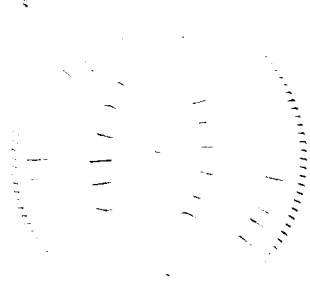
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	March 10, 1969

FORM BH 56067

Childs Cert. 226940

MAR 11 1969



354/06 001-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-189

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernard Louis Lemp, Jr.		2. Date Of Birth (month) (day) (year): April 6 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Bernard Lemp, Sr.		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Leona Tucker		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernard Louis Lemp, Jr.	11. Present Address of Registrant: R.D. 11 - Hellam Branch York, Pa. 17406
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 1969	12. Signature of Notary: Sara C. Lam	13. Notary Commission expires: Dec. 6 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by attending Phys.	By whom issued and signed: S. W. Forney Age 85	Date Issued: Feb. 11, 1969	Date Orig. Entry: -----
	Date of Birth: Apr. 6, 1910 / Birth Place: Boise, Idaho	Full Name of Mother: Leona Tucker	Name of Father: Bernard Lemp, Sr.	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 270156	Date Issued: ----	Date Orig. Entry: child born Aug 2, 1938
	Date of Birth: Age 28 / Birth Place: Boise, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: David H. Jones, Rector, Christ Church Parish, Diocese of Idaho	Date Issued: ---	Date Orig. Entry: baptized Jan. 1, 1911
	Date of Birth: Apr. 6, 1910 / Birth Place: Boise, Idaho	Full Name of Mother: Leona Caroline Lemp	Name of Father: Bernard Lemp	
QUALIFYING INFORMATION				

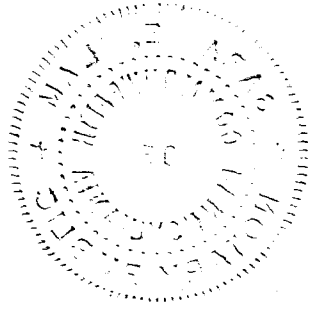
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: fc Glenda Larson	Date Filed: March 11, 1969

FORM BH 56067

Corrected 2-11-69

Childs # 270156

MAR 11 1969



695-210-021-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Devona Field			2. Date Of Birth (month) (day) (year): Jan 10 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Treasurton Franklin	b. City or Town of Birth: Treasurton
FATHER	6. Full Name of Father: William Cyrus Field			7. State or Country of Father's Birth: Ogden Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Moran			9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Field Fish		11. Present Address of Registrant: 7545 Telegraph Rd Orangevale
NOTARY (Seal)	Subscribed and sworn to before me on: June 6 1967	12. Signature of Notary: [illegible] SACRAMENTO COUNTY,		13. Notary Commission expires: 4-17-70 19

JULIA F. BOWEN
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA
My Commission Expires 4-17-70

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #63		By whom issued and signed: Placer County Recorder's office, California	Date Issued: May 1,1967	Date Orig. Entry: child born July 15,1931
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: William Cyrus Field	Date Issued: June 6,1967	Date Orig. Entry: -----
	Date of Birth: Jan.10,1910	Birth Place: Treasurton, Idaho	Full Name of Mother: Margaret Moran	Name of Father: William Cyrus Field	
SUPPORTING RECORD 3.	Type of Document: Marriage License and Certificate		By whom issued and signed: Sacramento County, Calif. C.Ray Rhodehouse of LDS Church	Date Issued: Dec.24,1929	Date Orig. Entry: Dec.24,1929
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	March 13,1969

FORM BH 56067 [illegible] 7-14-67 gml

MAR 14 1969

619-129-035-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-193

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GORDON MILES FAIRLEY.		2. Date of Birth (month) Nov. (day) 29. (year) 1910.	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: IDAHO NEZ PERCE	b. City or Town of Birth: PECK
FATHER	6. Full Name of Father: EARL E. FAIRLEY		7. State or Country of Father's Birth: MISSOURI.	
MOTHER	8. Full Maiden Name of Mother: HELEN A. PARKS		9. State or Country of Mother's Birth: MICHIGAN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon M. Fairley	11. Present Address of Registrant: 917-7th Ave.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1969	12. Signature of Notary: Harold E. Fairley	13. Notary Commission expires: Sept 20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

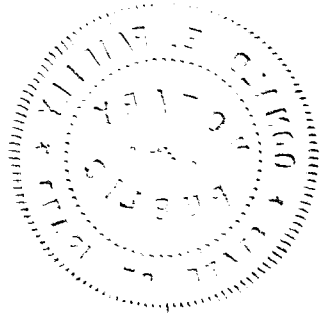
SUPPORTING RECORD 1.	Type of Document: Affidavit by old friend of the family at Peck	By whom issued and signed: Mrs. J.F.Gist Age: 73 ;	Date Issued: Mar.10,1969	Date Orig. Entry: ----	
	Date of Birth: Nov.29,1910	Birth Place: Peck, Idaho	Full Name of Mother: Helen A. Fairley	Name of Father: Earl E. Fairley	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for admission	By whom issued and signed: Lewiston State Normal School	Date Issued: ----	Date Orig. Entry: Sept.27,1929	
	Date of Birth: Nov.29,1910	Birth Place: Peck, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Sun Life Ins. Co. of Canada	Date Issued: ---	Date Orig. Entry: Nov.1,1938	
	Date of Birth: Nov.29,1910	Birth Place: Peck, Idaho	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 14, 1969

FORM BH 56067

3-6-69

MAR 14 1969



219-215-025-651

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-231

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSIE ~~PAINTER~~ HELEN BARNETT			2. Date of Birth (month) JUNE (day) 15 (year) 1910	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: GRANGEVILLE IDAHO	b. City or Town of Birth: GRANGEVILLE	
FATHER	6. Full Name of Father: ROBERT N. BARNETT			7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: FRANCES WEATHERFORD			9. State or Country of Mother's Birth: WASHINGTON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Josie Helen Painter	11. Present Address of Registrant: Grangeville, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1969		12. Signature of Notary: Alice Sams	13. Notary Commission expires: Nov. 15 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age:70		By whom issued and signed: Alfred T. Barnett	Date Issued: Mar.17,1969	Date Orig. Entry: ----
	Date of Birth: June 15,1910	Birth Place: Grangeville, Idaho Idaho County	Full Name of Mother: Frances Barnett	Name of Father: Robert N. Barnett	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #40764		By whom issued and signed: Great Western Mutual Life Ins Co.	Date Issued: Nov.1,1961	Date Orig. Entry: Oct.31,1961
	Date of Birth: June 15,1910	Birth Place: Grangeville,Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 30H 112620-59M		By whom issued and signed: Mutual Of Omaha	Date Issued: Apr.2,1959	Date Orig. Entry: Apr.2,1959
	Date of Birth: June 15,1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	April 2, 1969

FORM BH 56067

3-12-69

APR 3 1969

219-228-042-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69=252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mourine May Barber		2. Date of Birth: (month) August (day) 28 (year) 1910	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Roy George Barber		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Frances Sherbert		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mourine Brennest	11. Present Address of Registrant: Curlew, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 19 69	12. Signature of Notary: Merrill Allen	13. Notary Commission expires: Aug. 29 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Frances R. Barber	Date Issued: Mar.27,1969	Date Orig. Entry: ----	
	Date of Birth: Aug.28,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Frances R. Barber	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.7,1969	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Frances Barber	Name of Father: Roy G. Barber	
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage 7816	By whom issued and signed: Okanogan Co., Washington, Rev. John P. Richmond	Date Issued: Sep.28,1952	Date Orig. Entry: Sep.28,1952	
	Date of Birth: Aug.28,1910	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D W Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 4, 1969		

FORM BH 56067

APR 4 1969

397-201-035-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-262

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Elsie Lipps		2. Date Of Birth (month) (day) (year): March 1 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewiston Nez Perce; b. City or Town of Birth: Lewiston Idaho
FATHER	6. Full Name of Father: Oscar Hiram Lipps		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Maude Etta Rader		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Elsie Lipps Foster	11. Present Address of Registrant: 713 Creekside Ct. Roseville Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: April 5 1969	12. Signature of Notary: Mary E. Moncharmont	13. Notary Commission expires: February 24 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.28,1969	Date Orig. Entry: Apr.15,1910
	Date of Birth: Age: 1 mo. / Birth Place: Idaho	Full Name of Mother: Maud Lipps	Name of Father: Oscar H. Lipps	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Maude E. Lipps	Date Issued: Sep.27,1943	Date Orig. Entry: ----
	Date of Birth: Mar.1,1910 / Birth Place: Lewiston, Idaho Nez Perce County	Full Name of Mother: Maude E. Lipps	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for group life insurance	By whom issued and signed: Federal Postal Employees Assoc. D.G.Keller,Supv.acct.	Date Issued: Mar.13,1939	Date Orig. Entry: Mar.9,1939
	Date of Birth: Mar.1,1910 / Birth Place: Lewiston, Idaho	Full Name of Mother: Maude Etta Lipps	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 9, 1969

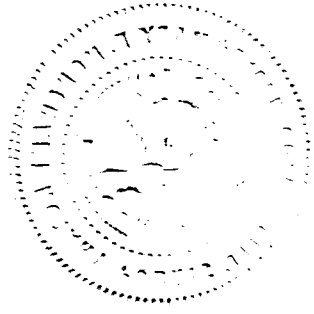
FORM BH 56067

Replaces [illegible]

E-3 a-d

Utah

APR 9 1969



312-108-022-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-286

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Reed Wellington Casto		2. Date Of Birth (month) May (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Egin Bench Fremont County; b. City or Town of Birth: Egin Bench St Anthony Idaho
FATHER	6. Full Name of Father: Leon Carbett Casto		7. State or Country of Father's Birth: Grass Creek Utah July 22-1866
MOTHER	8. Full Maiden Name of Mother: Lydia Elenenia Pulley		9. State or Country of Mother's Birth: Rodes Valley Utah March 24-1870
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reed Wellington Casto	11. Present Address of Registrant: RT 11 BOX 461A Olympia wash
NOTARY (Seal)	Subscribed and sworn to before me on: January 11th 1967	12. Signature of Notary: Reed Wellington	13. Notary Commission expires: Oct. 22nd 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 29419	By whom issued and signed: Idaho Mutual Benefit Assn.	Date issued: Nov. 1944	Date Orig. Entry: Aug. 10, 1944
	Date of Birth: May 8, 1910 / Birth Place: St. Anthony, Ida.	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: Magic Valley Memorial Hospital	Date issued: 6-27-67	Date Orig. Entry: admissiondate Dec. 20, 1939
	Date of Birth: Age 29 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 67	By whom issued and signed: Polly Beneta Shown	Date issued: Apr. 17, 1969	Date Orig. Entry: -----
	Date of Birth: May 8, 1969 / Birth Place: St. Anthony	Full Name of Mother: Lydia Elenenia Pulley	Name of Father: Leon Carbett Casto	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 17, 1969

FORM BH 56067 #5488 (C) 1-25-67 gml

APR 17 1969

693-208-007-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-289

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zelma Evelyn Jackie Wilson		2. Date of Birth (month) (day) (year): July 8 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Bellevue
FATHER	6. Full Name of Father: Clyde Wilson		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Myrtle Ann Stark		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jackie E. Jackson	11. Present Address of Registrant: 350 W. Liberty Keiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application Social Security Admistration	By whom issued and signed: Treasury Dept.-Int.Rev. Ser.	Date Issued: Dec.4,1936	Date Orig. Entry: ------
	Date of Birth: July 8,1910	Birth Place: Bellevue, Idaho	Full Name of Mother: Myrtle Ann Stark	Name of Father: Clyde Wilson
SUPPORTING RECORD 2.	Type of Document: Marriage license Appl.	By whom issued and signed: Washington Co; Idaho	Date Issued: July 10, 1937	Date Orig. Entry: --
	Date of Birth: Jul.10,1937	Birth Place: Bellevue,Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Clyde Wilson	Date Issued: Sept 17 1957	Date Orig. Entry: ---
	Date of Birth: July 8,1910	Birth Place: Bellevue	Full Name of Mother: Myrtle Ann Stark	Name of Father: Clyde Wilson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 21, 1969

FORM BH 56067

APR 23 1969

219-22-4014-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-312

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARIE CHRISTINA BARDSLEY			2. Date of Birth (month) June (day) 24 (year) 1910
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: CALDWELL IDAHO
FATHER	6. Full Name of Father: JOHN LOGAN BARDSLEY			7. State or Country of Father's Birth: ILLINOIS & Missouri ?
MOTHER	8. Full Maiden Name of Mother: SUSAN JOSEPHINE PARKER			9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Christina Jones		11. Present Address of Registrant: 3512 40th Ave NO Renton Wash
NOTARY (Seal)	Subscribed and sworn to before me on: April 22nd 1969	12. Signature of Notary: [signature]		13. Notary Commission expires: 5/10 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person who has personal knowledge of facts	By whom issued and signed: Alice Coralie Connell Age: 74	Date Issued: May 20, 1968	Date Orig. Entry: ----
	Date of Birth: June 24, 1910 / Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Josephine Bardsley	Name of Father: John Logan Bardsley	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Caldwell Sr. High School, Ida. Molly E. Johnson, Sec.-Reg.	Date Issued: Apr. 30, 1968	Date Orig. Entry: 1916
	Date of Birth: June 24, 1910 / Birth Place: ----	Full Name of Mother: -----	Name of Father: John Bardsley	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy My 003 431	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Feb. 1940	Date Orig. Entry: Feb. 1940
	Date of Birth: June 24, 1910 / Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Josephine S. Parker	Name of Father: John L. Bardsley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 7, 1969

FORM BH 56067

3-21-67

MAY 7 1969

142-123-018-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Oscar Austin		2. Date of Birth (month) June (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Clearwater; b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: Oscar Austin		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Bessie Crockett		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Oscar Austin	11. Present Address of Registrant: 2790 Linis St Riverside Calif
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 1969	12. Signature of Notary: Ethel M. Weidman	13. Notary Commission expires: My Commission Expires April 30, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baby Book	By whom issued and signed: Family Records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: 1910	Birth Place: Orofino, Idaho	Full Name of Mother: Bessie Austin	Name of Father: Oscar Austin
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Riverside Community Hospital	Date Issued: Mar.21,1969	Date Orig. Entry: Feb. 28,1951
	Date of Birth: June 23,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: National Guard of the U.S. Samual D.Hays,Col.116th Cav.	Date Issued: discharged Jan.6,1933	Date Orig. Entry: enlisted Apr.1,1930
	Date of Birth: Age:19	Birth Place: Orofino, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	May 7, 1969

FORM BH 56067

2-19-69

MAY 7 1969

962-119-003-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-338

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frederick Roland Robinson			2. Date Of Birth (month) (day) (year): February 19, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Bannock	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Fred David Robinson			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Ethel Sophia Kesler Frederick			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: F. Roland Robinson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 10 19 64	12. Signature of Notary: [signature]		13. Notary Commission expires: February 28, 1965 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth Age: 76	By whom issued and signed: Elsie K. Gibson	Date issued: June 19, 1964	Date Orig. Entry: ---
	Date of Birth: February 19, 1910 / Birth Place: Grace, Idaho	Full Name of Mother: Ethel Sophia Kesler	Name of Father: Fred David Robinson	
SUPPORTING RECORD 2.	Type of Document: Own child'd birth certificate	By whom issued and signed: On file Idaho #282140	Date issued: ---	Date Orig. Entry: child born June 13, 1939
	Date of Birth: Age: 29 / Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Patriarchal blessing	By whom issued and signed: Fred D. Burton, Patriarch, LDS Church Bannock Stake	Date issued: Nov. 20, 1955	Date Orig. Entry: Nov. 20, 1955
	Date of Birth: Feb. 19, 1910 / Birth Place: Grace, Idaho Bannock County	Full Name of Mother: Ethel Sophia Kesler	Name of Father: Fred David Robinson	

QUALIFYING INFORMATION: Family record sheet which is obviously old gives following: birthdate - February 19, 1910; birthplace - Grace, Bannock County, Idaho; parents' names - Ethel Sophia Kesler and Fred David Robinson.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm gml Glenda Larson	May 13, 1969

FORM BH 56067 — 1 copy pd #2 528 504 #738 504 7-8-64 (R)

MAY 1 3 1969

215-23-031-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-339

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Wanda Sanford		2. Date of Birth (month) (day) (year): October 31 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis
			b. City or Town of Birth: Vollmer (Craigmont) Idaho
FATHER	6. Full Name of Father: Charles Marion Sanford		7. State or Country of Father's Birth: Boone County, Iowa
MOTHER	8. Full Maiden Name of Mother: Sarah Ella Olson		9. State or Country of Mother's Birth: Vermillian South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Wanda Sanford Rogers	11. Present Address of Registrant: 16508-28th West Alderwood Manor, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: October 31 1968	12. Signature of Notary: Dorothea L. Cotter	13. Notary Commission expires: May 17 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #186296	Date Issued: ---	Date Orig. Entry: child born Jan. 18, 1930
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth		By whom issued and signed: Wilbur E. Denning (bd. 9-11-1895)	Date Issued: Mar. 4, 1969	Date Orig. Entry: ----
	Date of Birth: Oct. 31, 1910	Birth Place: now Vollmer (Craigmont) Lewis Co., Idaho	Full Name of Mother: Sarah Ella Sanford	Name of Father: Charles Marion Sanford	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records		By whom issued and signed: First Christian Church, Lewiston, Idaho, Mrs. C. McCracken, Sec.	Date Issued: May 2, 1969	Date Orig. Entry: Dec. 12, 1948
	Date of Birth: Oct. 31, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	May 13, 1969

FORM BH 56067

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MAY 13 1969

533-23-026-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-355

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wren Thomas Ellis			2. Date of Birth (month) April (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Annis, Jefferson	b. City or Town of Birth: Annis
FATHER	6. Full Name of Father: Thomas Royal Ellis			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Gertrude Hill			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wren Thomas Ellis		11. Present Address of Registrant: Driggs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 8 1969	12. Signature of Notary: Joyce Gordon		13. Notary Commission expires: July 10 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of application for social security #518-42-9309		By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: June 25,1955
	Date of Birth: Apr.23,1910	Birth Place: Annis, Idaho Jefferson County	Full Name of Mother: Gertrude Hill	Name of Father: Royal Ellis	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as an Elder		By whom issued and signed: LDS Church, Annis Ward, Ernest W. Harrop, Ward Clerk	Date Issued: Jan.25,1931	Date Orig. Entry: ordained May 11,1930
	Date of Birth: Apr.23,1910	Birth Place: Annis, Idaho Jefferson County	Full Name of Mother: Gertrude Hill	Name of Father: Thomas Royal Ellis	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry #312		By whom issued and signed: Cache County, Utah	Date Issued: Jan.28,1969	Date Orig. Entry: Oct.10,1930
	Date of Birth: Apr.23,1910	Birth Place: Annis, Idaho	Full Name of Mother: Gertrude Hill	Name of Father: Royal Ellis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: May 14, 1969

FORM BH 56067

1-27-69

MAY 1 4 1969

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-358

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alvin Vernon Kennedy			2. Date of Birth (month) Sept. (day) 24 (year) 1910
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: Angus Danforth Kennedy			7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Edna Ethel Howard			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alvin V. Kennedy		11. Present Address of Registrant: Clarkston, Washington
NOTARY (Seal)	Subscribed and sworn to before me on 5th day of April 1969	12. Signature of Notary: Madge F. Overlander		13. Notary Commission expires: August. 6 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Angus D. Kennedy Age:80		Date Issued: Apr.5,1969	Date Orig. Entry: -----
	Date of Birth: Sep.24,1910	Birth Place: Orofino, Idaho	Full Name of Mother: Edna Ethel Kennedy	Name of Father: Angus D. Kennedy	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage return	By whom issued and signed: Asotin County, Washington		Date Issued: Apr.21,1969	Date Orig. Entry: Jan.3,1934
	Date of Birth: Age: 23	Birth Place: Orofino, Idaho	Full Name of Mother: Ethel Howard	Name of Father: Angus D. Kennedy	
SUPPORTING RECORD 3.	Type of Document: Photocopy of employment record, Wa.State Emp. Retirement	By whom issued and signed: employed by City of Clarkston L.Berreman, City Clerk		Date Issued: ---	Date Orig. Entry: Aug.1,1951
	Date of Birth: Sep.24,1910	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 15, 1969

FORM BH 56067

MAY 15 1969

DECEASED

654-240-031-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Marie Feucht		2. Date of Birth (month) Aug. (day) 10, (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Winchester, Idaho
FATHER	6. Full Name of Father: Anton Feucht		7. State or Country of Father's Birth: Knowles, Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Rose Dahmen		9. State or Country of Mother's Birth: Pierz, Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sister Rose Marie Feucht	11. Present Address of Registrant: 1117 W. Jackson	
NOTARY (Seal)	Subscribed and sworn to before me on: 2/10/1969	12. Signature of Notary: [signature]	13. Notary Commission expires: 2-12-1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: Frank Ewers, M.D. Ottawa Medical Center	Date Issued: Feb.13,1969	Date Orig. Entry: Rules of Order 1966
	Date of Birth: Aug. 10,1910	Birth Place: Winchester,Ida.	Full Name of Mother: ----	Name of Father: --------
RECORD 2.	Type of Document: Statement from Dist.Court	By whom issued and signed: Joseph DeSilvestro Ottawa, Illinois	Date Issued: Mar.21,1969	Date Orig. Entry: 1964
	Date of Birth: Aug.10,1910	Birth Place: Winchester,Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin Age 73	By whom issued and signed: SisterMary Clotilda Feucht	Date Issued: May 3,1969	Date Orig. Entry: -----
	Date of Birth: Aug.10,1910	Birth Place: Winchester,Ida.	Full Name of Mother: Rose Dahmen	Name of Father: Anton Feucht
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W. Benson	fc Florence Curtright	May 16, 1969

FORM BH 56067

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4-1-69

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MAY 16 1969

469-30-0147-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-374

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Marie Morrison		2. Date of Birth (month) October (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: John E. Morrison		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hester Bell Hawkins		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Marie Stewart	11. Present Address of Registrant: Route 5 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S. Church	Date Issued: Jun.5,1911	Date Orig. Entry: Blessed Apr.2,1911
	Date of Birth: Oct.30,1910 / Birth Place: Nampa, Idaho	Full Name of Mother: Hester Bell Hawkins	Name of Father: John E. Morrison	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: (Elder) L.D.S.Church - Parley Grigg	Date Issued: ---	Date Orig. Entry: Baptized Aug 30,1919
	Date of Birth: Oct.30,1910 / Birth Place: Nampa, Idaho	Full Name of Mother: Hester Bell Hawkins	Name of Father: John E. Morrison	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 209385	By whom issued and signed: Gem State Mutual Life	Date Issued: Sept.30,1935	Date Orig. Entry: Sept.27,1935
	Date of Birth: Oct.30,1910 / Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

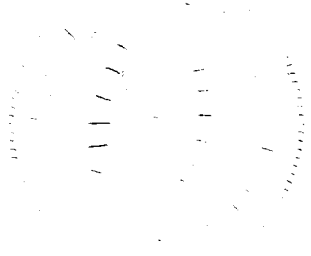
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 21, 1969

FORM BH 56067

MAY 21 1969



236-20610 07-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-381

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ~~XXXXXXXXXXXXXXXX~~ ELFA GRACE SCOTT			2. Date of Birth: (month) November (day) 6 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Blaine	b. City or Town of Birth: ~~Haley~~ HAILEY	
FATHER	6. Full Name of Father: Hermon Aiken Scott			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Alta Maria Moseley			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elfa Grace Koogman		11. Present Address of Registrant: 350 N. 4th St. Helens, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1969	12. Signature of Notary: Kenneth P. Warnicke		13. Notary Commission expires: October 20 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #204	By whom issued and signed: State of Oregon Vital Statistics Section	Date Issued: Jan.20,1966	Date Orig. Entry: child born Jan.6,1947
	Date of Birth: Age: 36 / Birth Place: Haley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Notarized photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: May 9,1969	Date Orig. Entry: Obviously old
	Date of Birth: Nov.6,1910 / Birth Place: Hailey, Idaho Blaine County	Full Name of Mother: Alta Maria Moseley	Name of Father: Hermon Aiken Scott	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Josephine Lockey (bd.7-4-1899)	Date Issued: May 12, 1969	Date Orig. Entry: ----
	Date of Birth: Nov.6,1910 / Birth Place: Hailey, Idaho Blaine County	Full Name of Mother: Alta Maria Moseley	Name of Father: Hermon Aiken Scott	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 26, 1969

FORM BH 56067

5-6-69

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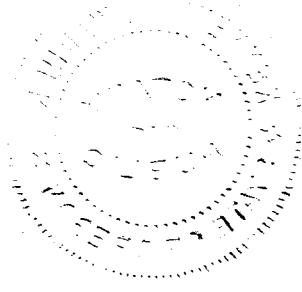
MAY 27 1969



559-105-014-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Alexander Verheyen			2. Date of Birth (month) May (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nampa Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Ernest Charles Verheyen			7. State or Country of Father's Birth: Alsace-Lorraine France
MOTHER	8. Full Maiden Name of Mother: Elizabeth Michels			9. State or Country of Mother's Birth: Wisc.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles A Verheyen		11. Present Address of Registrant: Box 187, Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1969	12. Signature of Notary: Gladys Walker		13. Notary Commission expires: 1-9 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho #50-5394		Date Issued: -----	Date Orig. Entry: child born May 25, 1950
	Date of Birth: Age 40	Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record	By whom issued and signed: St. Paul's - Nampa, Idaho		Date Issued: Mar 8,1969	Date Orig. Entry: Baptized July 24,1910
	Date of Birth: May 5,1910	Birth Place: Nampa, Idaho	Full Name of Mother: Elizabeth Michels	Name of Father: Charles Verheyen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 75	By whom issued and signed: Mabel Verheyen		Date Issued: Mar.13,1969	Date Orig. Entry: ----
	Date of Birth: May 5,1910	Birth Place: Nampa,Idaho	Full Name of Mother: Elizabeth Michels	Name of Father: Ernest Charles Verheyen	
QUALIFYING INFORMATION					

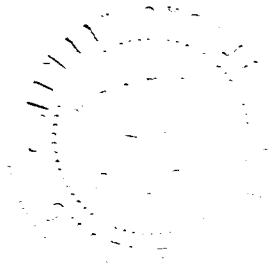
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	May 27,1969

FORM BH 56067

MAY 27 1969



962-22510 42-693

STATE BOARD OF HEALTH,
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-385

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THELMA IRENE ROBERTSON		2. Date of Birth (month) SEPT. (day) 25 (year) 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO TWIN FALLS b. City or Town of Birth: TWIN FALLS
FATHER	6. Full Name of Father: WALTER WARREN ROBERTSON		7. State or Country of Father's Birth: INDIANA
MOTHER	8. Full Maiden Name of Mother: DORA LUNA WILLIAMS		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma LeDand	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 19th May 1969	12. Signature of Notary: Russell Jarvis	13. Notary Commission expires: RUSSELL JARVIS-Notary Public-Calif. COM. EXP. NOV. 14, 1970 - SUTTER CO. 2622 Fir Street, Live Oak, Calif. 95953

APPLICANT— DO NOT WRITE BELOW THIS LINE

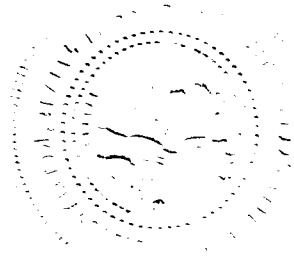
SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #168385	Date Issued: ----	Date Orig. Entry: child born Dec.15,1928
	Date of Birth: Age: 18 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by paternal aunt	By whom issued and signed: Blanche Smith (born 1893)	Date Issued: Mar.17,1969	Date Orig. Entry: ----
	Date of Birth: Sep.25,1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: Dora Williams Robertson	Name of Father: Walter W. Robertson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy GD5121-5	By whom issued and signed: Idaho Mutual Benefit Assoc. Boise, Idaho	Date Issued: Jan.31,1939	Date Orig. Entry: Jan.27,1939
	Date of Birth: Sep.25,1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: May 27, 1969

K FORM BH 56067

2-18-69

MAY 2 8 1969



693218 1039-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-386

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JEAN ELIZABETH WILCOX		2. Date of Birth (month) (day) (year): NOVEMBER 18, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: POWER; b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: JESS FRANCIS WILCOX		7. State or Country of Father's Birth: KANSAS
MOTHER	8. Full Maiden Name of Mother: HARRIET WILLIAN RIPLEY		9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean Elizabeth Davenport	11. Present Address of Registrant: 1115 Iron Springs Road Prescott, Arizona 86301
NOTARY (Seal)	Subscribed and sworn to before me on: May 7th 1969	12. Signature of Notary: H. J. Molfenger	13. Notary Commission expires: Jan. 18, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Kingman Ward, Lake Mead Stake, John Cunneldy	Date Issued: Jun. 30, 1958	Date Orig. Entry: baptized June 27, 1958
	Date of Birth: Nov. 18, 1910; Birth Place: American Falls, Power Co., Idaho	Full Name of Mother: Harriet Willian Ripley	Name of Father: Jesse Francis Wilcox	
SUPPORTING RECORD 2.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct. 29, 1968	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 9; Birth Place: Idaho	Full Name of Mother: Harriet Wilcox	Name of Father: Jesse F. Wilcox	
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit of Voter's Registration	By whom issued and signed: Mohave County, Arizona West Kingman Precinct	Date Issued: Sep. 24, 1968	Date Orig. Entry: July 7, 1958
	Date of Birth: Nov. 18, 1910; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: Jesse Wilcox	

QUALIFYING INFORMATION

Affidavit by sister, Doris M. Callaghan, Age: 60, dated November 4, 1963 gives following information: birthdate - November 18, 1910; birthplace - American Falls, Idaho; parents' names - Jess Francis Wilcox and Harriet Willian Wilcox.

REGISTRAR'S CERTIFICATION (seal)

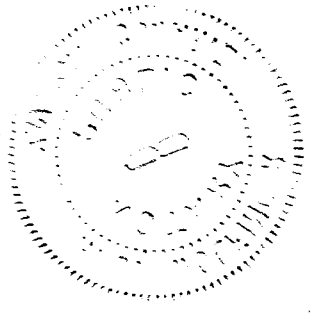
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	May 27, 1969

FORM BH 56067

Washington, D.C.

MAY 28 1969



49425-089-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-398

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Homer Ernest Drury		2. Date Of Birth (month) 12 (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah county; b. City or Town of Birth: Deary, Idaho.
FATHER	6. Full Name of Father: George Edward Drury		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Lillie Mabel Harrison		9. State or Country of Mother's Birth: Marysville Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Homer Ernest Drury	11. Present Address of Registrant: P.O. Box 463 Granite Falls, Alaska
NOTARY (Seal)	Subscribed and sworn to before me on: April 7th 1969.	12. Signature of Notary: Kathy E. Meuniers	13. Notary Commission expires: 4-1 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (bd.10-10-1898)	By whom issued and signed: Sarah L. Schultz	Date Issued: Mar.24,1969	Date Orig. Entry: ----
	Date of Birth: Dec.25,1910	Birth Place: Farm near Deary, Idaho	Full Name of Mother: Lily Drury	Name of Father: George Drury
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Record	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Dec.25,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church, Salt Lake City, Utah	Date Issued: May 20,1969	Date Orig. Entry: baptized June 1,1963
	Date of Birth: Dec.25,1910	Birth Place: Deary, Idaho Latah County	Full Name of Mother: Lily Mabel Harrison	Name of Father: George Edward Drury
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 28, 1969

FORM BH 56067

3-21-69

MAY 28 1969

214-222-028-962

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-409
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Georgia Kaudy			2. Date of Birth: (month) 2 (day) 22 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Rathdrum	
FATHER	6. Full Name of Father: Joseph Delbert Kaudy			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Julia Sylvia Robbins			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Georgia Kaudy		11. Present Address of Registrant: Rt. #2 St. Maries, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 2, 1969	12. Signature of Notary: Elizabeth Irvine		13. Notary Commission expires: November 6, 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license and certificate	By whom issued and signed: Benewah County, Idaho Inst.#84589		Date Issued: Apr.18,1969	Date Orig. Entry: Aug.18,1956
Class*	Date of Birth: Age:46	Birth Place: Rathdrum, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who has personal knowledge of birth	By whom issued and signed: Georgia Ellingson Age:78		Date Issued: Apr.28,1969	Date Orig. Entry: ---
Class	Date of Birth: Feb.22,1910	Birth Place: Rathdrum, Idaho Kootenai County	Full Name of Mother: Julia Sylvia Robbins	Name of Father: Joseph Delbert Kaudy	
SUPPORTING RECORD 3.	Type of Document: Photocopy of hospital record	By whom issued and signed: Benewah Community Hospital, St.Maries, Idaho		Date Issued: May 27,1969	Date Orig. Entry: Mar.12,1963
Class	Date of Birth: Feb.22,1910	Birth Place: Rathdrum, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 3, 1969

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 4 1969

358-109-001-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-421

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harry Alden LeHuquet			2. Date Of Birth (month) December (day) 9 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Abner Isaac LeHuquet			7. State or Country of Father's Birth: Gaspie Bay, Canada
MOTHER	8. Full Maiden Name of Mother: Minnie May Crouse			9. State or Country of Mother's Birth: Minneapolis, Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harry LeHuquet		11. Present Address of Registrant: 540 Lafayette Rd. Merion Station Pa
NOTARY (Seal)	Subscribed and sworn to before me on: February 10th 1969	12. Signature of Notary: Brenda Sandler		13. Notary Commission expires: BRENDA SANDLER Notary Public, Philadelphia, Ph... My Commission Expires October 27, 19...

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment		By whom issued and signed: The Davidson Transfer & Storage Co.	Date Issued: ---	Date Orig. Entry: May 6,1955
	Date of Birth: Dec.9,1910	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record-State of Maryland, Kent County, Earl Pinder, Clerk		By whom issued and signed:	Date Issued: Jan.28,1969	Date Orig. Entry: Jan.31,1932
	Date of Birth: Age: 21	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: May 27,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Minnie LeHaguet	Name of Father: Abner J. LeHaguet	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	June 10, 1969

FORM BH 56067

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(L) 3-5-69 gml

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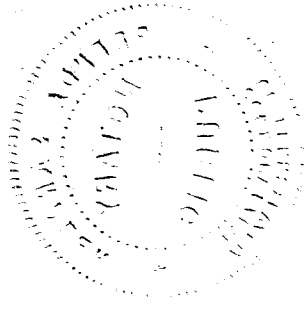

437-211-007-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-423

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eunice Emma McPheters		2. Date Of Birth (month) May (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Ketchum, Idaho. a. County: Blaine; b. City or Town of Birth: Ketchum
FATHER	6. Full Name of Father: LaVerne Power McPheters		7. State or Country of Father's Birth: Richfield, Minnesota
MOTHER	8. Full Maiden Name of Mother: Bessie Eugenie Rumel		9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eunice Emma McPheters Jackson	11. Present Address of Registrant: 2327 South 8th East, Salt Lake City, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1969	12. Signature of Notary: [signature]	13. Notary Commission expires: Oct 14, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopies of pages from family Bible records	By whom issued and signed: Family Bible Records	Date issued: May 28, 1969	Date Orig. Entry: obviously old
	Date of Birth: May 11, 1910	Birth Place: ------	Full Name of Mother: Bessie Eugenie Rumel McPheters	Name of Father: LaVerne Powers McPheters
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, 2nd Ward, Liberty Stake, Walden H. Jones, Clerk	Date issued: ----	Date Orig. Entry: baptized July 17, 1941
	Date of Birth: May 11, 1910	Birth Place: Ketchum, Idaho	Full Name of Mother: Bessie Eugenie Rumel	Name of Father: LaVerne Powers McPheters
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #20 050 244	By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: July 1, 1947	Date Orig. Entry: June 3, 1947
	Date of Birth: May 11, 1910	Birth Place: Ketchum, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	June 10, 1969

FORM BH 56067

5-15-69

JUN 10 1969

336-22-2014-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-424
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ann Clore			2. Date of Birth: (month) 9 (day) 27 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth: a. County: Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: Edward A. Clore			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Mary Almeda Wooten			9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Ann Clore Siebert	11. Present Address of Registrant: 18 Francis Place Caldwell, New Jersey	
NOTARY (Seal)	Subscribed and sworn to before me on: June 3rd 1969		12. Signature of Notary: Arthur Young	13. Notary Commission expires: March 31. 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Certified copy of marriage certificate		By whom issued and signed: City of Newark, New Jersey Bureau of Vital Statistics	Date Issued: May 20,1969	Date Orig. Entry: Mar.3,1934
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: Mary A. Wootom	Name of Father: Edward Clore	
SUPPORTING RECORD 2. Class_____	Type of Document: Affidavit by mother		By whom issued and signed: Almeda C. Creasser	Date Issued: Apr.10,1969	Date Orig. Entry: ----
	Date of Birth: Sep.27,1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Almeda Clore	Name of Father: Edward A. Clore	
SUPPORTING RECORD 3. Class_____	Type of Document: photocopy of application for social security #141-03-1978		By whom issued and signed: Social Security Adm. Treasurey Department	Date Issued: ----	Date Orig. Entry: Dec.1,1936
	Date of Birth: Sep.27,1910	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Mary Almeda Wooton	Name of Father: Edward Clore	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 10, 1969

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

JUN 1 1 1969

993-220-033-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-435

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Ricks		2. Date of Birth (month) March (day) 20 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Martin Ricks		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Maudie Sanders		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite Ricks Hebner	11. Present Address of Registrant: 323 E. Reeder St. Dillon, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: June 6, 1969	12. Signature of Notary: Richard D. Burma	13. Notary Commission expires: May 29, 1970

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt (at least ten years older)	Mabelle Kenison	Oct.29,1968	-----
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Mar.20,1910 / Rexburg, Idaho Madison County	Maudie Sanders	Martin Ricks	
SUPPORTING RECORD 2.	Church Certificate of Birth	LDS Church, Fremont St. Rexburg 1st Ward, bk.7703 - 250	Oct.16,1968	June 5,1910
	Mar.20,1910 / Rexburg, Idaho	Maud Sanders	Martin Ricks	
SUPPORTING RECORD 3.	Statement regarding voting registration records	Evelyn J.Sage, Clerk & Recorder, Beaverhead Co., Mont.	June 5,1969	Oct.28,1937
	Mar.20,1910 / Rexburg, Idaho	----	----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 23, 1969

FORM BH 56067

JUL 1 1969

693-210-007-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-443

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rose Arlene Wilcox
2. Date Of Birth: July 10 1910
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County: BLAINE; b. City or Town of Birth: CORRAL IDAHO

FATHER

6. Full Name of Father: ALBERT DODGO WILCOX
7. State or Country of Father's Birth: FAY CLAIR - WISCONSIN

MOTHER

8. Full Maiden Name of Mother: NELLIE GERTRUDE DIEUS
9. State or Country of Mother's Birth: SIOUX CITY, IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rose Arlene Swenson
11. Present Address of Registrant: 1079 N. 15th COEUR D'ALENE - IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: June 5 1969
12. Signature of Notary: Myra B. Peterson
13. Notary Commission expires: Feb. 20 1972

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
photocopy of pages from Family Bible	Family Bible Records	Apr.26,1960	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.10,1910	Corral, Idaho	Nellie Gertrude Dieus	Albert D. Wilcox

SUPPORTING RECORD 2.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Insurance Policy #685406 MI	Metropolitan Life Ins. Co.	May 1,1945	May 1, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age next b.d. 35	----	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
photocopy of application for social security number 518-05-4556	Social Security Admin.	----	March 11,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.10,1910	Corral, Idaho Blaine County	Nellie Gertrude Dicus	Albert D. Wilcox

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 25, 1969

FORM BH 56067 10-16-59

JUN 2 6 1969

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-448

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Leona Griffin		2. Date of Birth (month) (day) (year): October 29 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Virginia
FATHER	6. Full Name of Father: Edward Griffin		7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Annie Dolder		9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Leona Gordon	11. Present Address of Registrant: Horseshoe Bend Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 27 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 49-6453	Date Issued: -----	Date Orig. Entry: child born June 18,1949	
	Date of Birth: Age 38	Birth Place: Virginia, Idaho	Full Name of Mother: ---------	Name of Father: -------'	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #L-6159	By whom issued and signed: Sierra Life Ins. Co.	Date Issued: Feb.14,1960	Date Orig. Entry: Jan.30,1960	
	Date of Birth: Oct.10,1910	Birth Place: Virginia, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother Age 78	By whom issued and signed: Annie Hoopes	Date Issued: June 25,1969	Date Orig. Entry: ----	
	Date of Birth: Oct.29,1910	Birth Place: Virginia,Idaho	Full Name of Mother: Annie Dolder	Name of Father: Edward Griffin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 26,1969

FORM BH 56067

JUN 27 1969

263-204-028-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-453

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elve Josephine Solberg
2. Date Of Birth (month) (day) (year): August 4 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Spirit Lake Idaho.

FATHER

6. Full Name of Father: John Andrew Solberg.
7. State or Country of Father's Birth: Sweden.

MOTHER

8. Full Maiden Name of Mother: Alma Josephine Larson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elve J Olson
11. Present Address of Registrant: 911-3rd St. Lewiston

NOTARY (Seal)

Subscribed and sworn to before me on: April 18 1969
12. Signature of Notary: Merle O. Shumaker
13. Notary Commission expires: Idaho March 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of school record	Lewiston Junior-Senior High School, Lewiston, Idaho	----	Sept.7,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.4,1910	Spirit Lake	-----	John Solberg

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by frient of family at time of birth	Neeta Moen Age:80	May 16,1969	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.4,1910	Spirit Lake, Idaho	Alma Josephine Larson Solberg	John Andrew Solberg

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible records	Family Bible Record	----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.4,1910	----	----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

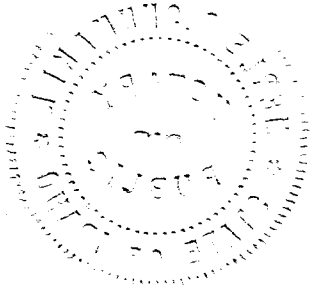
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	June 27, 1969

FORM BH 56067

3-20-70

JUL 1 1969



243-22-5025-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OLIVE RUTH KULICK		2. Date of Birth (month) 12 (day) 25 (year) 10	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: near Midvale
FATHER	6. Full Name of Father: JOHN MICHAEL KULICK		7. State or Country of Father's Birth: POLAND	
MOTHER	8. Full Maiden Name of Mother: MINNIE JOSEPHINE SIMMONS		9. State or Country of Mother's Birth: IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive Kulick Martin	11. Present Address of Registrant: 1390 W. 4th Ave. EUGENE - ORE. 97402	
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1969	12. Signature of Notary: Velma J. Diestrap	13. Notary Commission expires: Sept. 16th 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of return of marriage	By whom issued and signed: Lane County, Oregon	Date Issued: Jun.21,1967	Date Orig. Entry: Sept.3,1938
	Date of Birth: Age: 27	Birth Place: Midvale, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who raised child since mother's death in 1916	By whom issued and signed: Jenny Riley Ivie Age: 82	Date Issued: June 10,1969	Date Orig. Entry: ----
	Date of Birth: Dec.25,1910	Birth Place: Midvale, Idaho	Full Name of Mother: Minnie Josephine Simmons (Riley) Kulick	Name of Father: John Michael Kulick
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Millard Pond, Clerk, School Dist.#4, Lane Co., Oregon	Date Issued: June 22,1967	Date Orig. Entry: Oct. 1930
	Date of Birth: Dec.25,1910	Birth Place: ----	Full Name of Mother: Jenny Ivie	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

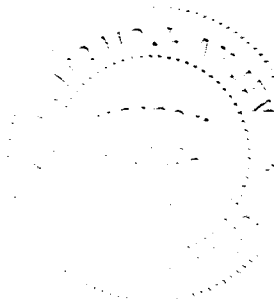
State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	June 27, 1969

FORM BH 56067

5-11-67

Florida

JUL 1 1969



363-220-024-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-484

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iris Margaret Colvin			2. Date of Birth (month) (day) (year): April 20 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Bliss
FATHER	6. Full Name of Father: Fred Colvin			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Edith Adelia Bray			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris M Thompson		11. Present Address of Registrant: Glenns Ferry, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 14 1969	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

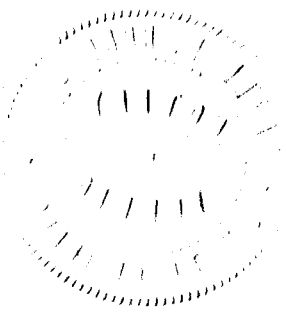
SUPPORTING RECORD 1.	Type of Document: University Record	By whom issued and signed: University of Idaho	Date Issued: Oct. 20, 1953	Date Orig. Entry: Grad. H.S. 1928
	Date of Birth / Birth Place: April 20, 1910 Bliss, Idaho	Full Name of Mother: Edith Bray Colvin	Name of Father: Fred Colvin	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy L-2879	By whom issued and signed: American Home Mutual Life	Date Issued: Feb. 16, 1958	Date Orig. Entry: Feb. 3, 1958
	Date of Birth / Birth Place: Apr. 20, 1910 Bliss, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 261156	Date Issued: ----	Date Orig. Entry: child born Nov. 18, 1937
	Date of Birth / Birth Place: Age 27 Bliss, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 14, 1969

FORM BH 56067



695-104,036-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-504

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray DuChene Free		2. Date of Birth (month) Jan (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: ~~Weston~~, Oneida; b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: Jarold Roy Free		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Jennie Charlotte DuChene		9. State or Country of Mother's Birth: So Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray D Free	11. Present Address of Registrant: 4545 So 13th East Salt Lake City 17, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 4 1969	12. Signature of Notary: James W. Brown	13. Notary Commission expires: 1-6 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of Security clearance		By whom issued and signed: Headquarters X US Army Corps Fort Lawton, Washington	Date issued: Feb.8,1961	Date Orig. Entry: Feb.1,1961
	Date of Birth: Jan.4,1910	Birth Place: Weston, Idaho Oneida County USA	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Jennie D. Free	Date issued: July 2,1969	Date Orig. Entry: ----
	Date of Birth: Jan.4,1910	Birth Place: Weston, Idaho	Full Name of Mother: Jennie D. Free	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Leo Young, Clerk	Date issued: Feb.3,1918	Date Orig. Entry: baptized Jan.26,1918
	Date of Birth: Jan.4,1910	Birth Place: Weston, Idaho	Full Name of Mother: Jennie C. DuChene	Name of Father: J. Roy Free	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	July 22, 1969

FORM BH 56067 1cp pd lec # 16715 6-27-69

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JAN 2 3 1975

132-202-022-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-508

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Atkins			2. Date of Birth (month) 2 (day) 2 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Freamont	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: John Smith Atkins			7. State or Country of Father's Birth: Troy, Michigan
MOTHER	8. Full Maiden Name of Mother: Lucy Martin			9. State or Country of Mother's Birth: Calhoun, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Atkins Ross		11. Present Address of Registrant: 307 N. Ora, Pryor, Okla.
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1969	12. Signature of Notary: Lou Ann Hendrex		13. Notary Commission expires: Nov. 19 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of original application for soc. sec. #441-26-5565	By whom issued and signed: Social Security Adm.		Date Issued: ----	Date Orig. Entry: Mar. 29, 1944
	Date of Birth: Feb. 2, 1910	Birth Place: St. Anthony, Idaho Freamont County	Full Name of Mother: Lucy Martin	Name of Father: John Smith Atkins	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: June 11, 1969	Date Orig. Entry: April 15, 1910
	Date of Birth: Age: 2 mos.	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: John S. Atkins	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (17 years older)	By whom issued and signed: Florence Atkins Bland		Date Issued: July 10, 1969	Date Orig. Entry: ----
	Date of Birth: Feb. 2, 1910	Birth Place: St. Anthony, Idaho	Full Name of Mother: Lucy Martin Atkins	Name of Father: John Smith Atkins	

QUALIFYING INFORMATION: certified copy of marriage license from the state of Kansas, Meade County, dated Sept. 29, 1966 gives age as 20 years on May 3, 1930.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	July 24, 1969

FORM BH 56067

1 Ck pd Rec # 17128

7-3-69

Ross

JUL 25 1969

613-207022-537

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-518

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Mae Watts			2. Date of Birth (month) June (day) 7 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: St. Anthony Fremont	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Joseph Anderson Watts			7. State or Country of Father's Birth: Knoxville Tenn
MOTHER	8. Full Maiden Name of Mother: Isobelle Jane Ellis			9. State or Country of Mother's Birth: Woods Cross Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna Mae Watts	11. Present Address of Registrant: Newdale, Idaho 83436
NOTARY (Seal)	Subscribed and sworn to before me on: July 16 19 69		12. Signature of Notary: Su Moretti Bauer, Clerk of Dist. Court	13. Notary Commission expires: elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, J. M. White, Bishop, St. Anthony	Date Issued: June 4,1922	Date Orig. Entry: baptized June 3, 1922
	Date of Birth: June 7,1910	Birth Place: St. Anthony, Idaho	Full Name of Mother: Isobelle Ellis	Name of Father: Joseph Watts	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Fremont County, Idaho	Date Issued: Jul.16,1969	Date Orig. Entry: Sept. 1918
	Date of Birth: Age: 8	Birth Place: -----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:72		By whom issued and signed: Phoebe Browning	Date Issued: Jul.16,1969	Date Orig. Entry: ---
	Date of Birth: June 7,1910	Birth Place: St. Anthony, Idaho	Full Name of Mother: Isobelle Jane Ellis	Name of Father: Joseph Anderson Watts	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: July 25, 1969

FORM BH 56067

ICPAS NIC # 17319

7-9-69

JUL 2 5 1969

619-108-030-25-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-539

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gilbert Norman Ward			2. Date of Birth (month) May (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon, Idaho
FATHER	6. Full Name of Father: James Alexander Ward			7. State or Country of Father's Birth: Nemaha Co. Nebraska
MOTHER	8. Full Maiden Name of Mother: Martha Elizabeth Keithley			9. State or Country of Mother's Birth: Nemaha Co. Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gilbert Norman Ward		11. Present Address of Registrant: Portland, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: August 5 1969	12. Signature of Notary: Alice I. Hendrickson		13. Notary Commission expires: Sept 24 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Jerome Public Schools	Date Issued:	Date Orig. Entry: Sept. 8, 1924
	Date of Birth: May 8, 1910 / Birth Place: Salmon, Idaho	Full Name of Mother: Martha E. Keithley Ward	Name of Father: J. E. Ward	
SUPPORTING RECORD 2.	Type of Document: Marriage License Application	By whom issued and signed: Shoshone, Idaho Lincoln Co.	Date Issued: July 29, 1969	Date Orig. Entry: Married Oct. 17, 1931
	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho	Date Issued: ----	Date Orig. Entry: child born Feb. 15, 1933
	Date of Birth: Age 22 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Aug 6, 1969

FORM BH 56067

4-5-61

AUG 6 1969

540 551-116-001-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-540

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert William Neal		2. Date of Birth (month) July (day) 16 (year) 1910
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: W. Scott Neal		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Emma Krall Neal		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Robert W. Neal	11. Present Address of Registrant: 9621 Seeley Lake Drive, Tacoma, Wash 98499
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 5 1969	12. Signature of Notary: Leonard L. Slusser	13. Notary Commission expires: May 11 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: boise Public Schools	Date Issued: Aug 1, 1969	Date Orig. Entry: June 11, 1920
	Date of Birth: July 16, 1910 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: Scott Neal	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 69	By whom issued and signed: Scott Neal	Date Issued: Aug 1, 1969	Date Orig. Entry: ----
	Date of Birth: July 16, 1910 / Birth Place: Boise, Idaho	Full Name of Mother: Emma Krall Neal	Name of Father: W. Scott Neal	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate	By whom issued and signed: Christ Chapel	Date Issued: ---	Date Orig. Entry: Baptized April 15, 1913
	Date of Birth: July 16, 1910 / Birth Place: Boise, Idaho	Full Name of Mother: Mrs. Scott Neal	Name of Father: Scott Neal	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: August 7, 1969

FORM BH 56067

Rush — no Copies

Robert Wm Neal

AUG 7 1969

389-11-0039-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De69-545

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Arland Christensen		2. Date of Birth (month) September (day) 11 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: John Christensen		7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Annie C. Calvert		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Clarence Arland Christensen	11. Present Address of Registrant: 732 W. 7th Ave., Escondido, CA. 92025	
NOTARY (Seal) (over)	Subscribed and sworn to before me on: August 4, 1969	12. Signature of Notary: Lenore Tabor	13. Notary Commission expires: November 20, 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age 74		By whom issued and signed: James Wilford Christensen	Date Issued: Oct. 4, 1968	Date Orig. Entry: ----
	Date of Birth: Sept. 11, 1910	Birth Place: American Falls	Full Name of Mother: Annie C. Calvert	Name of Father: John Christensen	
SUPPORTING RECORD 2.	Type of Document: Employment Record		By whom issued and signed: Union Pacific Railroad Co	Date Issued: Oct. 3, 1968	Date Orig. Entry: Employed Aug 23, 1938
	Date of Birth: Sept. 11, 1910	Birth Place: American Falls	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 255306	Date Issued: ---	Date Orig. Entry: child born May 12, 1937
	Date of Birth: Age 26	Birth Place: American Falls, Ida.	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Joyce B. Foltz	Aug 12, 1969

FORM BH 56067

AUG 13 1969

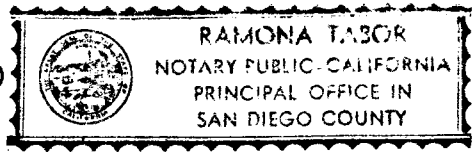
Subscribed and sworn to before me this
4th day of August, 1969

Ramona Tabor

NOTARY PUBLIC in and for the State of California

RAMONA TABOR, Notary Public
in and for the State of California
My Commission Expires November 20, 1970

(SEAL)



386-219-004-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-558

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Retta May Thompson			2. Date of Birth (month) May (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bloomington
FATHER	6. Full Name of Father: Niels Hyrum Thompson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Cerissa Sessions			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Retta T. Boehme		11. Present Address of Registrant: 23 East 6100 South Murray Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 3 1969	12. Signature of Notary: Hazel L. Hulbert		13. Notary Commission expires: Sept 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: L.D.S.Church-W.M.Thornock, Clk	Date Issued: Aug 9,1918	Date Orig. Entry: Baptized June 1, 1918	
	Date of Birth: May 19,1910	Birth Place: Bear Lake County Bloomington, Idaho	Full Name of Mother: Cerissa Sessions	Name of Father: N Hyrum Thompson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 176867	Date Issued: ---	Date Orig. Entry: child born Oct. 13, 1929	
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Cerissa Sessions Thompson	Date Issued: July 29,1969	Date Orig. Entry: ----	
	Date of Birth: May 19,1910	Birth Place: Bloomington, Idaho	Full Name of Mother: Cerissa Sessions Thompson	Name of Father: Niels Hyrum Thompson	
QUALIFYING INFORMATION					

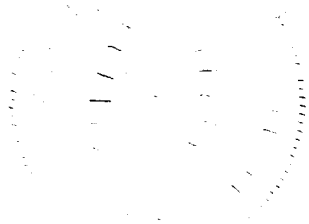
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	fc Glenda Larson	Aug. 29, 1969

FORM BH 56067

AUG 2 9 1969



431-201-040-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Irene McAvoy		2. Date Of Birth (month) (day) (year): August 1, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Wallace
FATHER	6. Full Name of Father: James McAvoy		7. State or Country of Father's Birth: Boston, Mass.
MOTHER	8. Full Maiden Name of Mother: Nellie Eller		9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rose I. McAvoy	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 5 1969	12. Signature of Notary: Carroll E. Brock	13. Notary Commission expires: Dec 1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: June 11,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Nellie M. Whaley	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records		By whom issued and signed: Clearwater County, Idaho School Dist. #18	Date issued: Oct.22,1968	Date Orig. Entry: Sept.14,1918
	Date of Birth: Age: 8	Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Nellie Eller McAvoy Whaley	Date issued: Dec.1,1968	Date Orig. Entry: ----
	Date of Birth: Aug.1,1910	Birth Place: Wallace, Idaho	Full Name of Mother: Nellie Eller McAvoy	Name of Father: James McAvoy	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 2, 1969

FORM BH 56067

1 [illegible] # 2647

(M) 7-22-69 gml

SEP 2 1969

699-22-006-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-590

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Iris Wright			2. Date of Birth (month) Aug. (day) 27 (year) 1910	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Blackfoot Ida. Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: Cyril J. Wright			7. State or Country of Father's Birth: Idaho Franklin	
MOTHER	8. Full Maiden Name of Mother: Esther Adelia Robinson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Iris Wright (Iris Wright Harris)		11. Present Address of Registrant: 720 W Hitman Place, Medford, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on August 1 1969	12. Signature of Notary: Agnes D. Cox		13. Notary Commission expires June 1 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of patriarchial blessing	By whom issued and signed: Orson Hyde Hickenlooper, Patriarch, Groveland Ward, Idaho		Date Issued: July 29,1931	Date Orig. Entry: July 29,1931
	Date of Birth: Aug.27,1910	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Esther Adellia Robinson Wright	Name of Father: Cyril James Wright	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #1985	By whom issued and signed: State of Utah, Salt Lake County		Date Issued: ----	Date Orig. Entry: child born May 23,1940
	Date of Birth: Age:29	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: copy of hospital statement	By whom issued and signed: Rogue Valley Memorial Hosp. Medford, Oregon		Date Issued: Aug.26,1963	Date Orig. Entry: Aug.26,1963
	Date of Birth: Aug.27,1910	Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 5, 1969

FORM BH 56067

6-25-62

SEP 5 1969

555-225-042-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-602

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VELTA KEELER
2. Date of Birth (month) (day) (year): AUGUST 25 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: IDAHO ?
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: John Benjamin Keeler
7. State or Country of Father's Birth: Park City, Utah

MOTHER

8. Full Maiden Name of Mother: (Mable) Sadie Gibson
9. State or Country of Mother's Birth: Ogden Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Velta K. Delman
11. Present Address of Registrant: 3333 Ridge Rd.

NOTARY (Seal)

Subscribed and sworn to before me on: April 11* 1969
12. Signature of Notary:
13. Notary Commission expires: 6/71 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from Baby book	Family Baby Book Records	Apr 11, 1969	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.25,1910	-----	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	Samuel Merritt Hospital Oakland, California	Feb.12,1969	June 19,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.25,1910	----	--- -	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage records	County Recorder's office Alameda County, California	Feb.19,1969	May 15,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age:20	Idaho	Mabel Gibson	John B. Keeler

QUALIFYING INFORMATION

Statement regarding school records by Stuart S.Phillips, Supt. Oakland Public Schools, record dated July 30, 1917 give birthdate as August 25, 1910 in Twin Falls, Idaho mother - Sadie Father - John (Keeler)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Sept. 8, 1969

FORM BH 56067 (S) 7-16-64. rm

SEP 8 1969

395-28.031+293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69=606

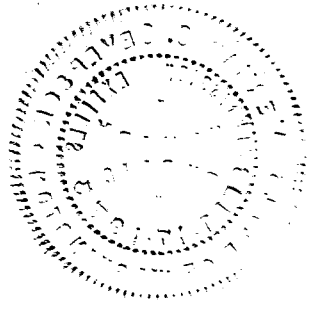
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDITH MARY LIEDKIE		2. Date Of Birth (month) DECEMBER (day) 28 (year) 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO / LEWIS; b. City or Town of Birth: KAMIAH
FATHER	6. Full Name of Father: ERNEST LOUIE LIEDKIE		7. State or Country of Father's Birth: GERMANY
MOTHER	8. Full Maiden Name of Mother: PHEBE VIRGINA SILVERNAIL		9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Williams	11. Present Address of Registrant: 20801 106th St. East, Sumner, Wash. 98390
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 2 1969	12. Signature of Notary: Vernon C. Benson	13. Notary Commission expires: Sept 17 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: July 9,1969	Date Orig. Entry: Jan.1,1919
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Pebe Liedkie	Name of Father: Earnest L. Liedkie	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Phebe Liedkie	Date Issued: June 10,1969	Date Orig. Entry: ----
	Date of Birth: Dec.28,1910	Birth Place: near Kamiah, Idaho Lewis County	Full Name of Mother: Phebe Liedkie	Name of Father: Ernest Liedkie	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record		By whom issued and signed: Kamiah High School, Idaho Paul P.Jackson,Supt.of Schools	Date Issued: Jun.27,1969	Date Orig. Entry: Sept.6,1926
	Date of Birth: Age: 15	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: D W Benson		Evidence reviewed by: Glenda Larson	Date Filed: Sept. 9, 1969	

FORM BH 56067

SEP 9 1969



419-229-016-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-628

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emerald Mary Martin
2. Date Of Birth (month) (day) (year): Sept. 29 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Marion, Idaho (Mail Oakley)

FATHER

6. Full Name of Father: Robert R. Martin
7. State or Country of Father's Birth: Marion, Idaho

MOTHER

8. Full Maiden Name of Mother: Ada Frances Jenkins
9. State or Country of Mother's Birth: Oakley, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Emerald Stevens
11. Present Address of Registrant: Box 985 Twin Falls Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: 30 - Nov 1966
12. Signature of Notary: Wesley Matthews
13. Notary Commission expires: June 17 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital certificate of own child's birth	Twin Falls County General Hospital, Twin Falls, Idaho	----	child born Nov.19,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1910	Oakley, Idaho	----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	Magic Valley Memorial Hosp. Twin Falls, Idaho	Apr.16,1969	Feb.18,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1910	Oakley, Idaho	-----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
LDS Church Certificate of Birth	Cassia Stake,Marion Ward,Rec. Members births & blessings pg 576 line 378	May 2,1967	Dec.4,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.29,1910	Cassia County Marion, Idaho	Ada Jenkins	Robert Ray Martin

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Sept. 23, 1969

FORM BH 56067 (P) 12-2-68

SEP 23 1969

DECEASED

493-117.003-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-640

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Ambrose Dillon	2. Date of Birth (month) (day) (year): March 17 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock County
	b. City or Town of Birth: Pocatello Idaho		
FATHER	6. Full Name of Father: Park Eugene Dillon	7. State or Country of Father's Birth: Loveland Ohio	
MOTHER	8. Full Maiden Name of Mother: Lenore Goodman	9. State or Country of Mother's Birth: Huntley Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul A Dillon	11. Present Address of Registrant: 323 No 11th Pocatello Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1969	12. Signature of Notary: Leah N Anderson	13. Notary Commission expires: Jan 3 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: St.Joseph's Church,Pocatello, Idaho	Date Issued: ----	Date Orig. Entry: baptized May 22,1910
	Date of Birth: Mar.17,1910 / Birth Place: Pocatello, Idaho	Full Name of Mother: Eleanor Goodman	Name of Father: Park Eugene Dillon	
SUPPORTING RECORD 2.	Type of Document: photocopy of social security-application for account No.	By whom issued and signed: Carrier Employee Registration	Date Issued: ---	Date Orig. Entry: Dec.23,1936
	Date of Birth: Mar.17,1910 / Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Lenore Goodman	Name of Father: Park Eugene Dillon	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #27664	Date Issued: ----	Date Orig. Entry: child born Feb.6,1939
	Date of Birth: Age: 28 / Birth Place: Pocatello, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Oct. 1, 1969

FORM BH 56067

6-9-69

Dillon

OCT 2 1969
JUL 28 1972

362-231-042-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-662

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Adline Cobb			2. Date Of Birth (month) August (day) 31 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Lewis Granger Cobb			7. State or Country of Father's Birth: Massachusetts
MOTHER	8. Full Maiden Name of Mother: Florence Berryman			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Grace McCauley		11. Present Address of Registrant: B of H 475 Filer Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 12 1968	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho	Date Issued: ---	Date Orig. Entry: child born Nov 3, 1936
	Date of Birth: Age 26 / Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother -	By whom issued and signed: Mrs. L. G. Cobb	Date Issued: Jun 4,1963	Date Orig. Entry: -----
	Date of Birth: Aug 31,1910 / Birth Place: Buhl, Idaho	Full Name of Mother: Florence Lettice Berryman	Name of Father: Lewis Granger Cobb	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug 31,1910 / Birth Place: Buhl, Idaho	Full Name of Mother: Florence Berryman	Name of Father: Lewis Granger Cobb	
QUALIFYING INFORMATION				

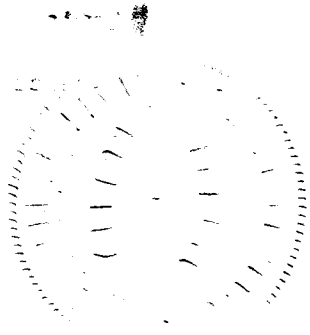
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	October 6, 1969

FORM BH 56067

OCT 6 1969



742-24-023-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-672

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pauline Marie Puschmann
2. Date Of Birth (month) Sept. (day) 24 (year) 1910
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Emmett Dem
b. City or Town of Birth:

FATHER

6. Full Name of Father: Paul Puschmann
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Jennie Krock
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pauline M. Woods
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on March 20 1969
12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #240932	---	child born Feb.7,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Emmett, Idaho	----	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by cousin	Clara Marie Mansell Age:70	Oct.21,1969	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.24,1910	Emmett, Idaho	Jennie Krock Puschmann	Paul Puschmann

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	R.J.P. Kraus, Ev.Luth.Pastor	---	Aug.13,1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.24,1910	Emmett, Idaho	*	Paul Puschmann

QUALIFYING INFORMATION

*this church record was handwritten in German and the mother's name could not be read.

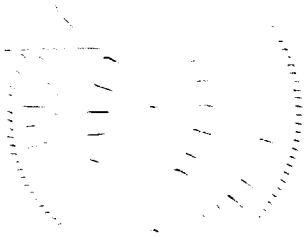
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 21, 1969

FORM BH 56067

OCT 2 1 1969



362-207-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-686

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goldie Almira Coburn			2. Date of Birth (month) October (day) 7 (year) 1910
	3. Color or Race: Caucasian	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: John Marion Coburn			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Verdie Belle Bailey			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant (NOTARY) Patricia D. Rogers Notary Public		11. Present Address of Registrant: 1366 Mira Mar Avenue Long Beach, Calif. 90804
NOTARY (Seal) (Los Angeles Co. Calif.)	Subscribed and sworn to before me on ~~October 6th~~ 1969	12. Signature of Notary: Registrant Goldie Almira Coburn Milligan		13. Notary Commission expires: Aug. 15th 1972

APPLICANT (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Apr.4,1966	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Verdie Coburn	Name of Father: John M. Coburn	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage certificate		By whom issued and signed: Orange County, California Book #140 page 272	Date Issued: Sep.14,1961	Date Orig. Entry: Aug.9,1930
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Verdell Bailey	Name of Father: O. John Coburn	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Mary E. Bailey Age:79	Date Issued: Oct.6,1969	Date Orig. Entry: ----
	Date of Birth: Oct.7,1910	Birth Place: McCammon, Idaho	Full Name of Mother: Verdie Belle Bailey Coburn	Name of Father: John Marion Coburn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Barson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 29, 1969

FORM BH 56067 10M — No search made — (5) — 10-67 gm.1

OCT 2 9 1969

Scharlin (atty)

STATE OF CALIFORNIA,
COUNTY OF Los Angeles } SS.

On October 6th, 1969 before me, the undersigned, a Notary Public in and for said State, personally appeared Goldie Almira Coburn Milligan

_____, known to me to be the person**s** whose name **is** subscribed to the within instrument and acknowledged that **she** executed the same.

WITNESS my hand and official seal.

Signature Bernice M Powers

Bernice M. Powers
Name (Typed or Printed)

LL

OFFICIAL SEAL
BERNICE M. POWERS
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Aug. 15, 1972

2435 Daisy Ave., Long Beach, Calif. 90806

843-10-014-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-690

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Melvin Hultz			2. Date Of Birth (month) (day) (year): Oct. 10th 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Notus, Idaho Canyon	b. City or Town of Birth: Notus
FATHER	6. Full Name of Father: Frederick A. Hultz			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Frances H. Conway			9. State or Country of Mother's Birth: Idaho
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold M. Hultz		11. Present Address of Registrant: Rt. # 5 Caldwell, Idaho 83605
NOTARY (Seal)	Subscribed and sworn to before me on: August 22 1967	12. Signature of Notary: Lois I. Johnston		13. Notary Commission expires: August 4 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #154295	By whom issued and signed: National Old Line Ins. Co.		Date Issued: Dec. 1, 1953	Date Orig. Entry: Nov. 11, 1953
	Date of Birth: Oct. 10. 1910	Birth Place: Notus, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho 366606		Date Issued: ----	Date Orig. Entry: child born Jan 21, 1943
	Date of Birth: Age 32	Birth Place: Notus, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age 78	By whom issued and signed: J. J. Conway		Date Issued: Aug 22, 1967	Date Orig. Entry: -------
	Date of Birth: October 1910 lo	Birth Place: Notus, Idaho	Full Name of Mother: Frances H. Conway	Name of Father: Frederick A. Hultz	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

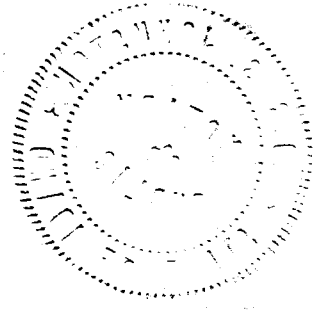
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 3, 1969

FORM BH 56067

Child's birth – 366606

NOV 3 1969



356-20-1036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE 69-713

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaVerda Lewis			2. Date of Birth (month) April (day) 4, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Clifton
FATHER	6. Full Name of Father: Albert E. Lewis			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Fannie E. Cotterell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaVerda Barton		11. Present Address of Registrant: 429 W Market Lexburg.
NOTARY (Seal)	Subscribed and sworn to before me on: November 24 1969	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S. Church		Date Issued: Aug.13,1918	Date Orig. Entry: Baptized Aug. 13,1918
	Date of Birth: Apr.4,1910	Birth Place: Clifton, Idaho	Full Name of Mother: Fannie E. Cotterell	Name of Father: Albert E. Lewis	
SUPPORTING RECORD 2.	Type of Document: Life Ins. Policy	By whom issued and signed: Bankers Life & Casualty Co.		Date Issued: Feb.1,1955	Date Orig. Entry: Jan.27,1955
	Date of Birth: Apr.4,1910	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: - ---	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 301626		Date Issued: ---	Date Orig. Entry: child born May 7,1933
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: - -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Nov. 24, 1969

FORM BH 56067

In office - No Record

NOV 2 5 1969

553-107-034-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-721

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Adolf Nelson		2. Date Of Birth (month) August (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minidoka; b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: Frederick Adolf Nelson		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Volara R. Mayes		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Adolph Nelson	11. Present Address of Registrant: 517 Redwood Drive Idaho Falls, Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on: November 7 1969	12. Signature of Notary: [signature]	13. Notary Commission expires: 9-10- 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Authenticated Record of Marriage (book 13, page 266)	By whom issued and signed: Leota Miller, Clerk Dist.Ct. State of Iowa, Murray, Iowa	Date issued: Nov.3,1969	Date Orig. Entry: June 26,1933
	Date of Birth: age next bd. 23; Birth Place: Rupert, Idaho	Full Name of Mother: Valora R. Mayes	Name of Father: Fred A. Nelson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #349909	By whom issued and signed: The Columbian National Life Ins. Co. of Boston, Mass.	Date issued: Jan.23,1957	Date Orig. Entry: Jan.23,1957
	Date of Birth: Aug.7,1910; Birth Place: Rupert, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Frederick Adolf Nelson	Date issued: Feb.16,1968	Date Orig. Entry: ----
	Date of Birth: Aug.7,1910; Birth Place: Minidoka County, Idaho	Full Name of Mother: Volara Mayes Nelson	Name of Father: Frederick Adolf Nelson	
QUALIFYING INFORMATION				

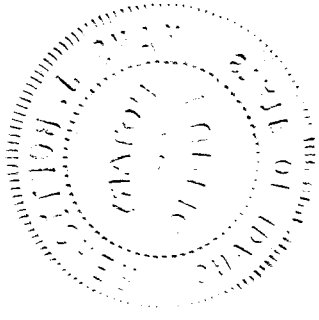
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 25, 1969

FORM BH 56067

10-2-67

Nelson

NOV 25 1969



451-214-001-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-731

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosie Aletha Means		2. Date Of Birth (month) 12 (day) 14 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Star, Idaho a. County: Ada b. City or Town of Birth: Star
FATHER	6. Full Name of Father: John Alvin Means		7. State or Country of Father's Birth: Boise Idaho
MOTHER	8. Full Maiden Name of Mother: Florence Berneice Breshears		9. State or Country of Mother's Birth: Boise, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosie Cornilles	11. Present Address of Registrant: 1682 Homer Dr. Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: October 13 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file Idaho # 169444	Date issued: ----	Date Orig. Entry: child born Jan. 15, 1929
	Date of Birth: Age 18 / Birth Place: Star, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 79	By whom issued and signed: Florence Means	Date issued: Oct. 13, 1969	Date Orig. Entry: -----
	Date of Birth: Dec. 14, 1910 / Birth Place: Star, Idaho	Full Name of Mother: Florence Berneice Breshears	Name of Father: John Alvin Means	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Nampa Sr. High School, Idaho Roberta Showalter, Registrar	Date issued: Oct. 17, 1969	Date Orig. Entry: Sept. 27, 1926
	Date of Birth: Dec. 14, 1910 / Birth Place: ---	Full Name of Mother: ----	Name of Father: J. A. Means	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	Glenda Larson	Dec. 2, 1969

FORM BH 56067 1cp rd rec. #21120 10-16-67

Cornillis

DEC 2 1969

819-126-006-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-740

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLIFFORD-WRIGHT-HARMON			2. Date of Birth (month) JULY (day) 26 (year) 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: BINGHAM	b. City or Town of Birth: BLACKFOOT
FATHER	6. Full Name of Father: EDWIN HARMON			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: CLARA WRIGHT			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Wright Harmon		11. Present Address of Registrant: 2331 Parker Vlday, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on 9-3 1969	12. Signature of Notary		13. Notary Commission expires 11-6 1969

NOTARY PUBLIC — STATE OF CALIFORNIA — SAN JOAQUIN CO.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge papers	By whom issued and signed: U.S. Navy, W.E.Martin, Cmdr., USNR.	Date Issued: discharged Nov.27,1945	Date Orig. Entry: enlisted Aug.13,1942
	Date of Birth: July 26,1910 / Birth Place: Breakfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of notification of personnel action	By whom issued and signed: Dept. of Army, USCivil Serv. Comm. M.E.Edwards, CHIEF,	Date Issued: Jan.20,1955	Date Orig. Entry: Jan.20,1955
	Date of Birth: July 26,1910 / Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle who lived in home at time of birth	By whom issued and signed: Robert H. Kenner Age:74	Date Issued: Oct.16,1969	Date Orig. Entry: ----
	Date of Birth: July 26,1910 / Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Clara Wright Harmon	Name of Father: Edwin Harmon	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Dec. 2, 1969

FORM BH 56067

17134

7-3-69

DEC 2 1969

314281042-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-764

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILMA ADELENE LAMBING			2. Date of Birth (month) (day) (year): NOV. 28 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: KIMBERLY, Idaho TWIN FALLS	b. City or Town of Birth: KIMBERLY
FATHER	6. Full Name of Father: HERBERT LAMBING			7. State or Country of Father's Birth: NEBRASKA
MOTHER	8. Full Maiden Name of Mother: Edna Merle Shubert			9. State or Country of Mother's Birth: Broken Arrow OKLAHOMA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Adlene Miller		11. Present Address of Registrant: KIMBERLY Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1963	12. Signature of Notary: Catherine Pisk Kimberly Ida		13. Notary Commission expires: July 1st 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #519-10-1521	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Jan.25,1939
	Date of Birth: Nov.28,1910 / Birth Place: Kimberly, Idaho	Full Name of Mother: Edna Merle Shubert	Name of Father: Herbert Lambing	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #46714	By whom issued and signed: Old West Life Ins. Co. Boise, Idaho	Date Issued: ---	Date Orig. Entry: Aug. 3, 1959
	Date of Birth: Nov.28,1910 / Birth Place: ----	Full Name of Mother: -----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of age from marriage record	By whom issued and signed: Twin Falls County, Idaho Book 8, Page 6	Date Issued: Oct.27,1969	Date Orig. Entry: Feb.16,1929
	Date of Birth: Age: 18 / Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Dec. 4, 1969

FORM BH 56067 7-24-61

DEC 4 1969

186 258-101-003-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 69-786**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Denmore Snyder			2. Date of Birth (month) June (day) 1, (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: 1222 North M. Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Marion Walmer Snyder			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Belle Snyder Shaw (Moser)			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Fred D Snyder		11. Present Address of Registrant: 1222 N. Main, Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 23 19 69	12. Signature of Notary: Franklin Bennett		13. Notary Commission expires: Sept 1 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 218245	Date Issued: ---	Date Orig. Entry: child born Jan. 14, 1934	
	Date of Birth: Age 23	Birth Place: Pocatello, Idaho	Full Name of Mother: -------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old	
	Date of Birth: Jun. 1, 1910	Birth Place: Idaho	Full Name of Mother: Maiden- (Moser) Mary Belle Snyder (Shaw)	Name of Father: Marion Walmer Snyder	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother age 85	By whom issued and signed: Mary Belle Snyder Shaw	Date Issued: Oct. 29, 1969	Date Orig. Entry: ----	
	Date of Birth: Jun 1, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: (Moser) Mary Belle Snyder Shaw	Name of Father: Marion Walmer Snyder	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec. 5, 1969

FORM BH 56067

No Carrick

Fred Snyder

DEC 5 1969

OCT 1 0 1974

JAN 9 1976

415121-025-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-788

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ray Edmond Manes		2. Date Of Birth (month) July (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Clearwater
FATHER	6. Full Name of Father: John Edmond Manes		7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Edith Ambrosia Gunter		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ray Edmond Manes	11. Present Address of Registrant: 1411 Alder St. Lewiston, Idaho 83501
NOTARY (Seal)	Subscribed and sworn to before me on: October 11 1969	12. Signature of Notary: Louis A. Strobe	13. Notary Commission expires: February 15 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: John Edmond Manes	Date Issued: Oct.11,1969	Date Orig. Entry: ----
	Date of Birth: July 21,1910	Birth Place: Clearwater, Idaho Idaho County	Full Name of Mother: Edith Ambrosia Gunter Manes	Name of Father: John Edmond Manes	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #206408	Date Issued: ----	Date Orig. Entry: child born Aug.31,1932
	Date of Birth: Age: 22	Birth Place: Clearwater, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Driver's License #223799		By whom issued and signed: Oregon Motor Vehicle Driver's License	Date Issued: Jan.11,1960	Date Orig. Entry: Jan.11,1960
	Date of Birth: July 21,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

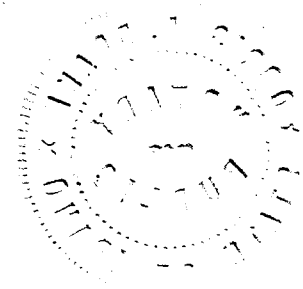
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	December 8,1969

FORM BH 56067

9-1-69

DEC 9 1969



612-09-042-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-794

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM BROWNING WASHINGTON		2. Date of Birth (month) Jan (day) 9 (year) 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: TWIN FALLS; b. City or Town of Birth: TWIN FALLS
FATHER	6. Full Name of Father: GEORGE WASHINGTON		7. State or Country of Father's Birth: KENTUCKY
MOTHER	8. Full Maiden Name of Mother: ETHEL GOODELL		9. State or Country of Mother's Birth: KANSAS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W Bwashington	11. Present Address of Registrant: 8424 Mercier K.C., Mo. 64114
NOTARY (Seal)	Subscribed and sworn to before me on 19th day of March 1969	12. Signature of Notary: George S. Lush	13. Notary Commission expires: NOTARY PUBLIC, STATE OF MISSOURI MY COMMISSION EXPIRES APR. 15, 1971 ISSUED THRU MISSOURI NOTARY ASSOCIATION

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:72	By whom issued and signed: Alice G. VanDolah	Date Issued: Feb.27,1969	Date Orig. Entry: ----
	Date of Birth: Jan.9,1910 / Birth Place: Twin Falls,Idaho	Full Name of Mother: Ethel Washington (nee Goodell)	Name of Father: George Washington	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Travelers Ins. Co., Hartford, Connecticut	Date Issued: ---	Date Orig. Entry: Aug.6,1936
	Date of Birth: Jan.9,1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Transcript of school record (Kansas City, Mo.)	By whom issued and signed: Genevieve Kiser,Pupil Records Board of Education	Date Issued: Oct.20,1969	Date Orig. Entry: Mar.21,1925
	Date of Birth: Jan.9,1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: -----	Name of Father: George Washington	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 11, 1969

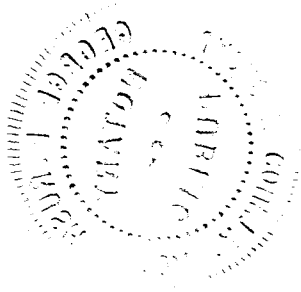
FORM BH 56067

7-2-68

Washington

~~DEC 12 1969~~

DEC 29 1969



294-21-0034-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-808

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winona Edith Kidd			2. Date Of Birth (month) 1 (day) 13 (year) 10	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Heyburn Minidoka	b. City or Town of Birth: Heyburn Idaho	
FATHER	6. Full Name of Father: Robert Lee Kidd			7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Clara Ann Joyce			9. State or Country of Mother's Birth: Springfield Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winona Selby		11. Present Address of Registrant: 770 Gleason St	
NOTARY (Seal)	Subscribed and sworn to before me on: 5th December 19 69	12. Signature of Notary: Marilyn J. Densmore		13. Notary Commission expires: My Commission Expires September 12, 1971 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: Oregon State Board of Health Vital Statistics Section		Date Issued: Jun. 30, 1966	Date Orig. Entry: child born Dec. 26, 1931
	Date of Birth: Age: 21	Birth Place: Heyborn, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement by physician	By whom issued and signed: E. B. Bossatti, M.D., Dallas, Oregon		Date Issued: ---	Date Orig. Entry: June 14, 1935
	Date of Birth: Jan. 13, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Clara Ann Kidd		Date Issued: Jul. 17, 1959	Date Orig. Entry: ----
	Date of Birth: Jan. 13, 1910	Birth Place: Heyburn, Idaho Minidoka County	Full Name of Mother: Clara Ann Kidd	Name of Father: Robert Lee Kidd	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Dec. 22, 1969

FORM BH 56067

1 copy paid receipt 11869

DEC 22 1969

819-121-036-35-4

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-810

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Milton Isaac Harris		2. Date of Birth (month) (day) (year): May 21, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Fairview (mail Preston)
FATHER	6. Full Name of Father: Jabez M. Harris		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Etta Van Leuvan		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Milton Isaac Harris	11. Present Address of Registrant: Route #4, Box 187 Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 6 1969	12. Signature of Notary: Glenn Madsen	13. Notary Commission expires: May 27 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Joshua Rollison, Clerk	Date Issued: Sept.4,1910	Date Orig. Entry: blessed Sept.4,1910
	Date of Birth: May 21,1910	Birth Place: Fairview, Idaho Oneida County	Full Name of Mother: Etta Van Leuvan	Name of Father: Jabez M. Harris
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Alta S. Henderson Age:78	Date Issued: Dec.4,1969	Date Orig. Entry: ----
	Date of Birth: May 21,1910	Birth Place: Fairview, Oneida County, Idaho	Full Name of Mother: Etta Van Leuvan Harris	Name of Father: Jabez M. Harris
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #369857	Date Issued: ----	Date Orig. Entry: child born Mar.16,1943
	Date of Birth: Age: 32	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

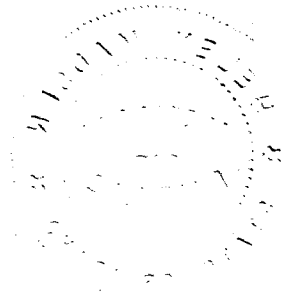
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 22, 1969

FORM BH 56067

2nd form 12-4-69

Harris

DEC 22 1969



219-114003-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-814

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Green, Charles Sargent			2. Date of Birth (month) Oct. (day) 19 (year) 1910
	3. Color or Race: W.	4. Sex: M.	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Charles Sargent Green			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Caroline Matilda Larsen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles S. Green		11. Present Address of Registrant: 635 Center - Rexburg Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 11-20 1969	12. Signature of Notary: Joseph L. Sellers		13. Notary Commission expires: Aug 22 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Pocatello I Ward, Hyrum Kay, Clerk	Date Issued: Feb.6,1911	Date Orig. Entry: blessed Feb.6,1911	
	Date of Birth: Oct.19,1910	Birth Place: Bannock County Pocatello, Idaho	Full Name of Mother: Mathilde Larsen	Name of Father: Charles S. Green	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confimation	By whom issued and signed: LDS Church, Pocatello 3rd Ward, Geo. T. Cox, Clerk	Date Issued: ---	Date Orig. Entry: baptized Dec.7,1919	
	Date of Birth: Oct.19,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Matilda Larson	Name of Father: Charles S. Green	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #405610	Date Issued: ----	Date Orig. Entry: child born Apr.8,1945	
	Date of Birth: Age: 34	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Dec. 23, 1969

FORM BH 56067

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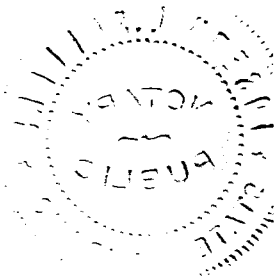
DEC 23 1969



855-205-035-823

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-823

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Irene Henderson		2. Date of Birth (month) May (day) 15 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Peck
FATHER	6. Full Name of Father: Theodore Baxter Henderson		7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: x Grace Ann Springston		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beulah Irene Williams	11. Present Address of Registrant: East 13905 Mallon, Spokane, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 3 1969	12. Signature of Notary: (formerly Henderson)	13. Notary Commission expires: May 29 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: St. Joseph's Hospital, Lewiston, Idaho	Date Issued: d ----	Date Orig. Entry: child born June 5,1932
	Date of Birth: May 5,1910 / Birth Place: Peck, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Ruby O. Spencer (bd. 10-16-1895)	Date Issued: Sep.18,1969	Date Orig. Entry: ----
	Date of Birth: May 5,1910 / Birth Place: Peck, Idaho	Full Name of Mother: Grace Ann Henderson	Name of Father: Theodore Baxter Henderson	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school census Marshal's report	By whom issued and signed: Nez Perce County, Idaho	Date Issued: Oct.3,1969	Date Orig. Entry: Sept. 1917
	Date of Birth: Age: 7 / Birth Place: ----	Full Name of Mother: -----	Name of Father: T. B. Henderson	
QUALIFYING INFORMATION	photocopy of a family record sheet, apparently old, gives birthdate - Thurs. May 5,1910 at Peck, Idaho; parents - Theodore Baxter Henderson and Grace Ann Henderson			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 24, 1969	

FORM BH 56067

3-1167

DEC 26 1969

Williams

854-225-035 -419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-829

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Pearl Olive Heuett
2. Date of Birth (month) (day) (year): June 25, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Nez Perce; b. City or Town of Birth: Reubens,

FATHER

6. Full Name of Father: George Issac Heuett
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Lena Olive Marquam
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Pearl O. Tidball
11. Present Address of Registrant: Kendrick, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 7, 19 66

12. Signature of Notary: Ellen Louise Bethurem
13. Notary Commission expires: April 14 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 65		By whom issued and signed: J. M. Heuett	Date Issued: Nov.7,1966	Date Orig. Entry: -----
	Date of Birth: June 25,1910	Birth Place: Reubens, Idaho	Full Name of Mother: Lena Olive Marquam	Name of Father: George Issac Heuett	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school census marshal's report		By whom issued and signed: Nez Perce County, Idaho	Date Issued: Nov.20,1969	Date Orig. Entry: Sept. 1924
	Date of Birth: Age: 14	Birth Place: -----	Full Name of Mother: Lena Heuitt	Name of Father: George Heuitt	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #198548	Date Issued: ----	Date Orig. Entry: child born Dec.9,1931
	Date of Birth: Age: 21	Birth Place: Reubens, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	12-29-69

FORM BH 56067

(T) 5-11-66. one copy pd. rec. #11125.

(T) 11-15-66 2nd

Dickball

DEC 29 1969

294-108-025-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Duane Bruner		2. Date Of Birth (month) July (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: Ralph Edward Bruner		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Willie Mae Bracegirdle		9. State or Country of Mother's Birth: Pella Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Duane Bruner	11. Present Address of Registrant: Dupuyer Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 11 1969	12. Signature of Notary: Albert C. Jeremiah	13. Notary Commission expires: May 19 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: R.F. Druchenmiller, Pastor	Date issued: June 10, 1964	Date Orig. Entry: baptized Nov.10,1963
	Date of Birth: July 8,1910	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate #2256	By whom issued and signed: Teton County, Montana	Date issued: Mar.15,1938	Date Orig. Entry: Mar.10,1938
	Date of Birth: Age: 27	Birth Place: Cottonwood, Idaho	Full Name of Mother: Brace Girdle	Name of Father: Ralph E. Brunner
SUPPORTING RECORD 3.	Type of Document: Insurance policy #86860	By whom issued and signed: Montana Life Ins. Co., Helena, Montana	Date issued: Nov.15,1937	Date Orig. Entry: Nov.3,1937
	Date of Birth: July 8,1910	Birth Place: Cottonwood, Idaho	Full Name of Mother: Mae W. Bruner	Name of Father: Ralph E. Bruner

QUALIFYING INFORMATION

Affidavit by sister, Dorothy P. Floerchinger, Age: 66, dated November 4, 1967 states: birthdate - July 8, 1910; birthplace - Cottonwood, Idaho; parents' names - Ralph Edward Bruner and Willie Mae Bruner.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	Glenda Larson	Jan. 6, 1970

FORM BH 56067

JAN 6 1970

819-1/2 1036-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Dewright Harrison		2. Date Of Birth (month) (day) (year): Jan. 12 1910	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Malad Ida. Oneida Co.	b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: Frank Harrison		7. State or Country of Father's Birth: Evanston, Wyo.	
MOTHER	8. Full Maiden Name of Mother: Rachel Vanderwood		9. State or Country of Mother's Birth: Logan, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Dewright Harrison	11. Present Address of Registrant: 2K Pocatello Heights	
NOTARY (Seal)	Subscribed and sworn to before me on: September 16th 1969	12. Signature of Notary: Barbara Haggerty	13. Notary Commission expires: June 26 1972	

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Record	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Jan.12,1910 / Birth Place: Malad	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Katherine Harrison Moore	Date Issued: Dec.23,1969	Date Orig. Entry: ---
	Date of Birth: Jan.12,1910 / Birth Place: Malad City, Idaho	Full Name of Mother: Rachel Vanderwood Harrison	Name of Father: Frank Harrison	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #217267	Date Issued: ---	Date Orig. Entry: child born Nov.2,1933
	Date of Birth: Age: 23 / Birth Place: Malad	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 6, 1970

FORM BH 56067

3-11-66

JAN 6 1970

263-230-042-845

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-015
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Eleanor Botsford		2. Date of Birth (month) (day) (year): Jan. 30 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Horace C. Botsford (deceased)		7. State or Country of Father's Birth: Yellow Springs, Ohio.
MOTHER	8. Full Maiden Name of Mother: May Brewster Hunt (lives Corpus Christi, Tex.)		9. State or Country of Mother's Birth: Edwardsville, Kans.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: (Mrs.) Eleanor B. Parmenter	11. Present Address of Registrant: 134 Pomona Ave., Long Beach, Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 13 1956	12. Signature of Notary: Cecil M Clothier	13. Notary Commission expires: aug 24 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Teacher's Application		By whom issued and signed: Long Beach Unified School Dist. California	Date Issued: Feb.27,1958	Date Orig. Entry: Feb.27,1958
Class*	Date of Birth: Jan.30,1910	Birth Place: Twin Falls,Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Visa #1230086		By whom issued and signed: Secretary of the Governor, Mexico	Date Issued: May 21,1958	Date Orig. Entry: May 21,1958
Class	Date of Birth: Age: 48	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified transcript of school record		By whom issued and signed: James K. Hitt,Registrar University of Kansas	Date Issued: Jan.11,1957	Date Orig. Entry: Sept.14,1927
Class	Date of Birth: Jan.30,1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: H. C. Botsford	

QUALIFYING INFORMATION: photocopy of page 1 of insurance policy With the New York Life Ins. Co. issued on December 13, 1937 lists age as 27 years and mother's name as May H. Botsford.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Jan. 8, 1970

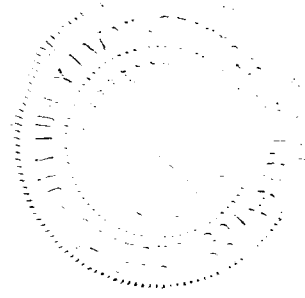
*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

(P) 12-

JAN 8 1970

JAN 27 1998



595-206-001-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-020

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sadie Ethel Vincen			2. Date Of Birth (month) (day) (year): December 6, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise - Rural
FATHER	6. Full Name of Father: Charles Henry Vincen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Sadie Sarah Richardson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sadie Ethel Stecker		11. Present Address of Registrant: 709 N Marguerite Spokane Wash 99206
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 5 1970	12. Signature of Notary: Susie Temple		13. Notary Commission expires: Aug. 31 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #536 07 2342		By whom issued and signed: Social Security Adm.	Date issued: ----	Date Orig. Entry: Apr.6,1937
	Date of Birth: Dec.6,1910	Birth Place: Boise, Idaho	Full Name of Mother: Sadie Richardson	Name of Father: Chas. Henry Vincen	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #D12-552-735		By whom issued and signed: The Prudential Ins. Co. of America	Date issued: ----	Date Orig. Entry: July 26, 1943
	Date of Birth: Dec.6,1910	Birth Place: Boise, Idaho USA	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage certificate #47309 A		By whom issued and signed: Spokane County, Washington	Date issued: Oct.21,1969	Date Orig. Entry: Mar. 23,1933
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: S. Richardson	Name of Father: C. H. Vincen	
QUALIFYING INFORMATION					

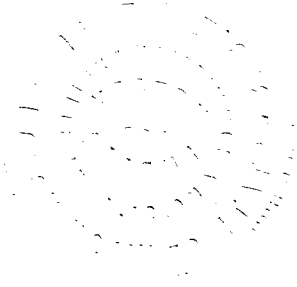
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 9, 1970

FORM BH 56067

JAN 9 1970



643-216-009-248

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-024

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Mary Fuchs (Fox)		2. Date Of Birth (month) August (day) 16 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: Patrick Fuchs (Fox)		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Mary Anna Kuhnhofer		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine Fox Thompson	11. Present Address of Registrant: 8504 N. Weipert, Spokane Wn 99208
NOTARY (Seal)	Subscribed and sworn to before me on January 24, 1969	12. Signature of Notary: William B. Beach	13. Notary Commission expires: ____ 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of insurance Policy #10,433	By whom issued and signed: Great Western Mutual Assoc. Lewiston, Idaho	Date Issued: May 1,1940	Date Orig. Entry: Apr.29,1940
	Date of Birth: Aug.16,1910 / Birth Place: Priest River,Ida.	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Priest River High School	Date Issued: ----	Date Orig. Entry: Sept.2,1924
	Date of Birth: Age: 14 / Birth Place: ----	Full Name of Mother: Mary A. Fuchs	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt living with family at time of birth	By whom issued and signed: Rosa Kuhnhofer Diehl	Date Issued: Dec.31,1969	Date Orig. Entry: ---
	Date of Birth: Aug.16,1910 / Birth Place: Priest River,Ida.	Full Name of Mother: Mary Kuhnhofer Fuchs (Fox)	Name of Father: Patrick Fuchs (Fox)	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

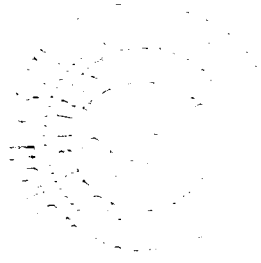
State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml hh Glenda Larson	Jan. 12, 1970

FORM BH 56067

Thompson Creek Mines

JAN 12 1970

MAR 19 1973



386-230-040-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-033

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace La Vernon Thomas			2. Date of Birth: June 30 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wardner
FATHER	6. Full Name of Father: Herbert B. Thomas			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Harriet Helen Benn			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace La Vernon Thomas		11. Present Address of Registrant: 311 E. Market St. Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 8, 1970	12. Signature of Notary: W. L. Pierson		13. Notary Commission expires: Dec. 3, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #1297921 A	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: June 14,1929	Date Orig. Entry: July 22, 1939
	Date of Birth: June 30,1910	Birth Place: Wardner, Idaho	Full Name of Mother: Harriet Gay	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: U.S. Passport #512683	By whom issued and signed: Department of State, USA		Date Issued: Apr.11,1938	Date Orig. Entry: Apr.11,1938
	Date of Birth: June 30,1910	Birth Place: Wardner, Idaho	Full Name of Mother: Harriet Gay	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #50-7238		Date Issued: ---	Date Orig. Entry: child born June 13,1950
	Date of Birth: Age: 39	Birth Place: Wardner, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by brother, Elmo B. Thomas, Age;62, lists parents' names as Harriet Helen Benn and Herbert B. Thomas. Affidavit signed Jan. 8, 1970.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Jan. 13, 1970

FORM BH 56067

JAN 13 1970

DECEASED

745-113025-941

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-046

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Everett Gunter			2. Date Of Birth (month) (day) (year): October 13, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: Isaac Gunter			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Mary Ann Ruark			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Everett Gunter		11. Present Address of Registrant: 1937 Grelle Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 15, 1970	12. Signature of Notary: Monte R. Rowland		13. Notary Commission expires: May 25, 1973

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:79	By whom issued and signed: May Adamson	Date Issued: Jan.15,1970	Date Orig. Entry: ----
	Date of Birth: Oct.13,1910 / Birth Place: Stites, Idaho	Full Name of Mother: Mary Ann Ruark Gunter	Name of Father: Isaac Gunter	
SUPPORTING RECORD 2.	Type of Document: Statement regarding Selective Service Registration	By whom issued and signed: W.P. McDaniel, Major, AGF Chief,Adm.Div., Boise, Idaho	Date Issued: Sep.12,1969	Date Orig. Entry: Oct.16,1940
	Date of Birth: Oct.13,1910 / Birth Place: Stites, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record	By whom issued and signed: Potlatch Forests, Inc.	Date Issued: ----	Date Orig. Entry: Nov.29,1937
	Date of Birth: Oct.13,1910 / Birth Place: Stites, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Jan. 19, 1970

FORM BH 56067

JAN 1 9 1970

182-29-026-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De70-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Florence Bybee			2. Date of Birth (month) April (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: Menan
FATHER	6. Full Name of Father: Lawrence Bybee			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Nellie Smith			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Helen Florence Jensen		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 17 1970	12. Signature of Notary: WAYNE R. PRINCE, Notary Public - State of Nevada, White Pine County, Wayne R. Prince, My Commission Expires May 21, 1973		13. Notary Commission expires: May 21 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.29,1910 / Birth Place: Menan, Idaho	Full Name of Mother: Nellie Smith	Name of Father: Lawrence Bybee	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 275551	Date Issued: ----	Date Orig. Entry: child born Jan 2, 1939
	Date of Birth: Age 28 / Birth Place: Menan, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Lukes Hospital	Date Issued: Jan.15,1970	Date Orig. Entry: Admission May 17,1959
	Date of Birth: Apr.29,1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Jan.19,1970

FORM BH 56067

Rush - fc - [illegible] 27559

Larson

JAN 19 1970

389-03-036-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-060

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford J. Christensen		2. Date Of Birth (month) Dec. (day) 3 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: James Peter Christensen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Elizabeth Barfus		9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford J. Christensen	11. Present Address of Registrant: 1734 E. 1460 No. Logan, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: January 15, 1970	12. Signature of Notary: Leonard E. Graham	13. Notary Commission expires: Jan. 5 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (bd.10-28-1897)		By whom issued and signed: Mabel Elizabeth Christensen Lee	Date Issued: Jan.15,1970	Date Orig. Entry: ----
	Date of Birth: Dec.3,1910	Birth Place: Preston, Idaho	Full Name of Mother: Elizabeth Barfus Christensen	Name of Father: James Peter Christensen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Deacon		By whom issued and signed: LDS Church, Leonard Johnson, High Priest, Preston 5th Ward	Date Issued: ordained Mar.25,1923	Date Orig. Entry: baptized May 13,1919
	Date of Birth: Dec.3,1910	Birth Place: Preston, Idaho Oneida County	Full Name of Mother: Elizabeth Barfus	Name of Father: James P. Christensen	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing		By whom issued and signed: John E. Dalley, Patriarch Preston, Idaho	Date Issued: Jan.14,1923	Date Orig. Entry: Jan.14,1923
	Date of Birth: Dec.3,1910	Birth Place: Preston, Idaho	Full Name of Mother: Elizabeth Barfus Christensen	Name of Father: James Peter Christensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 22, 1970

FORM BH 56067

JAN 22 1970

484-120-242-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-069

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Boyd (N) Rydalch
2. Date Of Birth (month) (day) (year): July 20 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Twin Fall Id. Twin Falls
b. City or Town of Birth: 5th Ave North, Twin Falls, Id.

FATHER

6. Full Name of Father: Chester James Rydalch
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Ester Williams
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Boyd Rydalch
11. Present Address of Registrant: 416 West Main Jerome, Idaho 83338

NOTARY (Seal)

Subscribed and sworn to before me on: DECEMBER 10, 1969
12. Signature of Notary: [signature]
13. Notary Commission expires: Feb. 24, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of lodge membership record
By whom issued and signed: Benevolent & Protective Order of Elks
Date Issued: ----
Date Orig. Entry: Jan.21,1954
Date of Birth: July 20,1910
Birth Place: Twin Falls, Idaho Twin Falls County
Full Name of Mother: ----
Name of Father: -----

SUPPORTING RECORD 2.

Type of Document: photocopy of honorable discharge
By whom issued and signed: U.S. Navy, H.R. Pooley, Dep. for J.H.Richburg, U.S.N.
Date Issued: discharged Aug.30,1945
Date Orig. Entry: enlisted Nov.11,1942
Date of Birth: July 20,1910
Birth Place: Twin Falls, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Statement regarding church records
By whom issued and signed: LDS Church, Harvey L. Davis, Ward Clerk, Jerome 2nd Ward
Date Issued: Jan.18,1970
Date Orig. Entry: baptized May 6,1922
Date of Birth: July 20,1910
Birth Place: Twin Falls, Idaho
Full Name of Mother: Esther H. Williams
Name of Father: Chester James

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: Jan. 27, 1970

FORM BH 56067

JAN 2 7 1970
MAY 1 7 2001

119256-018-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-071

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BERTA LEE PARKS			2. Date Of Birth (month) JULY (day) 6 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: Ambrose B. Parks			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Minnie Dora Sears			9. State or Country of Mother's Birth: Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Berta P Ellis		11. Present Address of Registrant: 617 S 5th Pendleton
NOTARY (Seal)	Subscribed and sworn to before me on: January 31, 1970	12. Signature of Notary: Dora L Nation		13. Notary Commission expires: Sept. 15, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. James Episcopal Church, Milton, Ore. R.E. Gayle	Date Issued: ---	Date Orig. Entry: Dec. 8, 1948
	Date of Birth: July 6, 1910	Birth Place: Orofino, Idaho	Full Name of Mother: Minnie M. Sears	Name of Father: Ambrose B. Parks	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Mar. 28, 1950
	Date of Birth: July 6, 1910	Birth Place: Clearwater County Orofino, Idaho	Full Name of Mother: Minnie Dora Sears	Name of Father: Ambrose B. Parks	
SUPPORTING RECORD 3.	Type of Document: Statement regarding marriage records		By whom issued and signed: Walla Walla Co., Washington County Auditor's Office	Date Issued: Jan. 26, 1961	Date Orig. Entry: June 6, 1933
	Date of Birth: Age: 22	Birth Place: Orofino, Idaho	Full Name of Mother: Minnie Sears	Name of Father: A. B. Parks	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	pw Glenda Larson	Jan. 27, 1970

FORM BH 56067

JUL 17 1970

419-272-010-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Anna Mai		2. Date Of Birth (month) April (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Richard Emil Mai		7. State or Country of Father's Birth: Rahenau Germany
MOTHER	8. Full Maiden Name of Mother: Mary or Marie Hartman		9. State or Country of Mother's Birth: Reyreuth Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs William N. Oliver	11. Present Address of Registrant: 449 No. Wash St Twin Falls Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 2 1969	12. Signature of Notary: Jack F. Ramsey	13. Notary Commission expires: 5-24-70 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records, Dist. #2		By whom issued and signed: Canyon County, Idaho	Date issued: Sep.24,1969	Date Orig. Entry: Sep. 1919
	Date of Birth: Age: 9 yrs.	Birth Place: ----	Full Name of Mother: -----	Name of Father: Richard Mai	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records (Twin Falls, Idaho)		By whom issued and signed: Magic Valley Memorial Hospital Barbara Pohl, Med.Rec.Dept.	Date issued: Sep.23,1969	Date Orig. Entry: Apr.14,1959
	Date of Birth: Apr.12,1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: Richard Mai	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Jan.16,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Marie Mai	Name of Father: Richard Mai	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 27, 1970

FORM BH 56067

ICP Add rec # 17829

7-24-69

JAN 27 1970

816-110-021-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-075

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Horace Noble Haworth			2. Date Of Birth (month) April (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: T. H. Haworth			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Blenda Johnson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Horace E Noble Haworth		11. Present Address of Registrant: Franklin Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 23 19 70	12. Signature of Notary: Geraldine M. Ingalls		13. Notary Commission expires: May 5 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry		By whom issued and signed: Cache County, Utah	Date Issued: Jun.18,1968	Date Orig. Entry: Aug.11,1930
	Date of Birth: Apr.10,1910	Birth Place: Franklin, Idaho	Full Name of Mother: Blenda Johnson	Name of Father: T. H. Haworth	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #189818	Date Issued: ----	Date Orig. Entry: child born Mar.14,1931
	Date of Birth: Age: 20	Birth Place: Franklin	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #192510		By whom issued and signed: West Coast Life Ins. Co. San Francisco, Calif.	Date issued: Oct.30,1929	Date Orig. Entry: Aug. 29,1929
	Date of Birth: Apr.10,1910	Birth Place: Franklin	Full Name of Mother: Mrs. Blenda C. Haworth	Name of Father: T. H. Haworth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 27, 1970

FORM BH 56067

1 copy paid rec. 68=38797 (H) 8-28-68 gml

JAN 27 1970

017 884-212 1004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Susie Hymas [illegible]			2. Date Of Birth (month) January (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Liberty Idaho
FATHER	6. Full Name of Father: Alfred C Hymas.			7. State or Country of Father's Birth: Liberty Idaho.
MOTHER	8. Full Maiden Name of Mother: Mary A Lyon			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Susie H Orr		11. Present Address of Registrant: 2320 So Gustis Boise
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1970	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: L.D.S. Church	Date Issued: Mar.13,1964	Date Orig. Entry: Entered Mar.13,1910
	Date of Birth: Jan.12,1910 / Birth Place: Liberty,Idaho	Full Name of Mother: Mary A. Lyon	Name of Father: Alfred C. Hymas	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: State of Utah County of Cache	Date Issued: May 15,1928	Date Orig. Entry: Married May 15,1928
	Date of Birth: Age 18 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Childs own birth certificate	By whom issued and signed: on file - Idaho # 282216	Date Issued: ---	Date Orig. Entry: child born July 8, 1939
	Date of Birth: Age 29 / Birth Place: Liberty, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	January 27, 1970

FORM BH 56067

JAN 2 7 1970

791-218-001-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-084

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Carrie Frances Gray
2. Date of Birth (month) (day) (year): August 18 1910
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Hezekiah Lincoln Gray
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Mary Bates
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carrie Frances McNeal
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on January 30 1970

12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 20 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License application		By whom issued and signed: Recorder Ada County - C.A.Planting	Date Issued: Jan.30,1970	Date Orig. Entry: Married Feb.25,1928
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: - ----	
SUPPORTING RECORD 2.	Type of Document: Family Bible Record		By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug 18,1910	Birth Place: Idaho	Full Name of Mother: Mary Bates Gray	Name of Father: Hezekiah Lincoln Gray	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 714881		By whom issued and signed: Woodmen of the World Ins.	Date Issued: June 1,1937	Date Orig. Entry: ----
	Date of Birth: next birthday 27	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: -------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	January 30, 1970

FORM BH 56067

JAN 3 0 1970

666-208-021-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-092

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Blanche Woodward
2. Date Of Birth (month) (day) (year): April 8 1918
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Franklin
b. City or Town of Birth: Franklin Idaho

FATHER

6. Full Name of Father: Cecil Woodward
7. State or Country of Father's Birth: Franklin

MOTHER

8. Full Maiden Name of Mother: Bertha Crandall
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche Woodward Harris
11. Present Address of Registrant: 133 So. 1st East Brigham Utah

NOTARY (Seal)

Subscribed and sworn to before me on January 21 1970

12. Signature of Notary: [signature]
13. Notary Commission expires: August 22 1970

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1.	Affidavit by mother	Apr.8,1910	Franklin, Idaho Franklin County	Bertha Crandall Woodward	Bertha Crandall Woodward	Jan.23,1970	---	Cecil Woodward
SUPPORTING RECORD 2.	Statement regarding church records	Apr.8,1910	Franklin, Idaho	Daniel L.Holland, Ward Clerk, Brigham City First Ward LDS	Bertha Crandall	Jan.20,1970	blessed Apr.16,1910	Cecil Woodward
SUPPORTING RECORD 3.	photocopy of application for insurance policy 17 670 661	Apr.8,1910	Franklin, Idaho	The New York Life Ins. Co.	---	---	June 30,1940	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: Feb. 4, 1970

FORM BH 56067

1-16-70

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FEB -5 1970

693-219-006-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-097

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verall Ethel Wilson	2. Date Of Birth (month) June (day) 19 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Goshen - Bingham	b. City or Town of Birth: Goshen
FATHER	6. Full Name of Father: Frank J. Wilson	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sena Jensen OR (Cena)	9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verall E. Smith; 11. Present Address of Registrant: Blackfoot Ida - R#3
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 28 1970	12. Signature of Notary: Grace Williams; 13. Notary Commission expires: Jan 14 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bankers Life Company Insurance Policy #931322	By whom issued and signed: Bankers Life Company Des Moines, Iowa	Date issued: Dec.1,1931	Date Orig. Entry: Nov.24,1931
	Date of Birth: June 19,1910; Birth Place: Goshen, Idaho	Full Name of Mother: Sena Jensen Wilson	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Goshen Ward, Jos. N. Christensen, Clerk	Date issued: ---	Date Orig. Entry: baptized Aug.4,1918
	Date of Birth: June 19,1910; Birth Place: Goshen, Bingham County, Idaho	Full Name of Mother: Sena Jensen	Name of Father: Frank Wilson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Beatrice B. Robbins Age:70	Date issued: Jan.29,1970	Date Orig. Entry: ----
	Date of Birth: June 19,1910; Birth Place: Bingham County Goshen, Idaho	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

Certified statement regarding school records signed by Grace Williams, Bingham Co. Recorder on January 28, 1970 for School Dist. #43 Upper Presto, School Year 1916-17 gives age as 6 years and father's name as Frank Wilson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 4, 1970

FORM BH 56067

FEB 5 1970

842-230-009-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-099

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Marie Huseby		2. Date Of Birth (month) 12 (day) 30 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bonners; b. City or Town of Birth: Sandpoint, Idaho
FATHER	6. Full Name of Father: Oscar E. Huseby		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Marie Eng		9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Walker	11. Present Address of Registrant: Rt. 13 - Box 278 Olympia, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: 30th of January 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: 3-12 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records (Longfellow School)	By whom issued and signed: Tacoma Public Schools, Angelo Giaudrone, Supt. Schools	Date issued: Nov.3,1969	Date Orig. Entry: Nov.12,1917
	Date of Birth: Dec.30,1910 / Birth Place: ----	Full Name of Mother: ----	Name of Father: Oscar E. Huseby	
SUPPORTING RECORD 2.	Type of Document: Church Certificate	By whom issued and signed: A.M.Skindlov, Pastor, Sandpoint Nov. Luth., Idaho	Date issued: ---	Date Orig. Entry: June 3, 1911
	Date of Birth: Dec.30,1910 / Birth Place: ---	Full Name of Mother: Marie	Name of Father: Oscar Huseby	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Tacoma General Hospital, Wash. C.W.Whitaker, M.D.	Date issued: ---	Date Orig. Entry: child born Oct.24,1936
	Date of Birth: Dec.30,1910 / Birth Place: Sandpoint, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: Inter-Ocean Ins. Co. Policy #793372 issued July 1, 1953 gives date of birth as Dec. 30, 1910 and place of birth as Sandpoint, Idaho.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Feb. 4, 1970

FORM BH 56067 ICP pdl rec # 33625 5-23-68

FEB 5 1970

N 433/67/023 -384

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-102

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Vance McConnell			2. Date Of Birth (month) (day) (year): Oct. 7 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: John Reavely McConnell			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Maude Lillian Lyman			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert V. McConnell		11. Present Address of Registrant: Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 4 1970	12. Signature of Notary: Jane M. Petersen		13. Notary Commission expires: 10/10 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 242339	Date Issued: ----	Date Orig. Entry: child born Mar.22,1936
	Date of Birth: Age 25 / Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: - ------	
SUPPORTING RECORD 2.	Type of Document: Notorized copy of Family Record	By whom issued and signed: Maude McConnell	Date Issued: Feb.14,1952	Date Orig. Entry: -----
	Date of Birth: Oct.7,1910 / Birth Place: Emmett, Idaho	Full Name of Mother: Maude Lillian Lyman	Name of Father: John Reavely McConnell	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: American National Ins. Co.	Date Issued: Jan.8,1948	Date Orig. Entry: Dec.11, 1947
	Date of Birth: Oct.7,1910 / Birth Place: Emmett, Idaho	Full Name of Mother: -------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 5, 1970

FORM BH 56067

FEB 5 1970

755-725-1025-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-70-112

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Park Hugo Penwell		2. Date Of Birth (month) July (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: Robert Guy Penwell		7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Gee		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Park Hugo Penwell	11. Present Address of Registrant: 475 N. 11th, Breese, Ill. 62230
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 16, 1970	12. Signature of Notary: Ray Schlueter	13. Notary Commission expires: July 23, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of return of marriage to County Clerk	By whom issued and signed: St. Clair County, Illinois #4075, Oscar Becker, Clerk	Date Issued: ----	Date Orig. Entry: Aug.7,1945
	Date of Birth: age next bd. 36 / Birth Place: Grangeville, Idaho	Full Name of Mother: Sarah Ann Gee	Name of Father: Robert G. Penwell	
SUPPORTING RECORD 2.	Type of Document: transcript of school record	By whom issued and signed: University of Idaho J.E.Frazier, Registrar	Date Issued: Aug.8,1969	Date Orig. Entry: Sept.16,1927
	Date of Birth: July 25,1910 / Birth Place: Grangeville, Idaho	Full Name of Mother: ---	Name of Father: R. G. Penwell	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age:71	By whom issued and signed: Merritt V. Penwell	Date Issued: Feb.2,1970	Date Orig. Entry: ---
	Date of Birth: July 25,1910 / Birth Place: Grangeville, Idaho	Full Name of Mother: Sarah Ann Gee	Name of Father: Robert Guy Penwell	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W M Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Feb. 9, 1970	

FORM BH 56067

1-6-70

Feinroth

FEB 10 1970

645-127-024-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-117

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HAROLD ARMOND DUNKS
2. Date of Birth (month) (day) (year): MAY 27 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: HAGERMAN (Home) Gooding
   b. City or Town of Birth: HAGERMAN, Idaho

FATHER

6. Full Name of Father: JAMES MONROE DUNKS
7. State or Country of Father's Birth: MONTANA

MOTHER

8. Full Maiden Name of Mother: LYDIA PERMELIA CROCKETT
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. ✓

10. Signature of Registrant: Harold Armond Dunks
11. Present Address of Registrant: Box 6127 Lake Branch Blythe Calif

NOTARY (Seal)

Subscribed and sworn to before me on April 8th 1968

12. Signature of Notary: Dorothy S. Nellis
13. Notary Commission expires: DOROTHY S. NELLIS, Notary Public in and for the State of California My Commission Expires August 16, 1970

DOROTHY S. NELLIS NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN RIVERSIDE COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by relative who knew of the birth	Carrie Crockett Age:78	Mar.18,1968	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 27,1910 / Hagerman, Idaho	Lydia Permelia Crockett	James Montroe Dunks	
SUPPORTING RECORD 2.	Federal Census Record	U.S. Department of Commerce Bureau of the Census	Jan.29,1970	Jan.1,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 9 / Idaho	Pearl Dunks	James Dunks	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #206733	---	child born Sept.5,1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 22 / Idaho	---	----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Feb. 9, 1970

FORM BH 56067

1 cp rec'd # 68-32040

(D) 4-26-68 gml

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FEB 10 1970

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-137

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian A. Theurer		2. Date of Birth (month) Nov (day) 1 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: William Theurer		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Anna Pauline Erickson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian A. Judd	11. Present Address of Registrant: 1005 W. 3rd St Weiser Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 11th 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: February 1st 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Weiser General Hospital, Idaho	Date issued: ---	Date Orig. Entry: child born Jan.17,1948
	Date of Birth: Nov.1,1910	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Jan.23,1970	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Anna P. Thurer	Name of Father: William Thurer
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #633111	By whom issued and signed: The Franklin Life Ins. Co., Springfield, Illinois	Date issued: May 19,1947	Date Orig. Entry: Mar.18,1947
	Date of Birth: Nov.1,1910	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 17, 1970

FORM BH 56067

FEB 18 1970

DECEASED

891-122.002 - 891

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-145

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Wallace Hiatt			2. Date Of Birth (month) (day) (year): June 22 1910	
	3. Color or Race: W	4. Sex: M	5. Place of Birth: Idaho - a. County: Adams	b. City or Town of Birth: Indian Valley Idaho	
FATHER	6. Full Name of Father: Samuel Willard Hiatt			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Lulu Manning Hiatt			9. State or Country of Mother's Birth: USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: G Wallace Hiatt		11. Present Address of Registrant: 108-E 3rd Meridian Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: February 18 1970	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: September 20 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 441063		Date Issued: ----	Date Orig. Entry: child born Aug 26, 1947
	Date of Birth: Age 37	Birth Place: Indian Valley, Ida.	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Discharge from C.C.C.	By whom issued and signed: Edwin Geesey, Capt. 1976th Co.		Date Issued: Jun. 7, 1935	Date Orig. Entry: enrolled Jan. 8, 1935
	Date of Birth: Age 24	Birth Place: Indian Valley	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Congregational Church		Date Issued: Sept. 16, 1917	Date Orig. Entry: Sept. 16, 1917
	Date of Birth: Jun. 22, 1910	Birth Place: Indian Valley	Full Name of Mother: Lulu Manning Hiatt	Name of Father: S. Willard Hiatt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 18, 1970

FORM BH 56067

FEB 20 1970

314-230-009-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Aileen Lois Campbell		2. Date of Birth (month) April (day) 30 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Norman Campbell		7. State or Country of Father's Birth: New York, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Hulda Nelson		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Aileen C. Taft	11. Present Address of Registrant: Bonners Ferry Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 13 1970	12. Signature of Notary: Irene W. Snead	13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at Bonners Ferry Idaho 19 My commission expires August 5, 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Pastor Robert Warner, Methodist Episcopal Church, Sandpoint,	Date Issued: ----	Date Orig. Entry: baptized June 1911
	Date of Birth: Apr.30,1910 / Birth Place: ----	Full Name of Mother: Mrs. Norman Campbell	Name of Father: Norman Campbell	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Mike Lamanna, Asst.Supt., Dist. #1, Sandpoint, Idaho	Date Issued: May 15,1969	Date Orig. Entry: Sept. 1917
	Date of Birth: Apr.30,1910 / Birth Place: ----	Full Name of Mother: ----	Name of Father: Norman Campbell	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of Birth	By whom issued and signed: Sacred Heart Hospital, Spokane, Washington	Date Issued: ----	Date Orig. Entry: child born Jan.7,1946
	Date of Birth: Apr.30,1910 / Birth Place: Sandpoint, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	Affidavit by neighbor at time of the birth, Olivia Sund (bd.6-24-1893) issued February 9, 1970 gives following: birthdate - April 30, 1910; birthplace - Sandpoint, Idaho; parents' names - Hulda Nelson Campbell and Norman Campbell.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson		Date Filed: Feb. 19, 1970

FORM BH 56067

FEB 20 1970

249-109-025-124

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-147

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John R. Kurdy		2. Date Of Birth (month) 9 (day) 9 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: ~~Orangeville~~ Idaho; b. City or Town of Birth: Winona Idaho
FATHER	6. Full Name of Father: Joseph T. Kurdy		7. State or Country of Father's Birth: Lebanon
MOTHER	8. Full Maiden Name of Mother: ~~Wynn~~ ~~Kurdy~~ Bedora Abdalla		9. State or Country of Mother's Birth: Lebanon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John R. Kurdy	11. Present Address of Registrant: 3700 Sycamore dr. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 12 1970	12. Signature of Notary: Thomas J. Kurdy	13. Notary Commission expires: August 19 1971

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church	Date Issued: Feb. 13, 1970	Date Orig. Entry: Baptized Sept. 21, 1910
	Date of Birth: Sept. 9, 1910 / Birth Place: Idaho	Full Name of Mother: Bedora Abdalla	Name of Father: Joseph Kurdy	
SUPPORTING RECORD 2.	Type of Document: Military Record	By whom issued and signed: Army of the United States	Date Issued: May 28, 1948	Date Orig. Entry: Mar. 5, 1942
	Date of Birth: Sept. 9, 1910 / Birth Place: Winona, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Identification Card	By whom issued and signed: U.S. Government	Date Issued: 1936	Date Orig. Entry: Reissued July 11, 1960
	Date of Birth: Sept. 9, 1910 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 19, 1970

FORM BH 56067

2-10-70

FEB 20 1970

466-203-014-298

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-148

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lulu Mary Downing			2. Date Of Birth (month) May (day) 3 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: William Henry Downing			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Eva May Bryant			9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lulu M Babbitt		11. Present Address of Registrant: Route #3 - Caldwell
NOTARY (Seal)	Subscribed and sworn to before me on: February 20 1970	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept 20 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 177067	Date issued: ----	Date Orig. Entry: child born Jan 5, 1930
	Date of Birth: Age 19	Birth Place: Parma, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # L-1525		By whom issued and signed: Sierra Life Ins. Co.	Date issued: Oct.5,1957	Date Orig. Entry: Feb.15, 1955
	Date of Birth: May 3,1910	Birth Place: Parma, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Application for S. S. #		By whom issued and signed: Social Security Adm	Date issued: July 30,1952	Date Orig. Entry: ---
	Date of Birth: May 3,1910	Birth Place: Parma, Idaho	Full Name of Mother: Eva May Bryant	Name of Father: William Henry Downing	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb. 19, 1970

FORM BH 56067 n.m. ICP Pd

FEB 20 1970

Babbitt

912-111-0 36-633-

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-173

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dean Alphonso Rasmussen			2. Date Of Birth (month) (day) (year): July 11, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Mink Creek
FATHER	6. Full Name of Father: Christian Alphonso Rasmussen			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Bernice Christiana Olsen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dean R Rasmussen		11. Present Address of Registrant: 57 N. 2nd West Preston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 27, 1969	12. Signature of Notary: Jan D Smith		13. Notary Commission expires: 9-1- 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Mink Creek Ward, Arthur Schwieder, Clerk	Date Issued: ----	Date Orig. Entry: blessed Sept.4,1910	
	Date of Birth: July 11,1910	Birth Place: Mink Creek, Idaho Oneida County	Full Name of Mother: Berniece Olsen	Name of Father: Alphonso Rasmussen	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Ordanation as a Priest	By whom issued and signed: LDS Church, Mink Creek Ward, Frank G. Jensen, Clerk	Date Issued: ---	Date Orig. Entry: ordained Feb.5,1928	
	Date of Birth: July 11,1910	Birth Place: Mink Creek, Idaho Oneida County	Full Name of Mother: Bernice Olsen	Name of Father: Alphonso Rasmussen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Bernice O. Rasmussen	Date Issued: Dec.22,1969	Date Orig. Entry: ----	
	Date of Birth: July 11,1910	Birth Place: Mink Creek, Idaho Oneida County	Full Name of Mother: Bernice Chrisiana Olsen	Name of Father: Christian Alphonso Rasmussen	

QUALIFYING INFORMATION: I am the Mother of Dean Rasmussen Mrs Bernice C. Rasmussen

REGISTRAR'S CERTIFICATION (seal)

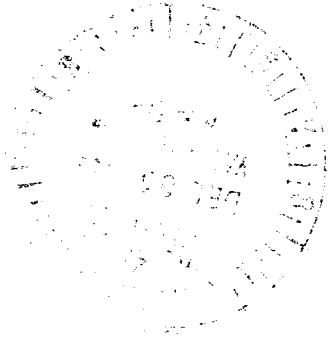
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	March 3, 1970

FORM BH 56067

[redacted]

MAR 3 1970



159-12-028-359

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-181

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JAMES JOSEPH JEROME		2. Date of Birth (month) JUNE (day) 21 (year) 1910	
	3. Color or Race: CAUCASIAN	4. Sex: MALE	5. Place of Birth a. County: HOME COEUR D'ALENE, FOR. KOOTENAI	b. City or Town of Birth: COEUR D'ALENE, IDAHO
FATHER	6. Full Name of Father: OLIVER JEROME		7. State or Country of Father's Birth: IDAHO? (UNKNOWN)	
MOTHER	8. Full Maiden Name of Mother: EMILINE JOSEPHINE LEINUM		9. State or Country of Mother's Birth: WASHINGTON	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Joseph Jerome	11. Present Address of Registrant: SPOKANE, WN 99206 + 707 N. Park Rd.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 14 1970	12. Signature of Notary: Ken H. Hagen	13. Notary Commission expires: August 15 1970	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Separation Qualification Record	By whom issued and signed: U.S. Army	Date Issued: separated Nov. 8, 1945	Date Orig. Entry: entered service June 26, 1942
	Date of Birth: June 21, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #58606	By whom issued and signed: National Home Life Assurance Company	Date Issued: June 4, 1963	Date Orig. Entry: June 4, 1963
	Date of Birth: June 21, 1910	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle who was present at time of birth	By whom issued and signed: George Leinum Age: 72	Date Issued: Feb. 24, 1970	Date Orig. Entry: ----
	Date of Birth: June 21, 1910	Birth Place: Kootenai County Idaho	Full Name of Mother: Emma Jerome	Name of Father: Oliver Jerome
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	March 4, 1970

FORM BH 56067

MAR 5 1970

863-210-019-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-189

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: La-Trielle Holland			2. Date Of Birth (month) June (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Custer	b. City or Town of Birth: Challis
FATHER	6. Full Name of Father: Charles Holland			7. State or Country of Father's Birth: Oxford, Idaho
MOTHER	8. Full Maiden Name of Mother: Ora Belle Jones			9. State or Country of Mother's Birth: Utah Provo (Provo Utah)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: La-Trielle Abbey		11. Present Address of Registrant: Salmon Idaho Box 254
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 12 1970	12. Signature of Notary: Donald S Cook		13. Notary Commission expires: Oct 24 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: School Dist.#33, Lemhi County Idaho	Date Issued: Feb.16,1968	Date Orig. Entry: Sep.28,1923	
	Date of Birth: Age: 13	Birth Place: ----	Full Name of Mother: Mrs. Charles Holland	Name of Father: Mr. Charles Holland	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Steele Memorial Hospital, Salmon, ID, Gerald Butler, ADM.	Date Issued: Feb.17,1970	Date Orig. Entry: Mar.21,1965	
	Date of Birth: June 10,1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Margaret Barsalow Age:72	Date Issued: Mar.3,1970	Date Orig. Entry: ----	
	Date of Birth: June 10,1910	Birth Place: Challis, Custer Coutny	Full Name of Mother: Ora Belle Jones Holland	Name of Father: Charles Holland	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	March 10, 1970

FORM BH 56067

2-5-78

MAR 11 1970

693-224.006-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-194

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zula Maud (Maude) Wilson			2. Date Of Birth (month) October (day) 24, (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Riverside	Bingham	b. City or Town of Birth: Riverside Mail Blackfoot
FATHER	6. Full Name of Father: Joseph Leonard Wilson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lucy Caroline Dean Lucy C Wilson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy Caroline Wilson		11. Present Address of Registrant: Rte #2, Blackfoot, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 3, 1966	12. Signature of Notary: Zelda N. Butler		13. Notary Commission expires: 9-10- 19 67	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, A.A. Bingham, Bishop, Riverside Ward		Date Issued: June 1, 1919	Date Orig. Entry: baptized June 1, 1919
	Date of Birth: Oct. 24, 1910	Birth Place: Riverside, Idaho Bingham County	Full Name of Mother: Lucy Caroline Dean		Name of Father: Joseph Leonard Wilson
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lucy Wilson		Date Issued: Mar. 2, 1970	Date Orig. Entry: ----
	Date of Birth: Oct. 24, 1910	Birth Place: Riverside, Idaho	Full Name of Mother: Lucy C. Dean Wilson		Name of Father: Joseph Leonard Wilson
SUPPORTING RECORD 3.	Type of Document: photocopy of sheet of genealogy from Family Book of Remembrance	By whom issued and signed: Family Record		Date Issued: Mar. 2, 1970	Date Orig. Entry: ---
	Date of Birth: Oct. 24, 1910	Birth Place: Riverside, Idaho Bingham County	Full Name of Mother: Lucy C. Dean		Name of Father: Joseph L. Wilson
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	March 11, 1970

FORM BH 56067 (C) 5-8-62. NM

(C) 2-14-67 90M

MAR 1 2 1970
FEB 2 5 1977

666-20-030-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-198

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Lee Fowler		2. Date Of Birth (month) (day) (year): June 1, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Edwin Lynn Fowler		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Margaret Simer		9. State or Country of Mother's Birth: New Mexico
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia L Thompson	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: February 21, 1970	12. Signature of Notary: Joyce B Hammond	13. Notary Commission expires: January 23, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage certificate and license		By whom issued and signed: Bannock County, Idaho, Book #30 page 262, Co. file #295747	Date Issued: Nov. 4, 1969	Date Orig. Entry: Aug. 7, 1953
	Date of Birth: Age: 43	Birth Place: Salmon, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #590,182,077		By whom issued and signed: Metropolitan Life Ins. Co. MP	Date Issued: ----	Date Orig. Entry: Dec. 3, 1958
	Date of Birth: June 1, 1910	Birth Place: Salmon, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Margaret L. Fowler	Date Issued: Feb. 21, 1970	Date Orig. Entry: ---
	Date of Birth: June 1, 1910	Birth Place: Salmon, Idaho	Full Name of Mother: Margaret L. Fowler (nee Simer)	Name of Father: Lynn E. Fowler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Brown	gml Glenda Larson	March 11, 1970

FORM BH 56067

[illegible]

MAR 1 2 1970

236-225-025-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-203

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JENNIE ALICE SLOAN		2. Date Of Birth (month) April (day) 25, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Near Grangeville
FATHER	6. Full Name of Father: JAMES B. SLOAN		7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: GERTIE COOK		9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jennie Alice Sloan	11. Present Address of Registrant: Potlatch, Idaho 83855
NOTARY (Seal)	Subscribed and sworn to before me on: March 7, 1970	12. Signature of Notary: Shirley Dunn Knepper	13. Notary Commission expires: September 15, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: St.Joseph's Hospital, Lewiston, ID, Ruthe Black, MRL	Date issued: ----	Date Orig. Entry: Aug.14,1949
	Date of Birth: Apr.25,1910	Birth Place: Grangeville, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Allie Larson Age: 78	Date issued: Mar.5,1970	Date Orig. Entry: ----
	Date of Birth: Apr.25,1910	Birth Place: Grangeville, Idaho Idaho County	Full Name of Mother: Gertie Cook Sloan	Name of Father: James B. Sloan	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for membership		By whom issued and signed: Medical Service Bureau, Lewiston, Idaho	Date issued: Nov.16,1954	Date Orig. Entry: Aug.9,1954
	Date of Birth: Apr.25,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

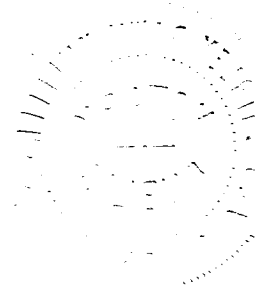
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Mar. 12, 1970

FORM BH 56067 1cp [illegible] 3-2-70

Accepted

MAR 13 1970



359-218-008-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-213

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Esther Leisy			2. Date Of Birth (month) May (day) 18 (year) 1910	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Sweet, a. County: Boise	b. City or Town of Birth: Sweet	
FATHER	6. Full Name of Father: Isaac Burr Leisy			7. State or Country of Father's Birth: Oregon Wash. Nov. 19, 1871	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Talley			9. State or Country of Mother's Birth: Kansas March 23 1881	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred E. Talley		11. Present Address of Registrant: Huntington, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1970 19	12. Signature of Notary: Margaret Smoke		13. Notary Commission expires: Oct 14 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary J. Leisy	Date Issued: Mar.9,1970	Date Orig. Entry: ----
	Date of Birth: May 18,1910 / Birth Place: Sweet, Idaho Boise County	Full Name of Mother: Mary J. Leisy	Name of Father: Isaac Leisy	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #253	By whom issued and signed: State of Oregon Vital Statistics Section	Date Issued: Sep.26,1947	Date Orig. Entry: child born Oct.22,1937
	Date of Birth: Age: 27 / Birth Place: Sweet, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement by notary regarding family Bible records	By whom issued and signed: Family Bible/Margaret Smoke Notary PublicEmmett, Idaho	Date Issued: Mar.9,1970	Date Orig. Entry: appears old
	Date of Birth: May 18,1910 / Birth Place: ----	Full Name of Mother: Mary Jane Talley	Name of Father: Isaac Burr Leisy	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

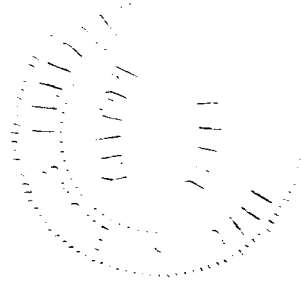
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	March 13, 1970

FORM BH 56067

2-27-70

MAR 1 8 1970



867-21-1034-297

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-221

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Moxie Louise Hopkins			2. Date Of Birth (month) Apr. (day) 17 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Minidoka	b. City or Town of Birth: Rupert, Idaho
FATHER	6. Full Name of Father: Everett Eli Hopkins			7. State or Country of Father's Birth: Farmington, Missouri
MOTHER	8. Full Maiden Name of Mother: Rebecca Ann Sigman			9. State or Country of Mother's Birth: Farmington, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Moxie L. Towne		11. Present Address of Registrant: Box 93, Banks, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on 2/16/1970	12. Signature of Notary		13. Notary Commission expires 6/8/1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return		By whom issued and signed: Washington County, Oregon	Date Issued: Jan.28,1970	Date Orig. Entry: June 11,1938
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record		By whom issued and signed: School District #94 Klickitat County Washington	Date Issued: ---	Date Orig. Entry: May 1926
	Date of Birth: Apr.17,1910	Birth Place: ---	Full Name of Mother: Mrs. E. E. Hopkins	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother (Age:68)		By whom issued and signed: Platt P. Hopkins	Date Issued: Mar.7,1970	Date Orig. Entry: ----
	Date of Birth: Apr.17,1910	Birth Place: Rupert, Idaho	Full Name of Mother: Rebecca Ann Hopkins	Name of Father: Everett Eli Hopkins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	March 16, 1970

FORM BH 56067

2/29/68

Pirone

MAR 17 1970

169-21-1035-631

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-228

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Manda Lee Jordan			2. Date Of Birth (month) April (day) 19 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Nez Perce (now Clearwater)	b. City or Town of Birth: Fraser	
FATHER	6. Full Name of Father: Okey Jay Jordan			7. State or Country of Father's Birth: West Virginia	
MOTHER	8. Full Maiden Name of Mother: Virginia Catherine Flanagan			9. State or Country of Mother's Birth: West Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Manda Lee Schrader	11. Present Address of Registrant: Weippe, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 12 19 70		12. Signature of Notary: Paul E. Clinton	13. Notary Commission expires: July 11 19 73	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Virginia Catherine Jordan	Date Issued: Feb.26,1970	Date Orig. Entry: ---
	Date of Birth: Apr.19,1910	Birth Place: Fraser, Idaho NezPerce now Clearwater Co.	Full Name of Mother: Virginia Catherine Jordan	Name of Father: Okey Jay Jordan	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for federal employment		By whom issued and signed: U.S. Civil Service Comm.	Date Issued: ----	Date Orig. Entry: Apr.30,1962
	Date of Birth: Apr.19,1910	Birth Place: Fraser, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records		By whom issued and signed: School Dist.Con.1 Clearwater County, Idaho	Date Issued: Feb.3,1970	Date Orig. Entry: Oct.18,1918
	Date of Birth: Age: 8	Birth Place: -----	Full Name of Mother: ----	Name of Father: O. Jordan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D Wilson	Evidence reviewed by: Glenda Larson	Date Filed: March 18, 1970

FORM BH 56067

3-9-70

MAR 1 9 1970

367-203-044-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zuma Katherine Cox		2. Date of Birth (month) (day) (year): April 3 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington b. City or Town of Birth: Salubria Idaho
FATHER	6. Full Name of Father: Anderson Cox		7. State or Country of Father's Birth: Caldwell, Idaho
MOTHER	8. Full Maiden Name of Mother: Nora Ross		9. State or Country of Mother's Birth: Salubria, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zuma K. Scott	11. Present Address of Registrant: 217 So Owyhee Boise Ida
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1967	12. Signature of Notary: [signature]	13. Notary Commission expires: 5-1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Nora Ross Cox	Date issued: May 18, 1967	Date Orig. Entry: -----
	Date of Birth: Apr.3,1910	Birth Place: Salubria, Idaho	Full Name of Mother: Nora Ross Cox	Name of Father: Anderson Cox	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S.Dept. of Commerce	Date issued: May 15,1968	Date Orig. Entry: Census taken Apr.15,1910
	Date of Birth: 1 month	Birth Place: Idaho	Full Name of Mother: Nora Cox	Name of Father: Anderson Cox	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 615 290001		By whom issued and signed: The Prudential Ins.Co.	Date issued: Dec.25,1961	Date Orig. Entry: Oct.24,1961
	Date of Birth: Apr.3,1910	Birth Place: Salubria, Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	March 23, 1970

FORM BH 56067

1 cp pd rec # 7172 (S) 6-20-67 gml

MAR 24 1970

49522Y1033 -214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-241

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Minnie Ann Dietrich			2. Date Of Birth (month) (day) (year): October 24, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Gottfried (Fred) Dietrich			7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Rosa Lena Baur			9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Minnie Ann Dietrich Nelson		11. Present Address of Registrant: Rt 1 Thornton
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1970	12. Signature of Notary: Merrill W. Rudd		13. Notary Commission expires: 8-1 1973

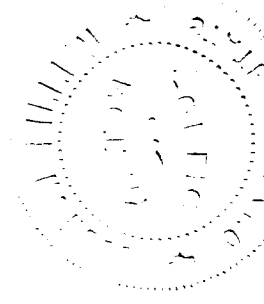
APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of insurance application for policy	By whom issued and signed: Bankers Union Life Ins. Co. Denver, Colorado	Date Issued: ----	Date Orig. Entry: Jan.19,1960
	Date of Birth: Oct.24,1910 / Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of church record of membership	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: baptized July 16,1921
	Date of Birth: Oct.24,1910 / Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: Rosa Lena Bauer	Name of Father: (Gottfred) Fred Dietrich	
SUPPORTING RECORD 3.	Type of Document: certified photocopy of marriage license affidavit #88515	By whom issued and signed: Bonneville County, Idaho County Recorder's Office	Date Issued: Mar.11,1970	Date Orig. Entry: Mar.22,1929
	Date of Birth: age 18 yrs on Oct.1928 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 23, 1970

FORM BH 56067

MAR 25 1970



24925036-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lincoln SMiTH			2. Date of Birth (month) Oct (day) 25 (year) 1910
	3. Color or Race: white	4. Sex: M.	5. Place of Birth a. County: Malad Onida	b. City or Town of Birth: malad Idaho
FATHER	6. Full Name of Father: Albert Ishmael Smith			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Charlotte Richards			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lincoln Smith		11. Present Address of Registrant: RFD #4 Box 607 Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1972	12. Signature of Notary: Leslie R. Fletcher		13. Notary Commission expires: Sept 27 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #Y-767	By whom issued and signed: Weber County, Utah City of Ogden, Jean Laird, Asst. Reg.	Date Issued: Aug. 18, 1959	Date Orig. Entry: child born July 21, 1938	
	Date of Birth: Age: 27	Birth Place: Malad, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage License	By whom issued and signed: Weber County, Utah	Date Issued: Feb. 24, 1970	Date Orig. Entry: Sept. 2, 1933	
	Date of Birth: Age: 22	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Charlotte Richards Smith	Date Issued: Mar. 13, 1970	Date Orig. Entry: ----	
	Date of Birth: Oct. 25, 1910	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Charlotte Richards Smith	Name of Father: Albert Ishmael Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	March 24, 1970

FORM BH 56067

2-12-20

Smith

MAR 25 1970

533-203-024-119

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-253

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Annie (Lenore) Elliott		2. Date Of Birth (month) (day) (year): March 3 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Gooding Ida Gooding; b. City or Town of Birth: Gooding Idaho
FATHER	6. Full Name of Father: Charlie Elliott		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Ellen Lavina (Nellie) Jarvis		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lenore A. Elison	11. Present Address of Registrant: 327 Westmoreland Dr. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1970	12. Signature of Notary: Willa M. Brown	13. Notary Commission expires: 1-10 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of birth	By whom issued and signed: L.D.S.Church	Date Issued: Nov.3,1969	Date Orig. Entry: Recorded Aug.4,1918
	Date of Birth: Mar.3,1910 / Birth Place: Gooding, Idaho	Full Name of Mother: Nellie Jarvis	Name of Father: Charles Elliott	
SUPPORTING RECORD 2.	Type of Document: Marriage Affidavit	By whom issued and signed: Frank Kearns Cassia County Recorder	Date Issued: Oct.30,1969	Date Orig. Entry: License issued Sept.8,1931
	Date of Birth: Mar.3,1910 / Birth Place: Gooding, Idaho	Full Name of Mother: ------	Name of Father: - ------	
SUPPORTING RECORD 3.	Type of Document: Inaurance Policy #68967	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Dec.28,1926	Date Orig. Entry: Nov.26,1926
	Date of Birth: Mar.3,1910 / Birth Place: Gooding, Idaho	Full Name of Mother: Ellen Jarvis Elliott	Name of Father: Charlie Elliott	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: March 26, 1970

FORM BH 56067

MAR 26 1970

294-203-001-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-265

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Linda B. Bruno		2. Date of Birth (month) February (day) 3 (year) 1910
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Eugene Bruno		7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Isabella Ozello		9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Linda B Bruno	11. Present Address of Registrant: 104 12th Ave. No. Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 14 19 69	12. Signature of Notary: Milo Opelsen	13. Notary Commission expires: 2/28 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #187106	Date Issued: ----	Date Orig. Entry: child born Dec.3,1930	
	Date of Birth: Age: 20	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Isabella Bruno	Date Issued: Nov.14,1969	Date Orig. Entry: ---	
	Date of Birth: Feb.3,1910	Birth Place: Boise, Idaho	Full Name of Mother: Isabella Bruno	Name of Father: Eugene Bruno	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St.John's Cathedral,Boise,ID Roman Catholic Church	Date Issued: Nov.10,1966	Date Orig. Entry: March 17,1910	
	Date of Birth: Feb.3,1910	Birth Place: ----	Full Name of Mother: Isabelle Ozello	Name of Father: Eugene Bruno	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	March 30, 1970

FORM BH 56067

187106 - Chicks birth

MAR 30 1970

DECEASED

238-120-024-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-270

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alphonse Nicholas Schantz		2. Date Of Birth (month) July (day) 20 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Wendell
FATHER	6. Full Name of Father: Joseph Nicholas Schantz		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Perpetua Traudt		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alphonse Nicholas Schantz	11. Present Address of Registrant: Route #2 Sparta, Wisconsin 54656
NOTARY (Seal)	Subscribed and sworn to before me on: March 23 1970	12. Signature of Notary: Nettie L Chapel	13. Notary Commission expires: 12-13 19-70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Church of St.Peter, Shoshone, Idaho, Roman Catholic Church	Date issued: Mar.18,1970	Date Orig. Entry: Aug.30,1910
	Date of Birth: July 20,1910	Birth Place: Wendell, Idaho	Full Name of Mother: Mary Grault	Name of Father: Joseph Schantz	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Mary Traudt Schantz	Date issued: Mar.23,1970	Date Orig. Entry: ---
	Date of Birth: July 20,1910	Birth Place: Wendell, Idaho	Full Name of Mother: Mary P. Traudt Schantz	Name of Father: Joseph Nicholas Schantz	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate photocopy		By whom issued and signed: child born in Wisconsin, Superior, Douglas County	Date issued: ---	Date Orig. Entry: child born May 3,1948
	Date of Birth: Age: 37	Birth Place: Wendell, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 30,1970

FORM BH 56067

rcp all rec # 30286

3-10-70

Schantz

MAR 30 1970

313-129-034-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-278

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grant Catmull			2. Date of Birth (month) 4, (day) 29, (year) 1910	
	3. Color or Race: W W	4. Sex: M	5. Place of Birth a. County: Rupert, Idaho (Minidoka)	b. City or Town of Birth: Rupert, Minidoka	
FATHER	6. Full Name of Father: Henry Catmull			7. State or Country of Father's Birth: Gravely Cambridgeshire, England	
MOTHER	8. Full Maiden Name of Mother: Mary Eliza Brunt			9. State or Country of Mother's Birth: Christ-Church, New Zealand	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grant Catmull		11. Present Address of Registrant: 1202H St. Rupert	
NOTARY (Seal)	Subscribed and sworn to before me on: FEBRUARY 27 1970	12. Signature of Notary: Augusta Leithe, Clerk of the Dist. Court		13. Notary Commission expires: 1-10 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Alma N. Catmull (14 years older)		Date Issued: Feb.25,1970	Date Orig. Entry: ----
	Date of Birth: Apr.29,1910	Birth Place: Rupert, Idaho	Full Name of Mother: Mary Eliza Catmull	Name of Father: Henry Catmull	
SUPPORTING RECORD 2.	Type of Document: photocopy of church record	By whom issued and signed: LDS Church, Clyde B.Crandall, Ward Clerk		Date Issued: Jan.24,1925	Date Orig. Entry: ----
	Date of Birth: Apr.29,1910	Birth Place: Rupert, Idaho	Full Name of Mother: Mary Elizabeth Brunt	Name of Father: Henry Catmull	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 620,382,554M	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: Mar.1,1962	Date Orig. Entry: Jan.25,1962
	Date of Birth: Apr.29,1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	April 2, 1970

FORM BH 56067

APR 2 1970

296-214-016-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-279

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Veta Beatrice Bronson		2. Date Of Birth (month) 7 (day) 14 (year) 1910
	3. Color or Race: W W	4. Sex: F	5. Place of Birth: Almo, Idaho a. County: Cassia b. City or Town of Birth: Almo, Idaho
FATHER	6. Full Name of Father: Lucian Edwin Bronson		7. State or Country of Father's Birth: Utah, Weber
MOTHER	8. Full Maiden Name of Mother: Clara Ruth Taylor		9. State or Country of Mother's Birth: Idaho, Cassia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veta Catmull	11. Present Address of Registrant: 1202 H. St. Rupert
NOTARY (Seal)	Subscribed and sworn to before me on: February 27 1970	12. Signature of Notary: [illegible]	13. Notary Commission expires: 1-10 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Clara Ruth Bronson	Date issued: Mar.16,1970	Date Orig. Entry: ---
	Date of Birth: July 14,1910	Birth Place: Almo, Idaho	Full Name of Mother: Clara Ruth Taylor Bronson	Name of Father: Lucian Edwin Bronson	
SUPPORTING RECORD 2.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Cassia Stake, Almo Ward Rec. Bir.&Bless., page 570, line 61	Date issued: Mar.16,1970	Date Orig. Entry: Nov.6,1910
	Date of Birth: July 14,1910	Birth Place: Almo, Cassia County, Idaho	Full Name of Mother: Clara Ruth Taylor	Name of Father: Lucian Bronson	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Bible Record	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: July 14,1910	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Bronson	Glenda Larson	April 2, 1970

K FORM BH 56067 1cp Police #[illegible] 2-11-70

APR 2 1970

256-126-028-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-281

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GORDON CECIL GEORGE * (AKA Gordon Cecil Franklin)		2. Date Of Birth (month) (day) (year): MAY 26 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth: IDAHO a. County: KOOTENAI b. City or Town of Birth: COEUR D'ALENE
FATHER	6. Full Name of Father: ALBERT HENRY GEORGE		7. State or Country of Father's Birth: EGANVILLE ONT. CANADA
MOTHER	8. Full Maiden Name of Mother: LOTTIE IRENE TOMPKINS		9. State or Country of Mother's Birth: PHILLIPS, NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon Cecil George	11. Present Address of Registrant: RR-1-BX.332 ESTACADA, ORE.
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1970	12. Signature of Notary: Anne L. Nederhuser	13. Notary Commission expires: March 7, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: honorable discharge		By whom issued and signed: U.S. Army, M.J.Cuadra, Major, Corps of Engineers	Date Issued: Sep.23,1943	Date Orig. Entry: inducted Apr.23,1941
	Date of Birth: Age:30	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Identification Card #34653		By whom issued and signed: Capt.of Port, Portland, OR, Willamette Iron Works	Date Issued: Oct.28,1943	Date Orig. Entry:
	Date of Birth: Age:33	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Lottie (George) Franklin	Date Issued: Jan.30,1943	Date Orig. Entry: ---
	Date of Birth: May.26,1910	Birth Place: Coeur d'Alene, Kootenai Co., Ida.	Full Name of Mother: Lottie Irene Tompkins	Name of Father: Albert Henry George	

QUALIFYING INFORMATION

*Registrant states that he has been using the name of Gordon Cecil Franklin as his step-father's name is Franklin. Both the identification card and the military record were in the name of Franklin.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

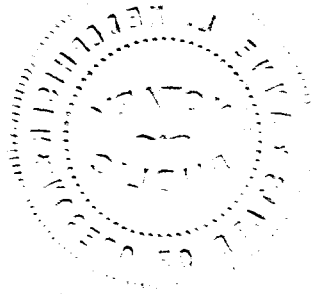
State Registrar	Evidence reviewed by	Date Filed
D W Bowman	Glenda Larson	April 2,1970

FORM BH 56067

3-19-70

APR 2 1970
APR 2 1970

Iran blair



666-07-1007-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-301

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Layton A.WoOd			2. Date Of Birth (month) December (day) 7 (year) 1906
	3. Color or Race: white	4. Sex: M	5. Place of Birth: Hailey a. County: Blaine	b. City or Town of Birth: Hailey, Idaho
FATHER	6. Full Name of Father: Harlin Wood			7. State or Country of Father's Birth: Carbindale Kansas
MOTHER	8. Full Maiden Name of Mother: Viola May Gibson			9. State or Country of Mother's Birth: Loveland Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Layton A. Wood		11. Present Address of Registrant: 628 Alma Ave. Pueblo, Colorado
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 24, 1969 19___	12. Signature of Notary: Floyd H Hellaran Born. Co Idaho		13. Notary Commission expires: January 23 19 70

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin	By whom issued and signed: Vada L. Taylor Age: 79		Date Issued: Mar.10,1970	Date Orig. Entry: ----
	Date of Birth: Dec.7,1906	Birth Place: Hailey, Idaho	Full Name of Mother: Viola Wood	Name of Father: Harlin Wood	
SUPPORTING RECORD 2.	Type of Document: photocopy and statement regarding school records	By whom issued and signed: Crowley County School Dist. #Re.1-J,Ordway,CO,Wm.Broadbent,Adm.Asst.		Date Issued: Nov.4,1969	Date Orig. Entry: Apr.1,1914
	Date of Birth: Age: 11	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy and statement regarding employment records	By whom issued and signed: Colorado State Hospital,Pueblo CO,Philip Reynolds,Pers.Dir.		Date Issued: Feb.17,1970	Date Orig. Entry: Nov.22,1948
	Date of Birth: Dec.7,1906	Birth Place: Hailey, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	April 7, 1970

FORM BH 56067

1-7-69

APR 8 1970

759-126-029-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: J D PERRY		2. Date Of Birth (month) March (day) 26 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Lindon, Idaho
FATHER	6. Full Name of Father: Joseph Perry		7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Sylvia Garner		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J D Perry	11. Present Address of Registrant: 2617 9th Avenue, Lewiston, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1970	12. Signature of Notary: Irving J. Faling	13. Notary Commission expires: June 6 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

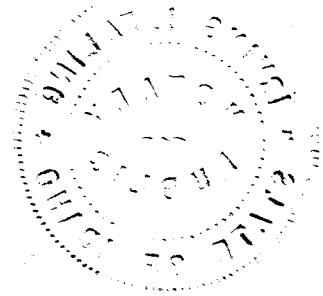
SUPPORTING RECORD 1.	Type of Document: photocopy of employment record		By whom issued and signed: Potlatch Forests, Inc., Lewiston, Idaho	Date Issued: ---	Date Orig. Entry: May 29, 1942
	Date of Birth: Mar.26,1910	Birth Place: Lindon, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records		By whom issued and signed: Latah County, Idaho	Date Issued: Mar.2,1970	Date Orig. Entry: Sept.5,1920
	Date of Birth: Age: 10	Birth Place: ----	Full Name of Mother: ----	Name of Father: Joe Perry	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal uncle		By whom issued and signed: Ruben Garner Age:76	Date Issued: Apr.1,1970	Date Orig. Entry: ---
	Date of Birth: Mar.26,1910	Birth Place: ---	Full Name of Mother: Sylvia (Garner) Perry	Name of Father: Joseph Perry	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 8, 1970

FORM BH 56067 ICP Pd MC #29250 2-19-70

Perry

APR 8 1970



623-225 042-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 70-317**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Gertrude Osterloh		2. Date Of Birth (month) (day) (year): October 25 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Gerhardt Osterloh		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Luise M. Buck		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie S. Jacobsen	11. Present Address of Registrant: 3414 South 182nd Street Seattle, Washington 98188
NOTARY (Seal)	Subscribed and sworn to before me on: April 6 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: August 31 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #49-5120	Date Issued: ---	Date Orig. Entry: child born May 24,1949
	Date of Birth: Age: 38	Birth Place: Twin Falls, Idaho	Full Name of Mother: ------	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #		By whom issued and signed: Bankers Life Company, Des Moines, Iowa	Date Issued: Jun.27,1955	Date Orig. Entry: June 28,1955
	Date of Birth: Oct.25,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Church Certificate		By whom issued and signed: Martin O.Mueller, Ev.Luth. Pastor, Twin Falls, Idaho	Date Issued: ---	Date Orig. Entry: Jan.15,1911
	Date of Birth: Oct.25,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Louise Buck	Name of Father: Gerh. Osterloh	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	April 15, 1970

FORM BH 56067 2cps pd lic #29990 2-26-70

Jacobson

APR 15 1970

433-12 1024-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-321

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT GAIL UTTERBACK			2. Date of Birth (month) June (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding Idaho / Hagerman	b. City or Town of Birth	
FATHER	6. Full Name of Father: Clyde E. Utterback			7. State or Country of Father's Birth: Whiting Iowa	
MOTHER	8. Full Maiden Name of Mother: ~~Pitts~~ Edna E Pitts			9. State or Country of Mother's Birth: Mesa Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Robert Gail Utterback	11. Present Address of Registrant: McArthur Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on 3/11 1970		12. Signature of Notary: DALE R. ST. JOHN	13. Notary Commission expires: DALE R. ST. JOHN My Commission Expires May 16, 1970	

OFFICIAL SEAL
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SHASTA COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (bd. 5-11-1900)		By whom issued and signed: Helen Utterback Pulliam	Date Issued: Mar. 9, 1970	Date Orig. Entry: ----
	Date of Birth: June 12, 1910	Birth Place: Hagerman, Idaho Gooding County	Full Name of Mother: Edna E Utterback	Name of Father: Clyde E. Utterback	
SUPPORTING RECORD 2.	Type of Document: Hunting License #567426		By whom issued and signed: State of California, S. D. Samson, McArthur, CA.	Date Issued: Sept. 19, 1952	Date Orig. Entry: Sept. 19, 1952
	Date of Birth: Age: 42	Birth Place: ----	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth		By whom issued and signed: Redding Maternity Home, Calif.	Date Issued: ---	Date Orig. Entry: child born July 14, 1939
	Date of Birth: June 12, 1910	Birth Place: Hagarman, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Samson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 16, 1970

FORM BH 56067

Litterback

APR 16 1970

236-122-035-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THURSTON STOREY	2. Date Of Birth (month) (day) (year): APRIL 22 1910
	3. Color or Race: WHITE; 4. Sex: M; 5. Place of Birth a. County: NEZ PERCE	b. City or Town of Birth: MYRTLE
FATHER	6. Full Name of Father: JAMES OSCAR STOREY	7. State or Country of Father's Birth: POMEROY, WASH.
MOTHER	8. Full Maiden Name of Mother: NETTIE MAY CLARK	9. State or Country of Mother's Birth: DAYTON, WASH.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thurston Storey; 11. Present Address of Registrant: Rt. 1, Box 368
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1970	12. Signature of Notary: Allyce I Fite; 13. Notary Commission expires: September 1973.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of school census report		By whom issued and signed: Nez Perce County, Idaho	Date Issued: Apr.2,1970	Date Orig. Entry: Sept. 1916
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: N. M. Story	Name of Father: J. O. Story	
SUPPORTING RECORD 2.	Type of Document: carbon copy of application for insurance		By whom issued and signed: National Service Life Ins.	Date Issued: ---	Date Orig. Entry: Sept.24,1943
	Date of Birth: Apr.22,1910	Birth Place: Myrtle, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #205782	Date Issued: ---	Date Orig. Entry: child born Aug.20,1932
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 17, 1970

FORM BH 56067

1cp pd rec # 31087

3-18-70

Story

APR 17 1970

231-212 1028-947

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-339

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Augusta Anna Wilhelmina Klaar	2. Date Of Birth (month) (day) (year): Sept. 12 1910
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: William August Klaar	7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Louise Amelia Rux	9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Augusta A. Zehm; 11. Present Address of Registrant: Box 73 Fairfield, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 7 1970	12. Signature of Notary: [signature]; 13. Notary Commission expires: Sept 23 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage Certificate #46310 A	By whom issued and signed: Spokane County, Washington	Date issued: Apr.8,1970	Date Orig. Entry: June 2,1932
	Date of Birth: Age: 21; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Rux	Name of Father: W. A. Klaar	
SUPPORTING RECORD 2.	Type of Document: photocopy of church record	By whom issued and signed: J.B.Cronek,Ev.Luth.Pastor, Medical Lake, Washington	Date issued: ----	Date Orig. Entry: Oct.23,1910
	Date of Birth: Sept.12,1910; Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Louise Rux	Name of Father: Wilhelm Klaar	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Grange Mutual Life Co., Nampa, Idaho	Date issued: ---	Date Orig. Entry: Nov.16,1961
	Date of Birth: Sep.12,1910; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 20, 1970

FORM BH 56067

4-2-70

APR 2 1 1970

692-112-006-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Guy Howard Fisher		2. Date of Birth (month) 8 (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: BINGHAM; b. City or Town of Birth: BLACKFOOT
FATHER	6. Full Name of Father: Howard Fisher		7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Maggie Fisher		9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Guy H. Fisher	11. Present Address of Registrant: 10309 40th Ave N.E. Seattle, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1970	12. Signature of Notary: John D. Woodward	13. Notary Commission expires: Feb 17 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license	By whom issued and signed: Bingham County, Idaho	Date Issued: Jan.28,1970	Date Orig. Entry: Dec.31,1938
	Date of Birth: Aug.12,1910 / Birth Place: Blackfoot	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Maggie Fisher	Date Issued: June 16,1937	Date Orig. Entry: ---
	Date of Birth: Aug.12,1910 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Maggie Fisher	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug.12,1910 / Birth Place: ---	Full Name of Mother: Maggie Fisher	Name of Father: Howard Fisher	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

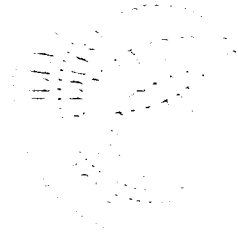
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	April 20, 1970

FORM BH 56067

12-2-69

APR 2 1 1970



248-219-005-636

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-345

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Floor Kuhlman			2. Date of Birth (month) (day) (year): November 19, 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Idaho a. County: Benewah	b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: Fredrick William Kuhlman			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Floor			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois F. Smith		11. Present Address of Registrant: 1124 E. 33rd Ave., Spokane, Washington 99203
NOTARY (Seal)	Subscribed and sworn to before me on: April 10, 1970	12. Signature of Notary: Glenna E Benson		13. Notary Commission expires: April 20 1972

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary F. Kuhlman		Date Issued: Apr.14,1970	Date Orig. Entry: ----
	Date of Birth: Nov.19,1910	Birth Place: St.Maries, Idaho	Full Name of Mother: Mary Elizabeth Floor Kuhlman	Name of Father: Fredrick William Kuhlman	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Metropolitan Life Ins.Co.		Date Issued: ---	Date Orig. Entry: Aug.31,1932
	Date of Birth: Nov.19,1910	Birth Place: St.Maries, Idaho	Full Name of Mother: Mary F. Kuhlman	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's hospital certificate of birth	By whom issued and signed: Sacred Heart Hospital, Spokane, Washington		Date Issued: ----	Date Orig. Entry: child born Mar.15,1938
	Date of Birth: Nov.19,1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: April 22,1970

FORM BH 56067

Copied for # 32053

4-7-70

APR 22 1970

281426-028-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-379

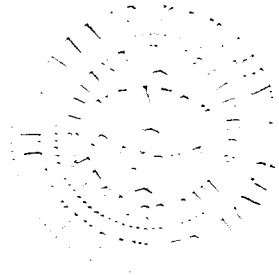
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Adolph Shadduck			2. Date of Birth (month) June (day) 26 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Lester Carson Shadduck			7. State or Country of Father's Birth: Osakas, Minnesota USA
MOTHER	8. Full Maiden Name of Mother: Mary Jeanette Furgasnn			9. State or Country of Mother's Birth: Near Joseph, Oregon USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey A. Shadduck		11. Present Address of Registrant: 2525 N. Perry Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 24 1970	12. Signature of Notary: Gillman Clerk		13. Notary Commission expires: March 22 1974.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #1 245 845	By whom issued and signed: Kansas City Life Ins. Co. Kansas City, Mo. head office	Date Issued: May 9, 1951	Date Orig. Entry: Apr. 23, 1951
	Date of Birth: Jun. 26, 1910 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding lodge records - Coeur d'Alene, ID	By whom issued and signed: Kootenai Lodge #24, A.F.&A.M. Arthur L. Bingler, Secty.	Date Issued: Apr. 25, 1970	Date Orig. Entry: 1943
	Date of Birth: Jun. 26, 1910 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record	By whom issued and signed: M.K.McLeod, Asst. Director Plant Facilities, Dist. #18	Date Issued: ----	Date Orig. Entry: July 1, 1955
	Date of Birth: Jun. 26, 1910 / Birth Place: Coeur d'Alene	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	photocopy of newspaper clipping dated June 1, 1959 regarding death of father shows his parents' names to be LesterCarson and Mary Jeannette Furgason Carson.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: May 5, 1970	

FORM BH 56067

MAY 5 1970



846-108.035-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-384

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cecil Huff			2. Date Of Birth (month) (day) (year): January 8, 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Winchester
FATHER	6. Full Name of Father: Chester A. Huff			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Hazel Rosetta Hendrix			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cecil Huff		11. Present Address of Registrant: Timber Route, Vernonia, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 17 1964	12. Signature of Notary: Doris E. Skidmore		13. Notary Commission expires: June 21 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of certificate of marriage		By whom issued and signed: Spokane County, Washington Frank J. Glover, Auditor	Date Issued: Feb. 6, 1963	Date Orig. Entry: Feb. 15, 1929
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: Hazel Rosetta	Name of Father: Chester A. Huff	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Centennial Life Ins. Co., Portland, OR	Date Issued: ----	Date Orig. Entry: Dec. 19, 1961
	Date of Birth: Jan. 8, 1910	Birth Place: Winchester, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Maud Hendrix Manuel	Date Issued: Apr. 6, 1966	Date Orig. Entry: ----
	Date of Birth: Jan. 8, 1910	Birth Place: Winchester, Idaho	Full Name of Mother: Hazel Rosetta Hendrix Huff	Name of Father: Chester Arthur Huff	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

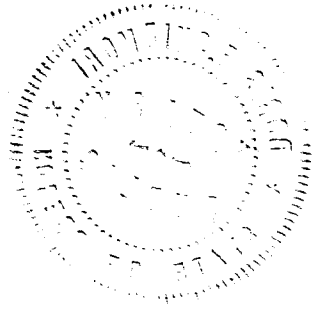
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	May 6, 1970

FORM BH 56067

3-15 66-gml

MAY 7 1970



514-230-001-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-394

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Alyece Nadeau
2. Date of Birth (month) April (day) 30 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Noel Nadeau
7. State or Country of Father's Birth: Hugo, Minn.

MOTHER

8. Full Maiden Name of Mother: Emma Olson
9. State or Country of Mother's Birth: Willmer, Minn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel Alyece Nadeau Evans
11. Present Address of Registrant: 886 E 200 So Sandy Utt 84070

NOTARY (Seal)

Subscribed and sworn to before me on May 4 1970

12. Signature of Notary: Lyell B Henderson
13. Notary Commission expires: April 7 1973

APPLICANT: DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy #1376024	Metropolitan Life Ins. Co.	Mar.17,1931	Mar.10,1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.30,1910 / Boise, Idaho	Emma Nadeau	----	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate	State of Oregon, Vital Statistics Section	Mar.31,1970	child born Nov.12,1938
	Age: 28 / Boise, Idaho	----	----	
SUPPORTING RECORD 3.	Federal Census Record	U.S. Department of Commerce Bureau of the Census	Apr.10,1970	Jan.1,1920
	Age: 9 / Idaho	Emma Nadeau	Noel Nadeau	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Barson
Evidence reviewed by: gml Glenda Larson
Date Filed: May 14, 1970

FORM BH 56067

1-20-70

MAY 14 1970

122-219014-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-397

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA LoRETTA ASSELIN			2. Date Of Birth (month) (day) (year): JANUARY 19TH 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: NAMPA CANYON	b. City or Town of Birth: NAMPA IDAHO
FATHER	6. Full Name of Father: ERNEST ASSELIN			7. State or Country of Father's Birth: QUEBEC CANADA
MOTHER	8. Full Maiden Name of Mother: ROSE ANNA RIVETT			9. State or Country of Mother's Birth: ST. DONNA CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna L. O'Keefe		11. Present Address of Registrant: 316 - 7TH AVE. SO.
NOTARY (Seal)	Subscribed and sworn to before me on: 19 May 1970	12. Signature of Notary: Peter J. [illegible]		13. Notary Commission expires: June 14 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: ~~Baptismal Record~~	By whom issued and signed: Roman Catholic Church Rev. J. P. Ries S.M.	Date Issued: May 2, 1970	Date Orig. Entry: Feb. 20, 1910
	Date of Birth: Jan 19,1910 / Birth Place: Nampa, IDaho	Full Name of Mother: Rosanna Rivett	Name of Father: Ernest Asselin	
SUPPORTING RECORD 2.	Type of Document: Own Childs Birth Certificate	By whom issued and signed: State of Idaho #442730	Date Issued: -------	Date Orig. Entry: Child born Aug. 12, 1947
	Date of Birth: Age 37 / Birth Place: Nampa, Idaho	Full Name of Mother: -----	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Mary E. Dorsey R.R. L. St. Alphonsus Hospital	Date Issued: May 19, 1970	Date Orig. Entry: Jan 30, 1958
	Date of Birth: Jan. 19, 1910 / Birth Place: -------	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	5 19 70

FORM BH 56067

MAY 1 9 1970

395-101-002-914

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Robert Lindsay		2. Date of Birth (month) April (day) 1 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Dale, Idaho Adams; b. City or Town of Birth: Dale, Idaho
FATHER	6. Full Name of Father: Thomas Alexander Lindsay		7. State or Country of Father's Birth: Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: Effie Munn Ramsey		9. State or Country of Mother's Birth: Williamsport, Penn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Robert Lindsay	11. Present Address of Registrant: 9025 32nd N.E., Seattle Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 19 70	12. Signature of Notary: Max S. Zoretic	13. Notary Commission expires: June 25, 1972 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued:	Date Orig. Entry: obviously old
	Date of Birth: Apr.1,1910 / Birth Place: Idaho	Full Name of Mother: Effie Munn Ramsey	Name of Father: Thomas Alexander Lindsay	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Oregon Mutual Life Ins.	Date Issued: July 20,1934	Date Orig. Entry: July 20,1934
	Date of Birth: Apr.1,1910 / Birth Place: Dale, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 75	By whom issued and signed: Mrs. Fern Purnel	Date Issued: May 13,1970	Date Orig. Entry: -------
	Date of Birth: Apr.1,1910 / Birth Place: Dale, Idaho	Full Name of Mother: Effie Munn Ramsey	Name of Father: Thomas Alexander Lindsay	

QUALIFYING INFORMATION

Honorable Discharge lists date of birth as April 1, 1910 in Dale, Idaho. Inducted April 4, 1942. Date of Separation Oct. 7, 1945. Army of the United States.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 20, 1970

FORM BH 56067

5-11-70

MAY 2 0 1970

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Christensen		2. Date of Birth (month) October (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Naf
FATHER	6. Full Name of Father: Julius Christensen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Bradshaw		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Christensen	11. Present Address of Registrant: Gen Del, Winters Calif
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1970	12. Signature of Notary: Betty J Gale	13. Notary Commission expires: 6/14/1973 (NOTARY PUBLIC ... MY COMMISSION EXPIRES JUNE 14, 1973)

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 88	By whom issued and signed: Julius Christensen	Date Issued: May 11,1970	Date Orig. Entry: -----
	Date of Birth: Oct.10,1910 / Birth Place: Naf, Idaho	Full Name of Mother: Sarah Bradshaw	Name of Father: Julius Christensen	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 163175	Date Issued: ----	Date Orig. Entry: child born Feb.4,1928
	Date of Birth: Age 17 / Birth Place: Naf, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Marriage License	By whom issued and signed: Clarence A. Planting Ada County, Idaho	Date Issued: May 11,1970	Date Orig. Entry: Married Oct.24,1939
	Date of Birth: Age 29 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtirght	May 22, 1970

FORM BH 56067

5-6-70

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MAY 22 1970

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-418

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nettie Jane Wheeler			2. Date of Birth (month) November (day) 27 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Otis
FATHER	6. Full Name of Father: Ezra L. Wheeler			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Levenia Gardner			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nettie Jane Martin		11. Present Address of Registrant: Rt #1 Aberdeen, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church	Date Issued: Dec.27,1910	Date Orig. Entry: Blessed Dec.27,1910
	Date of Birth: Nov.27,1910 / Birth Place: Otis, Idaho	Full Name of Mother: Levena Gardner		Name of Father: Ezra L. Wheeler
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church	Date Issued: July 13,1919	Date Orig. Entry: Baptized July 12,1919
	Date of Birth: Nov.27,1910 / Birth Place: Otis, Idaho	Full Name of Mother: Louvina Gardner		Name of Father: Ezra L. Wheeler
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 199078	Date Issued: -----	Date Orig. Entry: child born Jan 20,1932
	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother: ---------		Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 4, 1970

FORM BH 56067

JUN 9 1970

261-102-028-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-454

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herman Walford Swanson
2. Date of Birth (month) (day) (year): MAY 2 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: TROY IDAHO LATAH
b. City or Town of Birth: TROY IDAHO

FATHER

6. Full Name of Father: Peter Johan Swanson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Anna Agnes Peterson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Herman W Swanson
11. Present Address of Registrant: 1120 Vangsdol. Clarkston Wash

NOTARY (Seal)

Subscribed and sworn to before me on: APR 13 1970 19___
12. Signature of Notary: D Roche
13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at Troy Idaho 19___ My commission expires August 1, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #409228	---	child born July 30,1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Troy, Idaho	----	-----	
SUPPORTING RECORD 2.	photocopy of school census records	Whitepine School Dist.#284, Troy,ID. Roger Swanson,Supt.	May 24,1967	Sept. 1916
	Age: 6 / ---	----	P. Swanson	
SUPPORTING RECORD 3.	Affidavit by sister present in homeat time of birth	Hilma Swanson Calene	May 19,1970	----
	May 2,1910 / Troy, Idaho	Anna Peterson Swanson	Peter Johan Swanson	

QUALIFYING INFORMATION

Copy of hospital record - St. Joseph's Hospital,Lewiston,ID case #99254 admitted Aug.21,1965 gives date of birth as May 2, 1910 in Troy, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: June 15, 1970

FORM BH 56067

Applied 4-27-67

JUN 15 1970

235-104-032-144

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-472

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Amundsen Stevens			2. Date Of Birth (month) May (day) 4 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Jerome
FATHER	6. Full Name of Father: Arnold Stevens			7. State or Country of Father's Birth: Fairview, Utah
MOTHER	8. Full Maiden Name of Mother: Augusta Martina Amundsen			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William A. Stevens		11. Present Address of Registrant: Rt. 2, Gooding, Ida.83330
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 19 70	12. Signature of Notary: Andrew J. James		13. Notary Commission expires: November 19 70

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother Age:75		By whom issued and signed: Ernest A. Stevens	Date issued: June 10,1970	Date Orig. Entry: -----
	Date of Birth: May 4, 1910	Birth Place: Jerome, Idaho	Full Name of Mother: Augusta Martina Amundsen Stevens	Name of Father: Arnold Stevens	
SUPPORTING RECORD 2.	Type of Document: certified copy of school records		By whom issued and signed: Julius Domowitz,Principal, Jerome High School, Idaho	Date issued: ---	Date Orig. Entry: Nov.23,1925
	Date of Birth: May 4,1910	Birth Place: ----	Full Name of Mother: ---	Name of Father: A. Stevens	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #50-580	Date issued: ----	Date Orig. Entry: child born Jan.7,1950
	Date of Birth: Age: 39	Birth Place: Jerome, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Larson		Evidence reviewed by: Glenda Larson	Date Filed: June 17, 1970	

FORM BH 56067

nm. 6=3=70 NO SEARCH MADE

JUN 1 8 1970

553-123-016-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-482

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willis Gray Nelson			2. Date Of Birth (month) July (day) 23 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley	
FATHER	6. Full Name of Father: Swanty William Nelson			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Penelope Betteridge			9. State or Country of Mother's Birth: Utah	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Willis G Nelson	11. Present Address of Registrant: 2560 Hillam Drive Idaho Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 5 19 1970		12. Signature of Notary: Florence Cartright	13. Notary Commission expires: 4-20 19 74	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho 230533	Date Issued: ----	Date Orig. Entry: child born Feb.23,1935
	Date of Birth: Age 24	Birth Place: Oakley, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: LDS Church, Oakley 2nd Ward, bk A No.171,W.C.Whittle,Clerk	Date Issued: Sept.11,1910	Date Orig. Entry: blessed Sep.11,1910
	Date of Birth: July 23,1910	Birth Place: Oakley, Cassia County, Idaho	Full Name of Mother: Sarah P. Bettridge	Name of Father: S. William Nelson	
SUPPORTING RECORD 3.	Type of Document: photocopy of patriarchal blessing #2687		By whom issued and signed: Andrew J. Hansen, Patriarch Rexburg, Idaho	Date Issued: Oct.11,1932	Date Orig. Entry: Oct.11,1932
	Date of Birth: July 23,1910	Birth Place: Oakley, Idaho	Full Name of Mother: Sarah Penelope Bettenridge Nelson	Name of Father: Swanty William Nelson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 18,1970

FORM BH 56067

No corresp 1 copd rec # 34196

Nelson

JUN 1 9 1970

Childs cert # 230533

319-209.036-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-502

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elsie Rosella Larsen
2. Date Of Birth (month) (day) (year): 2 9 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Preston, Idaho Oneida
b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: James Larsen
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Mary Jane Olsen
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elsie Rosella Larsen Peterson
11. Present Address of Registrant: Salem, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 29th Day of May 1970
12. Signature of Notary: Jackie Lehman Notary
13. Notary Commission expires: 7/28 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #201199	---	child born April 15,1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 22 / Preston, Idaho	-----	----	
SUPPORTING RECORD 2.	Certificate of Naturalization #315310 (McCammon, Idaho)	USA Dept. of Commerce and Labor, E.G.Galles, Clk.Dist.Ct.	Mar.18,1913	Mar.18,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 3 / ----	Mary Larsen	James Larsen	
SUPPORTING RECORD 3.	Certificate of Baptism and Confirmation	LDS Church, Diamondville Ward, Wm.S. Little, Clerk	Apr.17,1931	baptized Apr.17,1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.9,1910 / Preston, Idaho	Mary Olson	Jas. Larsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

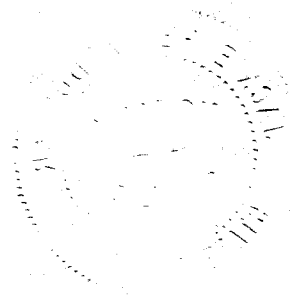
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 30, 1970

FORM BH 56067

6-9-60 one copy paid #03192

JUL 1 1970



569-206-030-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-513

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Norton			2. Date of Birth (month) Dec. (day) 6 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Charles Andrews Norton			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Mettie Morton			9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Norton Hudson		11. Present Address of Registrant: Route 1, Box 34 San Benito, Tex. 78586
NOTARY (Seal)	Subscribed and sworn to before me on: June 17th, 1970	12. Signature of Notary: Chas. E. Hudson		13. Notary Commission expires: 6/1 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Register of Births (certified statement) #257	By whom issued and signed: Eleanor Aldous, County Recorder Lemhi County, Salmon, Idaho	Date Issued: Sep.18,1967	Date Orig. Entry: ---	
	Date of Birth: Dec.6,1910	Birth Place: Salmon, Idaho Lemhi County	Full Name of Mother: Mettie Norton	Name of Father: Chas. Norton	
SUPPORTING RECORD 2.	Type of Document: Certified statement regarding school census records	By whom issued and signed: Lemhi County, Idaho-Eleanor Aldous, Clk.Dist.Ct.	Date Issued: Sep.18,1967	Date Orig. Entry: Oct.15,1918	
	Date of Birth: Age: 7	Birth Place: ----	Full Name of Mother: -----	Name of Father: Chas. A. Norton	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: Cameron County, Texas	Date Issued: ---	Date Orig. Entry: child born Sep.25,1946	
	Date of Birth: Age: 35	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

Affidavit by Mabel Norton Carnes, Age:88, issued October 17, 1967 gives following: Helen Norton born December 6, 1910 in Salmon (Lemhi County) Idaho to Charles Andrews Norton and Mettie Morton Norton.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

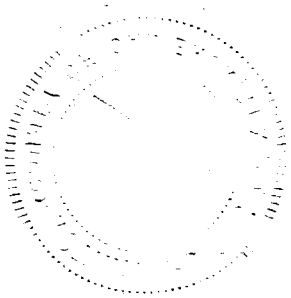
State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	July 7, 1970

FORM BH 56067

No Record - No Certificate

JUL 8 1970

JUL 2 6 1976



261-209-037-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-523

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes Elizabeth Swan			2. Date Of Birth (month) (day) (year): August 9, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Silver City
FATHER	6. Full Name of Father: Andrew Johnson Swan			7. State or Country of Father's Birth: LISTOWEL, ONTARIO, CANADA
MOTHER	8. Full Maiden Name of Mother: Ione Gladys Burrough			9. State or Country of Mother's Birth: FLINT, MICHIGAN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes E. Langton		11. Present Address of Registrant: NORTH BEND, WASHINGTON
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 22 1970	12. Signature of Notary: L. L. Smith		13. Notary Commission expires: NOV. 21 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of County Record of Birth	By whom issued and signed: Owyhee County, Idaho reported by W.H.Schuyler, M.D.		Date Issued: Sep.30,1910	Date Orig. Entry: July 1,1959
	Date of Birth: Aug.9,1910	Birth Place: Silver City, Idaho Owyhee County	Full Name of Mother: Ione Swan	Name of Father: Andrew Swan	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible (notarized)	By whom issued and signed: Family Bible Record		Date Issued: Apr.15,1970	Date Orig. Entry: obviously old
	Date of Birth: Aug.9,1910	Birth Place: ----	Full Name of Mother: Miss Ione Burroughs	Name of Father: Mr. Andrew Johnson	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:		Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	July 13, 1970

FORM BH 56067

Issued on App. No. 235415 (5) 6-14-70 Bml

Langton (nee Swan)

JUL 13 1970

619-231-014-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-524

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Isabel Ward			2. Date of Birth (month) (day) (year): December 31, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: HenryB. Ward			7. State or Country of Father's Birth: Boise, Idaho
MOTHER	8. Full Maiden Name of Mother: Kate Elizabeth Share			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Mary I. Glover		11. Present Address of Registrant: 2116 Arlo Dr. Caldwell Ida
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit cousin Age 82	By whom issued and signed: Mary E. Crews		Date Issued: Jun.15,1970	Date Orig. Entry: ------
	Date of Birth: Dec.31,1910	Birth Place: Nampa, Idaho	Full Name of Mother: Kate Elizabeth Share	Name of Father: Henry B. Ward	
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate	By whom issued and signed: Grace Episcopal Church		Date Issued: Apr.15,1911	Date Orig. Entry: Baptized Apr.15,1911
	Date of Birth: Dec.31,1910	Birth Place: Nampa, Idaho	Full Name of Mother: Kate Share	Name of Father: Henry Ward	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 183678		Date Issued: ---	Date Orig. Entry: child born Aug 18,1930
	Date of Birth: Age 19	Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 13,1970

FORM BH 56067

6-11-76

JUL 2 8 1970

DECEASED

259-219-006-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-536

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Olive May Bergeson			2. Date of Birth (month) May (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Groveland (Now Blackfoot)
FATHER	6. Full Name of Father: Fredrick Niels Bergeson			7. State or Country of Father's Birth: Nordraft, Denmark
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Tolman			9. State or Country of Mother's Birth: Woodruff, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Olive May Bergeson		11. Present Address of Registrant: Box 523 Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1970	12. Signature of Notary: Grace Williams		13. Notary Commission expires: Jan. 14 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Church Record of Membership	By whom issued and signed: Richard W. Lindsay, Bishop LDS Church	Date Issued: ---	Date Orig. Entry: blessed July 3,1910
	Date of Birth: May 19,1910 / Birth Place: Groveland, Idaho Bingham County	Full Name of Mother: Sarah Ann Tolman	Name of Father: Fredrick Niels Bergeson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: School Dist. #34, Groveland, Bingham Co., ID	Date Issued: Mar.2,1970	Date Orig. Entry: 1917
	Date of Birth: Age: 7 / Birth Place: ----	Full Name of Mother: Sarah Bergenson	Name of Father: Fred Bergenson	
SUPPORTING RECORD 3.	Type of Document: Patriarchial Blessing	By whom issued and signed: Orson Hyde Hickenlooper, Patriarch, Groveland Ward, Ida.	Date Issued: Mar.8,1925	Date Orig. Entry: Mar.8,1925
	Date of Birth: May 19,1910 / Birth Place: Groveland, Idaho Bingham County	Full Name of Mother: Sarah Ann (Tolman) Bergeson	Name of Father: Frederick Neilse Bergeson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	July 15, 1970

FORM BH 56067

[illegible] (Bergeron)

JUL 15 1970

215-07-1043-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-566

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MATT SHEFFRIE KANGAS			2. Date of Birth (month) January (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Norwood Idaho Valley	b. City or Town of Birth: Norwood (mail Lake Fork)
FATHER	6. Full Name of Father: HENRY VICTOR KANGAS			7. State or Country of Father's Birth: TUURI, FINLAND
MOTHER	8. Full Maiden Name of Mother: ANNA LIZZIE ETTELAAHO			9. State or Country of Mother's Birth: TUURI, FINLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Matt Sheffrie Kangas		11. Present Address of Registrant: Box 662 Lakefork, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment	By whom issued and signed: Brown's Tie & Lumber Co., McCall, Idaho	Date Issued: ---	Date Orig. Entry: Nov. 5, 1962 (previously employed 1940)
	Date of Birth: Jan. 7, 1910 / Birth Place: Lake Fork, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Bureau of Census 1920 US Dept of Commerce	By whom issued and signed: US. Bureau of Census	Date Issued: July 6, 1970	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age 9yrs / Birth Place: Idaho	Full Name of Mother: Annie L. Kangas	Name of Father: Henry Kangas	
SUPPORTING RECORD 3.	Type of Document: (John W. Kangas) Affidavit By brother	By whom issued and signed: John W. Kangas Age 70½ yrs	Date Issued: May 22, 1970	Date Orig. Entry: -------
	Date of Birth: Jan. 7, 1910 / Birth Place: Lake Fork, Idaho	Full Name of Mother: Anna L. Kangas	Name of Father: Henry V. Kangas	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Sue Lowe	July 29, 1970

FORM BH 56067

5-8-70

JUL 2 9 1970

419-205-001-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Bernice Martin			2. Date of Birth (month) April (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Cecil Martin			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Florence Dielschneider			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys B. Wisecarver		11. Present Address of Registrant: Rt 3. Box 203A McMinnville Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral	Date Issued: July 30,1970	Date Orig. Entry: Baptized May 15,1910
	Date of Birth: Apr.5,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Florence Dielschneider	Name of Father: Cecil Martin	
SUPPORTING RECORD 2.	Type of Document: Hospital Record	By whom issued and signed: St Alphonsus Hospital	Date Issued: Jul.30,1970	Date Orig. Entry: Feb.8,1922
	Date of Birth: Age 11 yrs / Birth Place: ------	Full Name of Mother: -------	Name of Father: C. M. Martin	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Boise Public Schools	Date Issued: Jul.30,1970	Date Orig. Entry: Jan.1,1917
	Date of Birth: Apri 4,1910 / Birth Place: ------	Full Name of Mother: ------	Name of Father: C. M. Martin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Sue Lowe	July 30, 1970

FORM BH 56067

7-30-70

JUL 3 0 1970

753 212 011 - 815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-591

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Myrtle Peterson (AKA Myrtle Bertha Peterson)		2. Date of Birth (month) (day) (year): February 12 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Boundary; b. City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Samuel Peterson		7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Hannah Hanson		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle B Peterson	11. Present Address of Registrant: 1205 Queen Anne Ave No. #2 Seattle, Wash 98109
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1970	12. Signature of Notary: Sibyl P Graves	13. Notary Commission expires: Oct. 9. 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin (more than ten years older)	By whom issued and signed: Clara G. Langlois	Date Issued: July 8,1970	Date Orig. Entry: ----
	Date of Birth: Feb.12,1910 / Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Hannah Peterson	Name of Father: Samuel Peterson	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: July 8,1970	Date Orig. Entry: obviously old
	Date of Birth: Feb.12,1910 / Birth Place: ---	Full Name of Mother: Hannah Peterson	Name of Father: Sam Peterson	
SUPPORTING RECORD 3.	Type of Document: photocopy of church record	By whom issued and signed: A.M. Skindlov, Pastor, Ev.Luth Bonners Ferry, Idaho	Date Issued: ---	Date Orig. Entry: May 1,1910
	Date of Birth: Feb.12,1910 / Birth Place: ----	Full Name of Mother: Hanna	Name of Father: Sam Peterson	
QUALIFYING INFORMATION	photocopy of certificate of Confirmation, Trinity Lutheran Church, Bonners Ferry, Idaho M.P.Dommersnas, Pastor gives birthdate as February 12, 1910 in Bonners Ferry, Idaho, Confirmed June 15,1924.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: Aug. 24, 1970

FORM BH 56067

AUG 25 1970

386202-036-5571

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-593

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Thomson
2. Date of Birth (month) July (day) 2 (year) 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Pleasantview, Idaho.

FATHER

6. Full Name of Father: George A. Thomson
7. State or Country of Father's Birth: Laketown Utah

MOTHER

8. Full Maiden Name of Mother: Rose Evans
9. State or Country of Mother's Birth: Pleasantview, Idah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Thomson Lund
11. Present Address of Registrant: 162 W. 2900 So. Bountiful, Utah

NOTARY (Seal)

Subscribed and sworn to before me on May 4 1970
12. Signature of Notary: Avis B. Bergeson
13. Notary Commission expires: Nov 5 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
LDS Church Certificate of Birth	Malad Stake, Pleasant View Ward Rec. Members-bless. pg. 1162, line 108	May 1, 1970	Oct. 2, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2, 1910	Pleasant View, ID Oneida County	Rose Evans	George Thompson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person who assisted mother at time birth	Mette Holst Age: 78	May 2, 1970	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2, 1910	Pleasantview, Ida.	Rose Evans Thomson	George A. Thomson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U.S. Department of Commerce Bureau of the Census	July 23, 1970	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 9	Idaho	Rose Thompson	George Thompson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	August 24, 1970

FORM BH 56067

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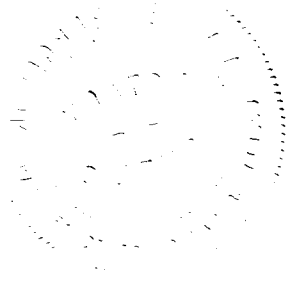

296-118-039-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-596

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernest Brown
2. Date of Birth (month) (day) (year): August 18 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Power
b. City or Town of Birth: Rockland, Idaho

FATHER

6. Full Name of Father: William George BROWN
7. State or Country of Father's Birth: Meadow Creek, Millard Co. Utah

MOTHER

8. Full Maiden Name of Mother: Ann Elizabeth Beddes
9. State or Country of Mother's Birth: Benson, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernest Brown
11. Present Address of Registrant: P.O. Box 175 - Buhl, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: July 07 1970
12. Signature of Notary: Eugene H Christofferson
13. Notary Commission expires: Feb 2 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
L.D.S. Church Record	Buhl 2nd Ward. Twin Falls West Stake Kenneth R Barrett Clerk	Aug 31 1929	Aug 31 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 18 1910	Rockland Power, Co. Idaho	Ann Elizabeth Beddes	William George Brown

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle Age 85	John George Beddes	July 8, 1970	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 18, 1910	Rockland, Idaho	Ann Elizabeth Beddes	William George Brown

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file - Idaho # 244549	---	child born Jun 19, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 25	Idaho	-----	- ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	August 26, 1970

FORM BH 56067

7-8-70

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318-214-021-756

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-608

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Marie Taylor			2. Date of Birth (month) Sept (day) 14 (year) 1910
	3. Color or Race: W	4. Sex: Fe	5. Place of Birth a. County: Home Preston Franklin	b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: Geo. John Taylor			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Augusta Elva George			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dora Marie Ritner		11. Present Address of Registrant: Altadena 2487 Highland Ave Calif
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 1970	12. Signature of Notary: Muriel E. Hoover		13. Notary Commission expires: June 18 1973

OFFICIAL SEAL
MURIEL E. HOOVER
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires June 18, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Augusta Elva Clawson	Date Issued: July 24,1970	Date Orig. Entry: ----
	Date of Birth: Sept. 14, 1910 / Birth Place: Preston, Idaho	Full Name of Mother: Augusta Elva (George) Taylor	Name of Father: John George Taylor	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: St.Vincent's Hospital, Los Angeles, CA	Date Issued: ----	Date Orig. Entry: child born Feb.15,1939
	Date of Birth: Sep.14,1910 / Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of family genealogy sheet	By whom issued and signed: Family Records	Date Issued: ----	Date Orig. Entry: appears old
	Date of Birth: Sep.14,1910 / Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Augusta Elva George	Name of Father: George John Taylor	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gmi Glenda Larson	Aug. 27, 1970

FORM BH 56067

7-15-70

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-615

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theresa Hazel Fleshman			2. Date Of Birth (month) December (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Juliaetta, Idaho a. County: Latah	b. City or Town of Birth: Juliaetta, Idaho
FATHER	6. Full Name of Father: Daniel Everett Fleshman			7. State or Country of Father's Birth: Savannah, Missouri
MOTHER	8. Full Maiden Name of Mother: Ida V. Robbins			9. State or Country of Mother's Birth: Weippe, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theresa H. Fleshman Thompson		11. Present Address of Registrant: 14725 55th NE Marysville Wash 98270
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 19 70	12. Signature of Notary: D. H. Redman		13. Notary Commission expires: Residing ... 19 ... 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Ida V. Gleshman, David Everett Fleshman	Date issued: July 23,1970	Date Orig. Entry: ----
	Date of Birth: Dec.10,1910	Birth Place: Juliaetta,Idaho	Full Name of Mother: Ida V. Robbins	Name of Father: Daniel Everett Fleshman	
SUPPORTING RECORD 2.	Type of Document: Social Security Application		By whom issued and signed: Social Security Adm.	Date issued: July 1970	Date Orig. Entry: 1950
	Date of Birth: Dec.10,1910	Birth Place: Juliaetta,Idaho	Full Name of Mother: Ida V. Robbins	Name of Father: Daniel Everett Fleshman	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 505 00430		By whom issued and signed: International Health & Life	Date issued: Aug.1,1964	Date Orig. Entry: ---
	Date of Birth: Dec.10,1910	Birth Place: Juliaetta,Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept.8,1970

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-616

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN Lucile ROGERS			2. Date Of Birth (month) (day) (year): AUGUST 13, 1910	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BEAR LAKE	b. City or Town of Birth: PARIS, IDAHO	
FATHER	6. Full Name of Father: CHARLES FREDERICK ROGERS			7. State or Country of Father's Birth: CALIFORNIA	
MOTHER	8. Full Maiden Name of Mother: LUCILE SARAH LOW			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Helen Rogers Nelson	11. Present Address of Registrant: 1395 Daily Dr. P.O. Box 546 San Leandro, Calif. 94577	
NOTARY (seal)	OFFICIAL SEAL GINO BRANCHINI NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN ALAMEDA COUNTY	Subscribed and sworn to before me on: May 19 70	12. Signature of Notary: Gino B	13. Notary Commission expires: GINO BRANCHINI, Notary Public My Commission Expires March 9, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: Calif. Dept. of Health # 53-190243	Date Issued: Jul.24,1970	Date Orig. Entry: Child born Aug 18,1953	
	Date of Birth: Age 43	Birth Place: Idaho	Full Name of Mother: ==========	Name of Father: ==========	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church	Date Issued: Aug 28,1970	Date Orig. Entry: Baptized Jun 28,1919	
	Date of Birth: Aug.13,1910	Birth Place: Paris, Idaho	Full Name of Mother: Lucile Low	Name of Father: Charles F. Rogers	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S.Dept. of Commerce	Date Issued: Aug.13,1970	Date Orig. Entry: Census taken Jan. 1, 1920	
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Lucile Rogers	Name of Father: Charles F. Rogers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Sept.8,1970

FORM BH 56067

7-27-70

SEP 8 1970

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219-214-014-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-625

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Maud Barney			2. Date of Birth (month) (day) (year): February 14 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: Edward Deitrich Barney			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Sadie Maud Bartlett			9. State or Country of Mother's Birth: Montreal, Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Maud Barney Ferris		11. Present Address of Registrant: 1009 3rd St. Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1970	12. Signature of Notary: Betty J. Wilkey		13. Notary Commission expires: 9-1 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Canyon County, Idaho School Dist. #16		Date Issued: May 8,1970	Date Orig. Entry: Sept.1916
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: ----	Name of Father: Ed Barney	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #251371		Date Issued: ----	Date Orig. Entry: child born Jan. 4, 1937
	Date of Birth: Age: 26	Birth Place: Middleton, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor	By whom issued and signed: Thos. Spillman Age:96		Date Issued: May 10,1970	Date Orig. Entry: ----
	Date of Birth: Feb.14,1910	Birth Place: Middleton, Idaho	Full Name of Mother: Sadie M. Barney	Name of Father: Edward D. Barney	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Sept. 9, 1970

FORM BH 56067

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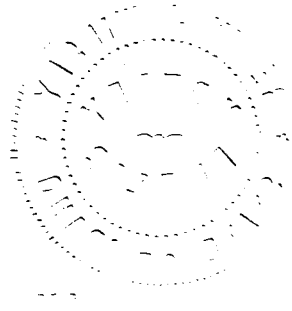

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-647

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY EVALYN BEWS			2. Date Of Birth (month) DEC. (day) 7 (year) 1910
	3. Color or Race: CAU.	4. Sex: F.	5. Place of Birth: EAGLE a. County IDAHO.	b. City or Town of Birth: EAGLE.
FATHER	6. Full Name of Father: WILLIAM ARGULEAS BEWS			7. State or Country of Father's Birth: CONNECTICUT.
MOTHER	8. Full Maiden Name of Mother: ANNIE SARA ~~HODGERS~~ ODGERS.			9. State or Country of Mother's Birth: ~~Co~~ BUTTE MONTANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy E Bates		11. Present Address of Registrant: 1502 16th AVE, LEWISTON, IDAHO.
NOTARY (Seal)	Subscribed and sworn to before me on: SEPT 10 19 70	12. Signature of Notary: Ronald L Carter		13. Notary Commission expires: May 1 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (at time of birth) Affidavit by friend of family	By whom issued and signed: Amy Prosser-Evans Age 72		Date Issued: Sept.10,1970	Date Orig. Entry: ----
	Date of Birth: Dec.7,1910	Birth Place: Eagle,Idaho	Full Name of Mother: Annie Sara Odgers	Name of Father: William Arguleas Bews	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Dist. # 2 Meridian,Idaho		Date Issued: Sept.10,1970	Date Orig. Entry: School Year 1929-1930
	Date of Birth: Age 19	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: County of Gem, Idaho		Date Issued: Sept.10,1970	Date Orig. Entry: Married Oct.13,1945
	Date of Birth: age 34	Birth Place: Eagle, Idaho	Full Name of Mother: -----	Name of Father: - -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Sept. 10,1970

FORM BH 56067

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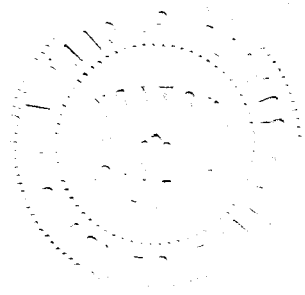

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386-22-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-652

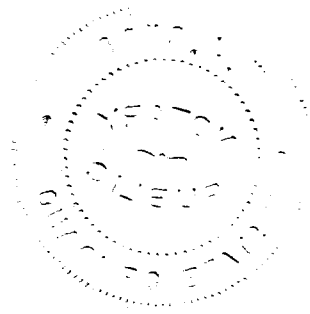
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carol Elizabeth Thomas		2. Date Of Birth (month) June (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Malad City Oneida; b. City or Town of Birth: Malad City, Idaho
FATHER	6. Full Name of Father: Seth K. Thomas		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Ann Peck		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carol Thatcher	11. Present Address of Registrant: Malad City, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 6-17 1970	12. Signature of Notary: W L Byrd	13. Notary Commission expires: 3-17 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: PIONEERS & PROMINENT MEN OF UTAH page 1209 (photocopy)	By whom issued and signed: published by Utah Pioneers book Publishing Co., SLC, Utah	Date Issued: June17,1970	Date Orig. Entry: published 1913
	Date of Birth: June 29,1910 / Birth Place: -----	Full Name of Mother: Julia Peck	Name of Father: Seth Thomas	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records	Date Issued: Jun.17,1970	Date Orig. Entry: obviously old
	Date of Birth: Jun.29,1910 / Birth Place: -----	Full Name of Mother: Julia Peck	Name of Father: Seth Thomas	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #42185	By whom issued and signed: Western Farm Bureau Life Ins. Co. of Denver, CO	Date Issued: Mar.27,1964	Date Orig. Entry: Feb.18,1964
	Date of Birth: June 29, 1910 / Birth Place: Malad, Idaho	Full Name of Mother: Julia Thomas	Name of Father: ----	
QUALIFYING INFORMATION	Affidavit by relative, Grace W. Daniels, Age: 78, signed June 17, 1970 gives: born June 29, 1910 in Malad, Idaho to Seth Thomas and Julia Peck Thomas.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W L Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 17, 1970	

FORM BH 56067 NM

SEP 17 1970



897-13-034-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-670

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence G. Higgins			2. Date Of Birth (month) (day) (year): December 13 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Minnidoka	b. City or Town of Birth: Heyburn
FATHER	6. Full Name of Father: R. Monroe Higgins			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Samantha Houston			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence George Higgins		11. Present Address of Registrant: 4710 Edgemoor Lane Bethesda, Maryland 20014
NOTARY (Seal)	Subscribed and sworn to before me on: September 8 1970	12. Signature of Notary: Dorothy P. Sharman		13. Notary Commission expires: July 1 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ---	Date Orig. Entry: obviousl old
	Date of Birth: Dec.13,1910 / Birth Place: Heyburn,Idaho	Full Name of Mother: R.M. Higgins	Name of Father: Samantha Houston	
SUPPORTING RECORD 2.	Type of Document: Discharge	By whom issued and signed: U.S.AirForce	Date Issued: Separation Dec.5,1954	Date Orig. Entry: Entered Sept.19,1950
	Date of Birth: Dec.13,1910 / Birth Place: Heyburn,Idaho	Full Name of Mother: -----	Name of Father: - ------	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Johns Hopkins University	Date Issued: Feb.22,1960	Date Orig. Entry:
	Date of Birth: Dec.13,1910 / Birth Place: Heyburn, Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: August 28,1970

FORM BH 56067

SEP 23 1970

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236-228-010-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 70-700**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Edrie Stoker		2. Date Of Birth (month) March (day) 28 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Ucon Bonneville Idaho; b. City or Town of Birth: Bonneville
FATHER	6. Full Name of Father: Albert Marinus Stoker		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eva Lucinda Cutler		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Alice Edrie Denning	11. Present Address of Registrant: Box 25 Conrad Mont. 59425
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 11 1970	12. Signature of Notary: Darrell F. Meier	13. Notary Commission expires: 10-10 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Membership		By whom issued and signed: LDS Church, Idaho Falls 2nd W. David Smith, Bishop	Date issued: Dec.19,1925	Date Orig. Entry: blessed June 5,1910
	Date of Birth: Mar.28,1910	Birth Place: Ucon, Idaho	Full Name of ~~Mother~~ father: Albert M. Stoker	Name of ~~Father~~ mother: Eva L. Cutler	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record #7206		By whom issued and signed: Grays Harbor County, WA	Date issued: Aug.12,1970	Date Orig. Entry: Mar.10,1928
	Date of Birth: Age: 17	Birth Place: Idaho	Full Name of Mother: Eva Cutler	Name of Father: A. M. Stoker	
SUPPORTING RECORD 3.	Type of Document: Hospital certificate of own child's birth		By whom issued and signed: Frances Mahon Deaconess Hosp. Glasgow, Montana	Date issued: -----	Date Orig. Entry: child born May 30,1947
	Date of Birth: 1910	Birth Place: Ucon, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

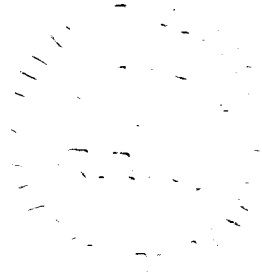
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W U Barson	Glenda Larson	Oct. 8, 1970

FORM BH 56067 [illegible] # 57480 (S) 7-28-70 [illegible]

(illegible)

OCT 9 1970



249-216-003-537

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-704

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida May Burton			2. Date of Birth: August 16 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Bannock	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Charles Alvin Burton			7. State or Country of Father's Birth: Elmira, New York
MOTHER	8. Full Maiden Name of Mother: Jane Garvin Ellison (Ida-May Cook)			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida-May Cook		11. Present Address of Registrant: Box 52 Dubois Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 9 1970	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

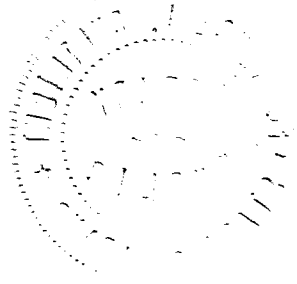
SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism & Confirmation	By whom issued and signed: LDS Church	Date Issued: Nov 5,1933	Date Orig. Entry: Nov.4,1933
	Date of Birth: Aug.16,1910	Birth Place: Soda Springs,Idaho	Full Name of Mother: Jane G. Ellison	Name of Father: Charles A. Burton
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 71yr	By whom issued and signed: Mary Jane Burton Gibson	Date Issued: Oct.9,1970	Date Orig. Entry: ---------
	Date of Birth: Aug.16,1910	Birth Place: Soda Springs,Idaho	Full Name of Mother: Jane Garvin Ellison	Name of Father: Charles Alvin Burton
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Ricks College Rexburg, Idaho	Date Issued: Summer 1958	Date Orig. Entry: ------
	Date of Birth: Aug.16,1910	Birth Place: Soda Springs,Idaho	Full Name of Mother: Jane G. Burton	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Sue Lowe	Date Filed: Oct. 9, 1970

FORM BH 56067

5-5-67

OCT 9 1970



294-182-025-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-722

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John William Kidder		2. Date of Birth (month) (day) (year): December 12, 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Kidder ridge near Kamiah & Kooskia
FATHER	6. Full Name of Father: Edwin Earnest Kidder		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Hope Wicoff		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x John William Kidder	11. Present Address of Registrant: 604 Garcia Ave Roseville, CA 95678
NOTARY (Seal)	Subscribed and sworn to before me on: September 21 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: MY COMMISSION EXPIRES DEC. 28, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

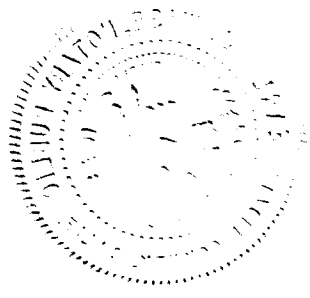
SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Ernest Meisner Age:67	Date issued: Aug.19,1966	Date Orig. Entry: ----
	Date of Birth: Dec.12,1910; Birth Place: Kidder Ridge near Kamiah & Kooskia	Full Name of Mother: Mary Hope Kidder	Name of Father: Edwin Earnest Kidder	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from family Bible (notarized)	By whom issued and signed: Family Bible Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Dec.12,1910; Birth Place: ----	Full Name of Mother: Mary Hope Kidder	Name of Father: Edwin Earnest Kidder	
SUPPORTING RECORD 3.	Type of Document: Driver's License #B620733	By whom issued and signed: State of California, Division of Drivers Licenses	Date issued: Dec.9,1963	Date Orig. Entry: Dec.9,1963
	Date of Birth: Dec.12,1910; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION	U.S. Army Honorable Discharge, C.A.Miller, Lt.Col., Air Corps, discharged Feb. 16,1943 inducted March 18,1942 Age when inducted: 31 years born in Kooskia, Idaho.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: October 21, 1970

FORM BH 56067

(K) 9-14-70 [illegible]

OCT 2 1 1970



113-22/-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-726

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jeneal Jackson			2. Date of Birth (month) (day) (year): September 21 1910
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Parker Fremont	b. City or Town of Birth: Parker, Idaho
FATHER	6. Full Name of Father: Fredrick Clark Jackson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Annie Breta Carlson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jeneal Jackson Madden		11. Present Address of Registrant: Parker, Idaho 83438
NOTARY (Seal)	Subscribed and sworn to before me on: September 17 1970	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 1, 1974

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Annie B. Jackson		Date Issued: Sep.16,1970	Date Orig. Entry: ----
	Date of Birth: Sep.21,1910	Birth Place: Parker, Idaho	Full Name of Mother: Annie B. Jackson	Name of Father: Fredrick Clark Jackson	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, George M. Crapo, Ward Clk, Parker Ward, Idaho		Date Issued: Aug.30,1970	Date Orig. Entry: blessed Dec.16,1910
	Date of Birth: Sep.21,1910	Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #53-8505		Date Issued: ----	Date Orig. Entry: child born July 26,1953
	Date of Birth: Age: 42	Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: October 21,1970

K FORM BH 56067

8-5-66

OCT 2 1 1970

DECEASED

799-64-C43-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be 70-745

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John T. Printz (AKA John Thomas Fred Printz)
2. Date of Birth (month) (day) (year): June 4 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Spink, Idaho Valley
b. City or Town of Birth: near Spink, Idaho Donnelly*

FATHER

6. Full Name of Father: Fred Lindow Printz
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Lessie Matson
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fred J. Printz
11. Present Address of Registrant: 33985E Walnut Creswell Ore 97426

NOTARY (Seal)

Subscribed and sworn to before me on: September 30 1970

12. Signature of Notary: Mae Newell

13. Notary Commission expires: 8-3- 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census record	U.S. Department of Commerce Bureau of the Census	May 21,1970	Jan.1,1920
	Date of Birth / Birth Place: Age: 9 / Idaho	Full Name of Mother: Ratchel L. Printz	Name of Father: Fred L. Printz	
SUPPORTING RECORD 2.	Insurance Policy #OXB 19142	Hospital & Surgical,Aetna Life Ins. Co.,Hartford,CT	Sep.10,1964	Aug.20,1964
	June 4,1910 / Idaho	----	----	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #310508	---	child born Mar.3,1941
	Age: 23 / Donnelly, Idaho	----	----	

QUALIFYING INFORMATION

*According to a Rand McNally Map of 1929 the town of Spink was located approximately 5 miles NE of Donnelly. Spink is no longer a town.

Application for employment with the Idaho Dept. of Highways dated December 21, 1951 gives birthdate as June 4, 1910.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Oct. 29, 1970

FORM BH 56067

11-25-60

NOV 5 1970

455-15-1035-25Y

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-755

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SAMUEL EARL DENNY			2. Date of Birth (month) September (day) 15 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lapwai
FATHER	6. Full Name of Father: THOMAS BENTON DENNY			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: SUSIE KEMP			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel Earl Denny		11. Present Address of Registrant: Crow Agency, Montana 59022
NOTARY (Seal)	Subscribed and sworn to before me on: August 31, 19 70	12. Signature of Notary		13. Notary Commission expires: August 25, 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage license and certificate	By whom issued and signed: Big Horn County, Montana Lois Platz, Clk. 13th Dist. Ct.		Date Issued: Sept. 1, 1970	Date Orig. Entry: May 28, 1935
	Date of Birth: Age: 24	Birth Place: Lapwai, Idaho	Full Name of Mother: Susie Kemp	Name of Father: Benton Denny	
SUPPORTING RECORD 2.	Type of Document: certified copy of voter's registration	By whom issued and signed: Big Horn County, MT Ruby Wemple, Dep. Clerk & Rec.		Date Issued: Aug. 27, 1970	Date Orig. Entry: Sept. 21, 1938
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of Driver License Receipt #4402	By whom issued and signed: State of Montana, Big Horn County, M. Wheeler, Dep. Treas.		Date Issued: Aug. 27, 1970	Date Orig. Entry: Aug. 21, 1964
	Date of Birth: Sep. 15, 1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	November 4, 1970

FORM BH 56067

(1) 10-5-70

NOV 5 1970
JUL 10 2002

957-220-001-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-760

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha (Billie) Ingraham			2. Date of Birth (month) April (day) 20 (year) 1910	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: Frank P. Ingraham			7. State or Country of Father's Birth: Waverly, West Virginia	
MOTHER	8. Full Maiden Name of Mother: Mary E. Ward			9. State or Country of Mother's Birth: Kansas City, Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Billie Chacartegui	11. Present Address of Registrant: 2601 Boise Ave. Sp 16 - Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 1970		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

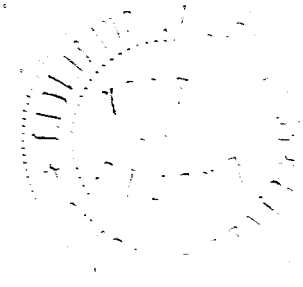
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: U.S.Dept. of Commerce	Date Issued: Sept.9,1966	Date Orig. Entry: Census taken Jan 1, 1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Mary Ward Ingrham	Name of Father: Frank Ingraham (Ingrham)	
SUPPORTING RECORD 2.	Type of Document: Marriage License & Certificate		By whom issued and signed: on file - Idaho # 57-4775	Date Issued: ----	Date Orig. Entry: Married August 28,1957
	Date of Birth: Age 47	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #680260923		By whom issued and signed: Bankers Life & Casualty Co.	Date Issued: Jun.25,1968	Date Orig. Entry: 1959
	Date of Birth: Apr.20,1910	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Nov.5, 1970

FORM BH 56067

NOV 5 1970



562-103-025-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-761

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: J. Paul EWBANK		2. Date of Birth (month) (day) (year): October 3 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gifford, Idaho; 6. City or Town of Birth: Gifford
FATHER	6. Full Name of Father: John William Ewbank		7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Alice W. Atkinson		9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J Paul Ewbank	11. Present Address of Registrant: 2502 - 8th Ave N.
NOTARY (Seal)	Subscribed and sworn to before me on: OCT 22 1970 19	12. Signature of Notary: Harold L. Kiedell	13. Notary Commission expires: June 3, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding banking records		By whom issued and signed: First Federal Savings & Loan Bremerton, WA, R.B. Beardsley, VP-Mgr.	Date issued: Aug. 28, 1970	Date Orig. Entry: June 1950
	Date of Birth: Age: 39	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt (38 years older than registrant)		By whom issued and signed: Mrs. J. W. Atkinson	Date issued: ---	Date Orig. Entry: ---
	Date of Birth: Oct. 3, 1910	Birth Place: Gifford, Idaho	Full Name of Mother: Alice W. Ewbank	Name of Father: J. W. Ewbank	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #26 890 113		By whom issued and signed: New York Life Ins. Co.	Date issued: Feb. 19, 1960	Date Orig. Entry: Feb. 10, 1960
	Date of Birth: Oct. 3, 1910	Birth Place: Gifford, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

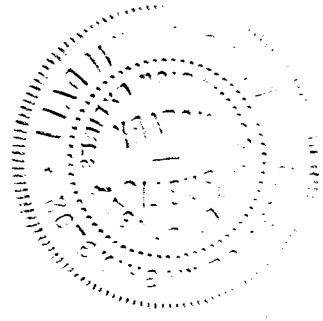
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Nov. 6, 1970

FORM BH 56067 1-60 pd (E) 10-12-70 gal

Ewbank

NOV 6 1970



415-24-044-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-764

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertrude Irene Davis			2. Date of Birth (month) (day) (year): July 14, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: Adolphus Alonzo Davis			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Gertrude Viola Weeks			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude Irene Middleton		11. Present Address of Registrant: Farmington, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 28, 1970	12. Signature of Notary: Betty A. Day		13. Notary Commission expires: July 1 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return #8842		By whom issued and signed: Whitman County, Washington	Date issued: ----	Date Orig. Entry: Sept.20,1930
	Date of Birth: Age: 20	Birth Place: Cambridge, Idaho	Full Name of Mother: Gertrude Weeks	Name of Father: Adolphus Davis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present		By whom issued and signed: Rose Hoyt Age:78	Date issued: Sep.23,1970	Date Orig. Entry: ----
	Date of Birth: July 14,1910	Birth Place: Cambridge, Idaho	Full Name of Mother: Gertrude Viola Davis	Name of Father: Adolphus Alonzo Davis	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: State of Washington	Date issued: Oct.19,1959	Date Orig. Entry: child born Jan.11,1944
	Date of Birth: Age: 33	Birth Place: Cambridge, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Nov. 6, 1970

FORM BH 56067

(D) 10-15-70 gml

Middletown (Conn.)

NOV 6 1970

299229.022 -168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-771

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cordelia Bright			2. Date Of Birth (month) Nov. (day) 29 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County: Idaho / Fremont	b. City or Town of Birth: Teton City
FATHER	6. Full Name of Father: John Monroe Bright			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Amy Maria Johnson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cordelia B. Harper		11. Present Address of Registrant: 1509 W. Fern Moses Lake Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1965	12. Signature of Notary: E. J. Edell		13. Notary Commission expires: May 1 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #51-4475		Date Issued: -----	Date Orig. Entry: child born April 10, 1951
	Date of Birth: Age 40	Birth Place: Teton City, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: IDS Church, Teton Ward, Fremont Stake		Date Issued: -----	Date Orig. Entry: blessed Mar. 5, 1911
	Date of Birth: Nov. 29, 1910	Birth Place: Teton, Fremont County, Idaho	Full Name of Mother: Amy Johnson	Name of Father: John M. Bright	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for license to marry #885	By whom issued and signed: Cache County, Utah		Date Issued: Oct. 7, 1970	Date Orig. Entry: Jan. 31, 1933
	Date of Birth: Nov. 29, 1910	Birth Place: Teton City, Idaho	Full Name of Mother: Amy Maria Johnson	Name of Father: John Monroe Bright	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 9, 1970

FORM BH 56067

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812-22-028-696

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-777

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George William Fehl Haber		2. Date Of Birth (month) Feb (day) 22 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Kootenai	b. City or Town of Birth: Rathdrum
FATHER	6. Full Name of Father: William Francis Fehl Haber		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Martha Inez Fifer		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: GW Fehl Haber	11. Present Address of Registrant: 2626 Riverside Drive Clarkston, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972,	

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister Age 75	Lois E. Frederick	Mar. 17,1969	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb.22,1910 Rathdrum, Idaho	Martha Inez Fehl Haber	William Francis Fehl Haber	
SUPPORTING RECORD 2.	Application for Number U.S.Social Security	# 543-01-3490Social Sec. U S Treasury Int. Rev.Serv.	-----	June 2,1937
	Feb 22,1910 Rathdrum,Idaho	Martha Fipher	William Francis Fehl Haber	
SUPPORTING RECORD 3.	Certified copy of Own Childs birth Certificate	State of Washington State File # 90320	April 3,1970	May 17,1931
	Age 21 Yrs / Idaho	------	--------	
QUALIFYING INFORMATION				

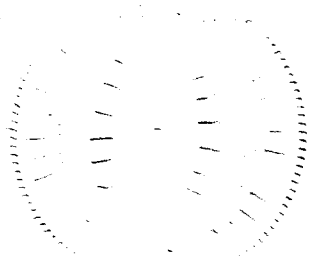
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Sue Lowe	Nov. 13, 1970

FORM BH 56067

NOV 13 1970



365-217-030-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-790

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Alice Conger		2. Date of Birth (month) Sept (day) 17 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: Salmon Idaho
FATHER	6. Full Name of Father: Fred Allan Conger		7. State or Country of Father's Birth: Dillon Montana
MOTHER	8. Full Maiden Name of Mother: Nellie Mae Sharkey		9. State or Country of Mother's Birth: Dillon Mont
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Henry Henneman	11. Present Address of Registrant: Valier, Mont. Box 422
NOTARY (Seal)	Subscribed and sworn to before me on: November 3, 1970	12. Signature of Notary: Wallace Wright	13. Notary Commission expires: August 13, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by paternal uncle	By whom issued and signed: Emil H. Conger Age: 78		Date Issued: June 4,1970	Date Orig. Entry: ----
	Date of Birth: Sept. of 1910	Birth Place: Salmon City, Idaho	Full Name of Mother: Mrs. Fred Conger	Name of Father: Mr. Fred Conger	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #115	By whom issued and signed: Pondera County, Montana		Date Issued: Sep.13,1961	Date Orig. Entry: child born Nov.12,1942
	Date of Birth: Age: 32	Birth Place: Salman, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital records	By whom issued and signed: St. Mary's Hospital, Conrad, Montana		Date Issued: ----	Date Orig. Entry: Jan.20,1955
	Date of Birth: Sep.17,1910	Birth Place: Salmon, Idaho	Full Name of Mother: Nellie Sharkey	Name of Father: Fred Conger	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Nov. 20, 1970

FORM BH 56067

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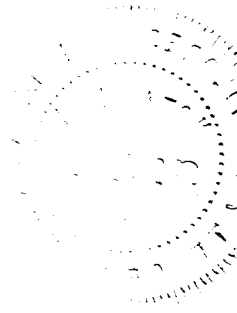

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-823

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT TERRY CATO			2. Date of Birth (month) October (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: IDAHO, a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: John Burrus Cato			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Carrie May Madden			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Robert Terry Cato	11. Present Address of Registrant: Weaverville, Calif. 96093
NOTARY (Seal)	Subscribed and sworn to before me on November 12, 1970		12. Signature of Notary: Grace E. Cassell	13. Notary Commission expires: July 2, 1971

NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE
COUNTY OF TRINITY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Oregon# 15295	Date Issued: Aug. 4, 1970	Date Orig. Entry: child born Sept. 12, 1947	
	Date of Birth: Age 36	Birth Place: Meridian, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt	By whom issued and signed: Nina Egbert	Date Issued: July 21, 1970	Date Orig. Entry: ----	
	Date of Birth: Oct. 12, 1910	Birth Place: Meridian, Idaho	Full Name of Mother: Carrie May Madden	Name of Father: John B. Cato	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: Gem County, Idaho	Date Issued: July 26, 1941	Date Orig. Entry: July 26, 1941	
	Date of Birth: Age 30	Birth Place: ----	Full Name of Mother: - ---	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Dec. 16, 1970

FORM BH 56067

DEC 17 1970

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-826

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Norma Weech			2. Date of Birth (month) April (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Joseph Hyrum Weech			7. State or Country of Father's Birth: Arizona
MOTHER	8. Full Maiden Name of Mother: Myrtle Louise Weech			9. State or Country of Mother's Birth: Arizona
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma W. Robertson		11. Present Address of Registrant: Rt 3 Twin Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: NOV 18 1970 19	12. Signature of Notary: Helen McCallie		13. Notary Commission expires: 6-14 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Record	By whom issued and signed: Twin Falls Co, Idaho	Date Issued: Nov.13,1970	Date Orig. Entry: License Issued Oct.2,1928
	Date of Birth: Age 18 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Twin Falls General Hospital	Date Issued: Oct.22,1940	Date Orig. Entry: Child born Oct.22,1940
	Date of Birth: Apr.25,1910 / Birth Place: Twin Falls,Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: (at time of birth) Affidavit by neighbor & Aunt	By whom issued and signed: Stella Bell	Date Issued: Sept.10,1970	Date Orig. Entry: ------
	Date of Birth: Apr.25,1910 / Birth Place: Twin Falls, Idaho	Full Name of Mother: (Willis) Myrtle Louise Weech	Name of Father: Joseph Hyrum Weech	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Dec. 17, 1970

FORM BH 56067

DEC 17 1970

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-835

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LOLA MAUDE ALLEN			2. Date of Birth (month) Nov. (day) 27 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: Rockland
FATHER	6. Full Name of Father: Martin William Allen			7. State or Country of Father's Birth: Power Co., Idaho
MOTHER	8. Full Maiden Name of Mother: Ella Elizabeth Pilkington			9. State or Country of Mother's Birth: Hooper, Weber Co, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lola A Hekking		11. Present Address of Registrant: 2470 "B" Ave., Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 14 1966	12. Signature of Notary: Ella O. Voris		13. Notary Commission expires: 2-25-68 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry #955	By whom issued and signed: Weber County, Utah		Date Issued: May 19,1966	Date Orig. Entry: May 5,1937
	Date of Birth: Nov.27,1910	Birth Place: Rockland, Idaho	Full Name of Mother: Ella E. Pilkington	Name of Father: M. Wm. Allen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #192804		Date Issued: -----	Date Orig. Entry: child born July 7,1931
	Date of Birth: Age 20	Birth Place: Rockland, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Membership	By whom issued and signed: L.D.S.Church		Date Issued: Jan.17,1926	Date Orig. Entry: Blessed Feb.5,1911
	Date of Birth: Nov.27,1910	Birth Place: Rockland,Idaho	Full Name of Mother: Ella Pilkington	Name of Father: William Allen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright	Date Filed: Dec.18,1970

FORM BH 56067 (H) 5-16-66. nm 1 copy paid rec. 16387 (H) 7-28-66

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-848

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGIA ETTA FARTHING		2. Date of Birth (month) (day) (year): APRIL 5, 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO COUNTY; b. City or Town of Birth: COTTONWOOD
FATHER	6. Full Name of Father: JOHN CLYDE FARTHING		7. State or Country of Father's Birth: NORTH CAROLINA
MOTHER	8. Full Maiden Name of Mother: ETTA MAY GENTRY		9. State or Country of Mother's Birth: NORTH CAROLINA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia Farthing Jones.	11. Present Address of Registrant: GIBSON ROUTE, BIG TIMBER, MONTANA
NOTARY (Seal)	Subscribed and sworn to before me on: NOVEMBER 18TH 1970	12. Signature of Notary: Dean Lenny	13. Notary Commission expires: SEPTEMBER 1ST 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Etta Farthing	Date issued: Nov.17,1970	Date Orig. Entry: ---
	Date of Birth: Apr.5,1910	Birth Place: Cottonwood, Idaho	Full Name of Mother: Etta Gentry Farthing	Name of Father: John Clyde Farthing	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of birth		By whom issued and signed: Sweetgrass County Community Hosp., Big Timber, Montana	Date issued: May 16,1953	Date Orig. Entry: child born May 16,1953
	Date of Birth: Apr.5,1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage License & Certificate certified copy #2737		By whom issued and signed: Stillwater County, Montana	Date issued: May 9,1951	Date Orig. Entry: Dec.8,1945
	Date of Birth: Age: 35	Birth Place: Cottonwood, Idaho	Full Name of Mother: Etta May Gentry	Name of Father: Clyde Farthing	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 21, 1970

FORM BH 56067 ICR & Unit #5094 11-10-72

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-858

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEONA EDNA WOODLAND			2. Date Of Birth (month) January (day) 13 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: JOSEPH MORRISON WOODLAND			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: JOHANNA ADELAAR			9. State or Country of Mother's Birth: HOLLAND	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Edna Woodland		11. Present Address of Registrant: Prineville, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: 21 August 1970	12. Signature of Notary: E. H. Broadbent		13. Notary Commission expires: 11-4 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Elizabeth Johnson Age:91		Date Issued: Mar.11,1970	Date Orig. Entry: --
	Date of Birth: Jan.13,1910	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: JoHanna A. Woodland	Name of Father: Joseph M. Woodland	
SUPPORTING RECORD 2.	Type of Document: One Family Group Record	By whom issued and signed: Family Genealogy Records		Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Jan.13,1910	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Johanna Adelaar	Name of Father: Joseph Morrison Woodland	
SUPPORTING RECORD 3.	Type of Document: Family Book of Morman	By whom issued and signed: Family		Date Issued: ---	Date Orig. Entry: Obviously old
	Date of Birth: Jan.13,1910	Birth Place: Idaho	Full Name of Mother: Johanna Adelaar	Name of Father: Joseph Morrison Woodland	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Dec.22,1970

FORM BH 56067

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-862

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Delton C. Jensen
2. Date of Birth (month) (day) (year): Aug. 13 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Darlington - Idaho - Butte
   b. City or Town of Birth: Darlington

FATHER

6. Full Name of Father: Andres Christian Jensen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Christina Williams
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Delton C. Jensen
11. Present Address of Registrant: Shelley, Idaho - Route 1

NOTARY (Seal)

Subscribed and sworn to before me on: November 6 1970
12. Signature of Notary: Ruby Nielsen
13. Notary Commission expires: Jan. 2 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Duplicate copy of Certificate of Blessing	LDS Church, Shelley 5th Ward Dean E. Smith, Bishop	Oct.26,1970	blessed Oct.14,1911
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.13,1910 / Darlington, Butte Co., Idaho	Christina Williams	Andres Christian Jensen	
SUPPORTING RECORD 2.	Type of Document: photocopy of insurance pol. #322619	By whom issued and signed: California-Western States Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Sept.22,1933
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.13,1910 / Idaho	---	---	
SUPPORTING RECORD 3.	Type of Document: Duplicate Copy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Ray E. Messick, Shelley 5th Ward Clerk	Date Issued: Oct.26,1970	Date Orig. Entry: baptized June 6, 1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.13,1910 / Darlington, Butte County, Idaho	Christina Williams	Andres Christian Jensen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Dec. 23, 1970

FORM BH 56067

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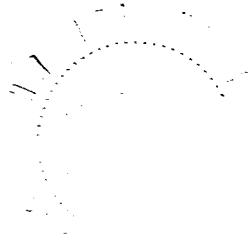

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-868

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Mae Craig			2. Date of Birth (month) (day) (year): November 27 1910
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: Artesian Idaho Twin Falls	b. City or Town of Birth (mail Murtaugh): Artesian City, Ida
FATHER	6. Full Name of Father: John G. Craig			7. State or Country of Father's Birth: Republican City, Nebraska
MOTHER	8. Full Maiden Name of Mother: Bertha Merle Hughes			9. State or Country of Mother's Birth: Gallatin, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Leona Weaver		11. Present Address of Registrant: Rt 1. Paxton Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 24 Aug. 1970	12. Signature of Notary: Minnie Puckett		13. Notary Commission expires: 7-5- 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #412956	Date Issued: ----	Date Orig. Entry: child born Oct.19,1945
	Date of Birth: Age: 34	Birth Place: Murtaugh, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #141946		By whom issued and signed: The Capitol Life Ins. Co.	Date Issued: Dec.11,1945	Date Orig. Entry: Dec.11,1945
	Date of Birth: Age: 35	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: Lelia Soles Age: 70	Date Issued: Dec.4,1970	Date Orig. Entry: ----
	Date of Birth: Nov.27,1910	Birth Place: Artesian City, Idaho	Full Name of Mother: Bertha Merle Hughes	Name of Father: John G. Craig	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Dec. 24, 1970

FORM BH 56067

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3-2-76

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DEC 28 1970

693-21-1082-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-004

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Opal Estella Wilson
2. Date of Birth (month) (day) (year): September 19 1910
3. Color or Race: W
4. Sex: Fm.
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Grant

FATHER

6. Full Name of Father: John Lott Wilson
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Jane Leek
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Opal Roberts
11. Present Address of Registrant: Carmen, Idaho 83462

NOTARY (Seal)

Subscribed and sworn to before me on: August 27 19 70
12. Signature of Notary: Leonard E. Graham
13. Notary Commission expires: January 5, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Grant Ward, LDS Church, Samuel Chadburn, Clerk	Feb.4,1912	blessed Feb.4,1912

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.19,1910	Grant, Idaho Fremont County	Mary Jane Leek	John L. Wilson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding lodge records	Anna Rebekah Lodge #14, I.O.O.F. Salmon, ID Sylvena Clark, Sec.	Dec.9, 1970	Sept.14,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #389373-55M	Health & accident policy Mutual of Omaha	Nov.10,1955	Nov.10,1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.19,1910	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	January 7, 1971

FORM BH 56067

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249-131-003-667

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-010

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Percy Edward Burrup
2. Date Of Birth: (month) August (day) 31 (year) 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Downey (home)

FATHER

6. Full Name of Father: William Edward Burrup
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Elizabeth Fox
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Percy Edward Burrup
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on December 12 1970

12. Signature of Notary: Freda M. Karr
13. Notary Commission expires: 12/26/70 19___

APPLICANT-- DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Aug.31,1910	Downey (rural) abt. 3 mi. east	Elizabeth Fox Burrup	Elizabeth Fox Burrup		William Edward Burrup	
SUPPORTING RECORD 2.	certified copy of school record	Aug.31,1910	---	Downey High School, Wayne Neilsen, Principal,	---	---	---	1925-6
SUPPORTING RECORD 3.	certified copy of own child's birth certificate	Age: 45	Downey, Idaho	State of Utah, County of Utah City-County Health Dept.	---	-----	----	child born Sep.23,1955

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

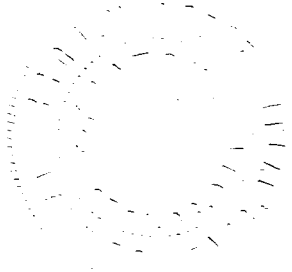
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	January 7, 1971

FORM BH 56067

11-30-70

JAN 8 1971



695-21-010-633

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-015

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERAL HARRIET FREEMAN		2. Date Of Birth (month) August (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Ucon
FATHER	6. Full Name of Father: WILLIAM EDWARD FREEMAN		7. State or Country of Father's Birth: GRAYS ESSEX ENGLAND
MOTHER	8. Full Maiden Name of Mother: HARRIETT SOPHIA OTTLEY		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Veral Harriett Bradley	11. Present Address of Registrant: 211 SOUTH HILTON, Boise, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 12 1970	12. Signature of Notary: N. D. Thomason	13. Notary Commission expires: 10/12/72 19___

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized statement for Ins.	By whom issued and signed: Metropolitan Life #10 014 698	Date Issued: Mar. 1969	Date Orig. Entry: Policy issued Nov. 1, 1933
	Date of Birth: Jul. 11, 1910; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 76	By whom issued and signed: Annie Ottley Maxfield	Date Issued: Mar. 7, 1969	Date Orig. Entry: -----
	Date of Birth: Jul. 11, 1910; Birth Place: Ucon, Idaho	Full Name of Mother: Harriett Sophia Ottley	Name of Father: William Edward Freeman	
SUPPORTING RECORD 3.	Type of Document: Statement by employer	By whom issued and signed: Robert E. Lloyd, M.D., Boise, 409 Eastman Bldg.	Date Issued: Dec. 16, 1970	Date Orig. Entry: employed for 17 years.
	Date of Birth: Jul. 11, 1910; Birth Place: Ucon, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	fc Glenda Larson	January 11, 1971

FORM BH 56067

1-20-67

JAN 11 1971

8644 09-009-197

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orin Henry Younkin			2. Date Of Birth (month) July (day) 9 (year) 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County Idaho Bonner	b. City or Town of Birth: Spirit Lake
FATHER	6. Full Name of Father: Harry Oscar Younkin			7. State or Country of Father's Birth: Lycoming Penn.
MOTHER	8. Full Maiden Name of Mother: Mary Alevia Argo			9. State or Country of Mother's Birth: Wallis Run, Penn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orin Henry Younkin		11. Present Address of Registrant: RT-Box 389-Otis orchards Wn
NOTARY (Seal)	Subscribed and sworn to before me on: December 17 1970	12. Signature of Notary: Virginia E Lewis		13. Notary Commission expires: Aug. 13 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: Clarence Edward Argo (bd.12-3-70)	Date Issued: Dec.3,1970	Date Orig. Entry: ----	
	Date of Birth: July 9,1910	Birth Place: Spirit Lake, Idaho	Full Name of Mother: Mary Alevia Argo	Name of Father: Harry Oscar Younkin	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Deaconess Hospital, Spokane, WA	Date Issued: ----	Date Orig. Entry: child born Jan.25,1950	
	Date of Birth: July 9,1910	Birth Place: Spirit Lake, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of military discharge	By whom issued and signed: U.S. Army, Camp Beale, CA, Paul K. Dean, Major AC	Date Issued: discharged Oct.25,1945	Date Orig. Entry: inducted Dec.19,1942	
	Date of Birth: July 9,1910	Birth Place: Spirit Lake, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: January 12,1971

FORM BH 56067

11-18-70

Journal

JAN 13 1971

6194 C8·025-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-037

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CHALMER BURGAS WARREN			2. Date Of Birth (month) July (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Westlake
FATHER	6. Full Name of Father: George Benton Warren			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Annie Smith			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Chalmer Burgas Warren	11. Present Address of Registrant: 2122 Powers, Lewiston, Ida
NOTARY (Seal)	Subscribed and sworn to before me on November 30 1970		12. Signature of Notary: Robert V. Glass	13. Notary Commission expires: oct 20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #518-12-3034	By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: Nov.23,1937
	Date of Birth: July 8,1910 / Birth Place: Westlake, Idaho	Full Name of Mother: Annie Josephine Smith	Name of Father: George Benton Warren	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for marriage license #161172	By whom issued and signed: Nez Perce County, Idaho	Date Issued: Mar.10,1965	Date Orig. Entry: Aug.23,1937
	Date of Birth: Age: 27 / Birth Place: Westlake, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopies of pages from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: Dec.29,1970	Date Orig. Entry: obviously old
	Date of Birth: July 8,1910 / Birth Place: Westlake, Idaho	Full Name of Mother: Annie Smith	Name of Father: George Benton Warren	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Glenda Larson	Date Filed: January 13,1971

FORM BH 56067

1 copy sent

JAN 14 1971

319-112 1003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Francis Knud Larson			2. Date of Birth (month) Sept. (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Bench
FATHER	6. Full Name of Father: Gustaf Larson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Hannah C. Andreason			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis K Larson		11. Present Address of Registrant: 1122 Blue Lakes N Twin Falls
NOTARY (Seal)	Subscribed and sworn to before me on: January 15 1971	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Confirmation Certificate of Baptism and		By whom issued and signed: L. D.S Church	Date issued: Jun 8,1919	Date Orig. Entry: Baptized June 7, 1919
	Date of Birth: Sept.12,1910	Birth Place: Bench, Idaho	Full Name of Mother: Hannah C. Andreason	Name of Father: Gustaf Larson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: L. D.S. Church	Date issued: Nov.6,1910	Date Orig. Entry: Blessed Nov. 6, 1910
	Date of Birth: Sept.12,1910	Birth Place: Bench, Idaho	Full Name of Mother: Hanna Andreason	Name of Father: Gustaf Larson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 227656	Date issued: ----	Date Orig. Entry: Child born Nov. 18,1934
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Jan. 15, 1971

FORM BH 56067 No Record 8-19-70

Larson

JAN 15 1971

Lpe

493-201.001-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-055

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Fern Millikan
2. Date Of Birth (month) (day) (year): November 1, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Ada
b. City or Town of Birth: Meridian

FATHER

6. Full Name of Father: William Ellis Millikan
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Augusta Matilda Snyder
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby Fern Knowlden
11. Present Address of Registrant: 1203 E. Jefferson Boise Ida

NOTARY (Seal)

Subscribed and sworn to before me on: January 19 1971
12. Signature of Notary: Eleanor Cartright
13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Own child's birth certificate
By whom issued and signed: On file Vital Statistics #187704
Date Issued: --
Date Orig. Entry: child born Jan. 4, 1921
Date of Birth: age 20
Birth Place: Meridian, Idaho
Full Name of Mother: --
Name of Father: --

SUPPORTING RECORD 2.

Type of Document: Hospital Record
By whom issued and signed: Gabrielle M.Amos R.R. L. St. Alphonsus Hospital
Date Issued: April 13,1966
Date Orig. Entry: June 19,1953
Date of Birth: Nov.1,1910
Birth Place: Idaho
Full Name of Mother: --------
Name of Father: --------

SUPPORTING RECORD 3.

Type of Document: Affidavit by Mother Age 79 yrs
By whom issued and signed: Augusta M. Heater
Date Issued: Sept.7,1960
Date Orig. Entry: --------
Date of Birth: Nov. 1, 1910
Birth Place: Idaho
Full Name of Mother: Augusta Matilda(Millikan)Snyder
Name of Father: William Ellis Millikan

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: la Sue Lowe
Date Filed: Jan. 19,1971

K FORM BH 56067

FEB 16 1971
JAN 19 1971

964-101-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-057

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Andrew Dream Romer			2. Date Of Birth (month) Oct. (day) 1 (year) 1910	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Holbrook, Oneida	b. City or Town of Birth: Holbrook	
FATHER	6. Full Name of Father: Andrew Christain Romer			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Margaret Ameha Petersen			9. State or Country of Mother's Birth: Salt Lake City, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Andrew Dream Romer		11. Present Address of Registrant: 515 So. 8th E. [illegible]	
NOTARY (Seal)	Subscribed and sworn to before me on: 2/20/19 1970	12. Signature of Notary: [illegible]		13. Notary Commission expires: 4-26 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry 89687	By whom issued and signed: Salt Lake County, Utah		Date Issued: May 7,1970	Date Orig. Entry: Oct.1,1941
	Date of Birth: Oct.1,1910	Birth Place: Holbrook, Idaho	Full Name of Mother: Margaret Petersen	Name of Father: Andrew Romer	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle	By whom issued and signed: Royal T. Petersen Age: 71		Date Issued: Nov.19,1970	Date Orig. Entry: ----
	Date of Birth: Oct.1,1910	Birth Place: Holbrook, Idaho	Full Name of Mother: Margaret Amelia Petersen Romer	Name of Father: Andrew Christain Romer	
SUPPORTING RECORD 3.	Type of Document: Duplicate Membership Record	By whom issued and signed: LDS Church, Brigham City 10th Ward, Box Elder South Stake		Date Issued: ---	Date Orig. Entry: baptized Nov.29,1924
	Date of Birth: Oct.1,1910	Birth Place: Holbrook, Idaho Oneida County	Full Name of Mother: Margaret Petersen	Name of Father: Andrew C. Romer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	gml Glenda Larson	January 19,1971

FORM BH 56067

[illegible] 3-11-70

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JAN 19 1971

331-220'031-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Clark			2. Date Of Birth (month) (day) (year): November 20, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Winchester
FATHER	6. Full Name of Father: Jess Clark			7. State or Country of Father's Birth: unknown
MOTHER	8. Full Maiden Name of Mother: Martha McGee			9. State or Country of Mother's Birth: unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Clark		11. Present Address of Registrant: 2246 Pacific Hts Rd. Honolulu, Hawaii 96813
NOTARY (Seal)	Subscribed and sworn to before me on: January 13, 1971	12. Signature of Notary: [illegible] Notary Public, State of Hawaii, 1st Jud. Cir.		13. Notary Commission expires: May 31, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Nettie M. O'Keefe Age: 78		Date Issued: Nov.9,1970	Date Orig. Entry: ----
	Date of Birth: Nov.20,1910	Birth Place: Winchester, Idaho	Full Name of Mother: Martha McGee	Name of Father: Jesse L. Clark	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage license and certificate #2902	By whom issued and signed: Hill County, Montana		Date Issued: Nov.6,1970	Date Orig. Entry: Jan.31,1927
	Date of Birth: Age: 16	Birth Place: Idaho	Full Name of Mother: Martha McGee	Name of Father: Jess Clark	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Nov.24,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Martha Clark	Name of Father: Jess Clark	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc gml Glenda Larson	January 28,1971

FORM BH 56067

1-8-71 gml

Damas (nee Clark)

JAN 29 1971

299-269.007-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ellen Briggs		2. Date Of Birth (month) (day) (year): January 9, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Blaine; b. City or Town of Birth: Carey
FATHER	6. Full Name of Father: William Greenwood Briggs		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Sarah Elizabeth Patterson		9. State or Country of Mother's Birth: Spanish Fork, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ellen Carlson	11. Present Address of Registrant: 1-11-71
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1971	12. Signature of Notary: Ka Mae Smith	13. Notary Commission expires: July 16 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school census records	By whom issued and signed: Blaine Co. Dist. #61, Hailey, ID, Paul F. Dempsey, Supt.	Date Issued: Jan.2,1958	Date Orig. Entry: Sept.8,1924
	Date of Birth: Jan.9,1910; Birth Place: ----	Full Name of Mother: Sarah E. Patterson Briggs	Name of Father: William G. Briggs	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for change social security records	By whom issued and signed: Social security Adm, 519-01-1629	Date Issued: ---	Date Orig. Entry: July 31,1962
	Date of Birth: Jan.9,1910; Birth Place: Carey, Blaine County, Idaho	Full Name of Mother: Sarah Elizabeth Patterson	Name of Father: William Greenwood Briggs	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #288153	Date Issued: ----	Date Orig. Entry: child born Nov.17,1939
	Date of Birth: Age: 29; Birth Place: Carey, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: January 28,1971

FORM 9H 56067

Carlson (Anne Bragg)

JAN 29 1971
JAN 15 1975

613-216-036-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Esther Wallwork			2. Date Of Birth (month) (day) (year): August 16 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Malad Oneida	b. City or Town of Birth: Malad, Idaho
FATHER	6. Full Name of Father: [redacted] James Thomas Wallwork			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: AGNES REBECCA ROBBINS WALLWORK			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma Esther Wallwork Bailey		11. Present Address of Registrant: 138 W. Lomond View Drive Ogden, Utah 84404
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 1970	12. Signature of Notary: Lorin C. Rich		13. Notary Commission expires: Mar. 14 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of application for license to marry #8694	By whom issued and signed: Weber County Utah		Date Issued: Aug.4,1970	Date Orig. Entry: May 16,1933
	Date of Birth: Aug.16,1910	Birth Place: ~~Malad, Idaho~~	Full Name of Mother: Agnes Robins	Name of Father: J. T. Wallwork	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #761-H	By whom issued and signed: Weber County, Utah		Date Issued: Mar.27,1970	Date Orig. Entry: child born Apr.28,1946
	Date of Birth: Age: 35	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Agnes May Wallwork Dykman (bd.11-12-1897)		Date Issued: Oct.18,1970	Date Orig. Entry: ---
	Date of Birth: Aug.16,1910	Birth Place: Malad, Idaho	Full Name of Mother: Agnes Rebecca Robbins Wallwork	Name of Father: James Thomas Wallwork	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	Glenda Larson	January 28,1971

FORM BH 56067

Bailey

FEB 5 1971

338423022-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-079

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elmer Rudolph Schwendiman		2. Date Of Birth (month) Sept. (day) 23 (year) 1910	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton City, Idaho
FATHER	6. Full Name of Father: Rudolph Schwendiman		7. State or Country of Father's Birth: Berne, Switzerland	
MOTHER	8. Full Maiden Name of Mother: Clara Frances Hodgson		9. State or Country of Mother's Birth: Salt Lake City, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer Rudolph Schwendiman	11. Present Address of Registrant: Newdale, Idaho 83436	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 7, 19 71	12. Signature of Notary: [illegible]	13. Notary Commission expires: October 20, 19 73	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #236300	Date Issued: ----	Date Orig. Entry: child born Apr.28,1935
	Date of Birth: Age: 24	Birth Place: Teton, Idaho	Full Name of Mother: ----	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of Ordination as an Elder	By whom issued and signed: LnS Bhurch, Newdale Ward, Lee A.Bean, Ward Clerk	Date Issued: Mar.4,1934	Date Orig. Entry: Mar.4,1934
	Date of Birth: Sep.23,1910	Birth Place: Teton City	Full Name of Mother: Clara Frances Schwendiman	Name of Father: Rudolph Schwendiman
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage license #68047	By whom issued and signed: Salt Lake County, Utah	Date Issued: ---	Date Orig. Entry: Apr.5,1934
	Date of Birth: Age: 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: January 28,1971	

FORM BH 56067

1 copy paid 7-24-62

JAN 29 1971

S99-119-022-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-082

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Oliver Virgin		2. Date Of Birth (month) (day) (year): May 19, 1910
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: was Fremont now Madison; b. City or Town of Birth: Salem (mail Sugar City)
FATHER	6. Full Name of Father: Jehu George Virgin		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Charlotte Klingler		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Oliver Virgin	11. Present Address of Registrant: 26700 Girard St. Hemet, California 92343
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary: [signature]	13. Notary Commission expires: Nov 22 1971

OFFICIAL SEAL
MAURY C. COLEMAN
NOTARY PUBLIC - CALIFORNIA
RIVERSIDE COUNTY
My Commission Expires Nov. 22, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: Salem Ward, Gottlob Bohi, Clerk Book 1, #873	Date issued: ---	Date Orig. Entry: blessed July 3,1910
	Date of Birth: May 19,1910	Birth Place: Salem, Fremont County, Idaho	Full Name of Mother: Charlotte Klingler	Name of Father: Jehu George Virgin	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Independent Order of Foresters	Date issued: ---	Date Orig. Entry: Jan.25,1946
	Date of Birth: May 19,1910	Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy 12-836 468		By whom issued and signed: The New York Life Ins. Co.	Date issued: ----	Date Orig. Entry: Mar.27,1936
	Date of Birth: May 19,1910	Birth Place: Sugar City, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	January 29,1971

FORM BH 56067

JAN 14 1971
JAN 29 1971

263-22-022-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-114

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELVA Lucile BOLIN
2. Date of Birth: September 21 1910
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Idaho — Fremont; b. City or Town of Birth: Teton City

FATHER

6. Full Name of Father: George J. Bolin
7. State or Country of Father's Birth: South Carolina

MOTHER

8. Full Maiden Name of Mother: Martha Jones
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elva B. Phillips
11. Present Address of Registrant: 256 Boyd Ave. Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 27 1971
12. Signature of Notary: [illegible]
13. Notary Commission expires: Feb 23 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, Teton, Idaho Walter Riggs, Clerk	July 6,1919	baptized July 5,1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.21,1910 / Teton, Idaho Fremont County	Martha Jones	George J. Bolin	
SUPPORTING RECORD 2.	photocopy of application for insurance policy #35177	Idaho Mutual Benefit Assoc. Boise, Idaho	---	Oct.29,1949
	Sep.21,1910 / Teton City, Idaho	---	---	
SUPPORTING RECORD 3.	photocopy of application for insurance policy 4-10-10-7929	Old West Life Ins. Co.	----	July 9,1960
	Sep.21,1910 / ----	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	February 4,1971

FORM BH 56067

FEB 5 1971

749-21-003-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amity Elizabeth Purvis			2. Date of Birth (month) 2 (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Turner
FATHER	6. Full Name of Father: William F. Purvis			7. State or Country of Father's Birth: Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: Mary A. Osterhout			9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amity Elizabeth Purvis (Purvis)		11. Present Address of Registrant: Fairfield, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: December 10 1970	12. Signature of Notary: Virginia Quirk		13. Notary Commission expires: May 13 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Mary A. Purvis		Date Issued: Apr.14,1970	Date Orig. Entry: ---
	Date of Birth: Feb.21,1910	Birth Place: Turner, Bannock County, Idaho	Full Name of Mother: Mary Alice Osterhout	Name of Father: William Finley Purvis	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Cascade County, Great Falls, Montana		Date Issued: Mar.8,1966	Date Orig. Entry: 1930
	Date of Birth: Feb.21,1910	Birth Place: ----	Full Name of Mother: Mary A. Osterhout Purvis	Name of Father: William F. Purvis	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Montana Deaconess Hospital, Great Falls, Montana		Date Issued: ---	Date Orig. Entry: child born Feb.26,1940
	Date of Birth: Feb.21,1910	Birth Place: Turner, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	February 5,1971

FORM BH 56067

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FEB 8 1971

792-223-014-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-125

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joy Elma Gibbens		2. Date Of Birth (month) 10 (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: William Leslie Gibbens		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Isabelle Blanche Stoddard		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joy E Holden	11. Present Address of Registrant: Rt. 4, Box 44, Caldwell
NOTARY (Seal)	Subscribed and sworn to before me on: February 9 1971	12. Signature of Notary: Calvin E. Burns	13. Notary Commission expires: Dec. 31 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #668680718	By whom issued and signed: Metropolitan Life	Date Issued: May 26,1966	Date Orig. Entry: ----
	Date of Birth: Oct.23,1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: Vital Statistics-Wyoming	Date Issued: Dec.4,1941	Date Orig. Entry: ----
	Date of Birth: age 31 / Birth Place: Caldwell,Idaho	Full Name of Mother: Isabelle Blanche Stoddard	Name of Father: William Leslie Gibbens	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 189894	Date Issued: ----	Date Orig. Entry: child born Mar.24,1931
	Date of Birth: Age 20 / Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: - -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

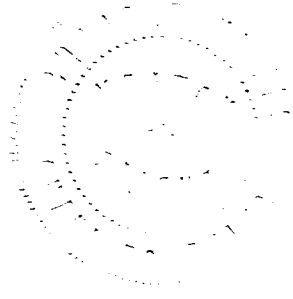
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	February 9,1971

FORM BH 56067

2-8-71

Holden

FEB 9 1971



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381-205-006-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-169

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Freeda Della Chaffin		2. Date Of Birth (month) (day) (year): November 5 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Woodville Bingham Idaho; b. City or Town of Birth: Woodville
FATHER	6. Full Name of Father: John Walter Chaffin		7. State or Country of Father's Birth: Cedar City Iron County Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Louise Collins		9. State or Country of Mother's Birth: Monroe Sevire County Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Freeda Della Chaffin Jorgensen	11. Present Address of Registrant: Route 3 Box 337 Blackfoot Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 17th 1971	12. Signature of Notary: Earl M. Cory	13. Notary Commission expires: February 29th 1972

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho # 51-1423	Date issued: ---	Date Orig. Entry: Child born Feb 10/51
	Date of Birth: Age 40 years; Birth Place: Woodville, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L. D.S. 6th Ward-Blackfoot	Date issued: Feb.17,1971	Date Orig. Entry: Blessed Dec.4,1910
	Date of Birth: Nov.5,1910; Birth Place: Woodville, Idaho	Full Name of Mother: Sarah Louisa Collings	Name of Father: John Walter Chaffin	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 71	By whom issued and signed: Alma L. Chaffin	Date issued: Feb.17, 1971	Date Orig. Entry: ======
	Date of Birth: Nov.5,1910; Birth Place: Woodville,Idaho	Full Name of Mother: Sarah Louise Collins	Name of Father: John Walter Chaffin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Florence Curtright	Feb.23,1971

FORM BH 56067

2-12-71

FEB 23 1971

955-225-1018-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-207

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beulah Christina Reed			2. Date Of Birth (month) (day) (year): December 25, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Greer
FATHER	6. Full Name of Father: Freeman Lester Reed			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Elsie May McKinley			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant X Beulah Reed Walker		11. Present Address of Registrant: Orofino Idaho
NOTARY (Seal)	Subscribed and sworn to before me on X February 24 1971	12. Signature of Notary: Ethel J. Hunter		13. Notary Commission expires: May 1971

((((APPLICANT — DO NOT WRITE BELOW THIS LINE))))

SUPPORTING RECORD 1.	Type of Document: Federal Census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.25,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9 / Birth Place: Idaho	Full Name of Mother: Elsie M. Stockard	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Clearwater County, Idaho School Dist. #29 Jt.	Date Issued: Dec.21,1969	Date Orig. Entry: Sept. 1920
	Date of Birth: Age: 9 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Oscar V. Bolon Age:76	Date Issued: Feb.20,1971	Date Orig. Entry: ---
	Date of Birth: Dec.25,1910 / Birth Place: Greer, Idaho	Full Name of Mother: Elsie Mae Reed (nee McKinley)	Name of Father: Freeman Lester Reed	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: Glenda Larson	Date Filed: March 10, 1971

FORM BH 56067

MAR 1 1 1971

214-211-028-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence May Bauer			2. Date Of Birth (month) July (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Post Falls Ida Kootenai	b. City or Town of Birth: Post Falls Idaho
FATHER	6. Full Name of Father: William Arthur Bauer			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Usabra Bell Mellick Bauer			9. State or Country of Mother's Birth: Black Hill - South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Florence M Bauer Ekehurst	11. Present Address of Registrant: 4536-38th SW. Seattle Wash 98126
NOTARY (Seal)	Subscribed and sworn to before me on: July 29 1970		12. Signature of Notary: Lavina M. Knight	13. Notary Commission expires: Mar. 25 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Yakima Valley Memorial Hosp. WA Ruth P. Haugen, Med.Rec.Lib.	Date issued: Feb.16,1971	Date Orig. Entry: July 31,1951
	Date of Birth: Jul.11,1910	Birth Place: Idaho	Full Name of Mother: Usabra Mellick	Name of Father: William Bauer	
SUPPORTING RECORD 2.	Type of Document: Certificate of Record of Membership		By whom issued and signed: LDS Church, Salt Lake City, Utah	Date issued: Oct.20,1967	Date Orig. Entry: baptized July 6,1930
	Date of Birth: Jul.11,1910	Birth Place: Post Falls, Idaho	Full Name of Mother: Usabia Bell Mellick	Name of Father: William A. Bauer	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age:80		By whom issued and signed: Mrs. Florence Mellick	Date issued: Jul.28,1970	Date Orig. Entry: ---
	Date of Birth: Jul.11,1910	Birth Place: Post Falls, Idaho	Full Name of Mother: Usabra Bell Mellick Bauer	Name of Father: William Arthur Bauer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 11,1971

FORM BH 56067

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8-4-64

MAR 12 1971

87-202.004-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-220

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Matilda Geraldine Rose Haggerty
2. Date of Birth: (month) July (day) 2 (year) 1910
3. Color or Race: Caucasian
4. Sex: Female
5. Place of Birth: a. County: Bear Lake; b. City or Town of Birth: Montpelier, Idaho

FATHER

6. Full Name of Father: Earl DeWitt Haggerty
7. State or Country of Father's Birth: USA

MOTHER

8. Full Maiden Name of Mother: Matilda Jane Johnson
9. State or Country of Mother's Birth: USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Matilda Geraldine Rose Haggerty
11. Present Address of Registrant: 1440 Grand Ave., Grand Junction, Colo. 81501

NOTARY (Seal)

Subscribed and sworn to before me on: February 19 1971
12. Signature of Notary: Judy L. Wilson
13. Notary Commission expires: February 4 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St.Mary's Church, Soda Springs, ID, Joseph A.Muha, Pastor	Jan.21,1969	baptized Sept.26,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2,1910	Montpelier, Idaho	Mathilda Johnson	Earl Haggarty

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Matilda Jane Johnson Haggerty	Feb.24,1958	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2,1910	Montpelier, Idaho Bear Lake County	Matilda Jane Johnson Haggerty	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record	Spencer Wyatt, Supt. of Schools Cokeville High Schoo, Wyoming	Apr.28,1958	Sept.1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2,1910	---	Mrs. Matilda Haggerty	Earl Haggerty (deceased)

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 15, 1971

FORM BH 56067

MAR 15 1971

339-20 8-0 39-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-222

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Mae Strong		2. Date Of Birth (month) (day) (year): Nov. 8, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power; b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: George Washington Strong		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mary Ann Tolmie		9. State or Country of Mother's Birth: (Caribou) Soda Springs, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Margaret Mae Peterson	11. Present Address of Registrant: Bx64 - Cascade
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 1971	12. Signature of Notary: Florence Gutright	13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho File # 201726	Date Issued: ------	Date Orig. Entry: Child born April 6, 1932
	Date of Birth: Age 21 yrs	Birth Place: American Falls, Idaho	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate		By whom issued and signed: J. Wesley Miller Methodist Church	Date Issued: ----	Date Orig. Entry: Child baptized July 6, 1916
	Date of Birth: Nov. 8, 1910	Birth Place: ------	Full Name of Mother: Mary A. (Strong) Tolmie	Name of Father: George W. Strong	
SUPPORTING RECORD 3.	Type of Document: Family Bible		By whom issued and signed: Family	Date Issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: Nov. 8, 1910	Birth Place: American Falls, Idaho	Full Name of Mother: Mary Ann Tolmie	Name of Father: George W. Strong	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Sue Lowe	Date Filed: March 16, 1971

FORM BH 56067

MAR 16 1971

155-205-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Nicoline Jensen			2. Date Of Birth (month) Feb (day) 5 (year) 1910	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth: IDAHO a. County: Bingham	b. City or Town of Birth: Blackfoot	
FATHER	6. Full Name of Father: John C. Jensen			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Anna P. Carlsen			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ethel Nesmith	11. Present Address of Registrant: 6060 Santa Ana Cyn Rd. Anaheim, Calif. 92806	
NOTARY (Seal)	Subscribed and sworn to before me on: March 16, 1971		12. Signature of Notary: Kathy M. McCarthy	13. Notary Commission expires: June 22 1974	

OFFICIAL SEAL
KATHY M. McCARTHY
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Commission Expires June 22, 1974
211 E. Lincoln Ave., Anaheim, Calif. 92805

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Hildur O. Thomsen Age: 74	Date Issued: Mar.15,1971	Date Orig. Entry: ---
	Date of Birth: Feb.5,1910	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Anna Carlsen (Jensen)	Name of Father: John C. Jensen	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 12 978 582		By whom issued and signed: New York Life Ins. Co.	Date Issued: Sep.26,1936	Date Orig. Entry: Sep.26,1936
	Date of Birth: Feb.5,1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.6,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Anna P. Jansen	Name of Father: John C. Jansen	
QUALIFYING INFORMATION	Statement by Keith Slane, Supt. Schools, Dist. #58, Aberdeen, Idaho issued March11,1971 shows age as 14 and parent as John C. Jensen. Record dated Sept. 1924.				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 23, 1971

FORM BH 56067 NM (J) 10-30-70 50M C

MAR 30 1971

249-229-028-633

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-251

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Gertrude Burton			2. Date Of Birth (month) Apr (day) 29 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Harrison Ida. Kootnai	b. City or Town of Birth: Wisconsin	
FATHER	6. Full Name of Father: Claude Grant Burton			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Isabelle Ott			9. State or Country of Mother's Birth: New York State.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Barrego		11. Present Address of Registrant: Box 1062 Truckee Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: March 15 1971	12. Signature of Notary: Eae M. Poponick		13. Notary Commission expires: May 24 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application of social security #543-10-3897	By whom issued and signed: Social Security Administration		Date Issued: Jan.11,1937	Date Orig. Entry: Jan.11,1937
	Date of Birth: Apr.29,1910	Birth Place: Harrison, Idaho	Full Name of Mother: Isabelle Ott	Name of Father: Claude Grant Burton	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage affidavits	By whom issued and signed: Kootenai County, Idaho		Date Issued: Apr.4,1969	Date Orig. Entry: May 31, 1928
	Date of Birth: Age: 18 yrs Apr.29,1928	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
on					
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #2	By whom issued and signed: State of Oregon		Date Issued: Feb.19,1971	Date Orig. Entry: child born Jan.1,1941
	Date of Birth: Age: 30	Birth Place: Harrison, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 23, 1971

FORM BH 56067

2-19-69

MAR 30 1971

281-225-030-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-253

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Cecelia Sharkey		2. Date Of Birth (month) August (day) 25 (year) 1910
	3. Color or Race: Indian	4. Sex: Fem.	5. Place of Birth a. County: Gilmore Lemhi; b. City or Town of Birth: Lemhi Idaho
FATHER	6. Full Name of Father: Barney F Sharkey		7. State or Country of Father's Birth: Montana
MOTHER	8. Full Maiden Name of Mother: Katie Cunningham		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary C Sharkey	11. Present Address of Registrant: 340-16 ave Longview Wn
NOTARY (Seal)	Subscribed and sworn to before me on 2/20 19 71	12. Signature of Notary: Ford McBeth	13. Notary Commission expires 1/25 19 73

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: School Marshall Recorder's Office	Date Issued: Nov.5,1970	Date Orig. Entry: Report made Oct.1,1922
	Date of Birth: Age 12 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: Barney Sharkey	
SUPPORTING RECORD 2.	Type of Document: Affidavit by lifelong friend of family	By whom issued and signed: Olive Langfitt Age: 73	Date Issued: Mar.8,1971	Date Orig. Entry: ---
	Date of Birth: Aug.25,1910 / Birth Place: Gilmore, Idaho	Full Name of Mother: Katie Cunningham Sharkey	Name of Father: Barney Sharkey	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Cowlitz General Hospital Longview, Washington	Date Issued: Feb.26,1971	Date Orig. Entry: Feb.13,1961
	Date of Birth: Aug.25,1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: fc Glenda Larson	Date Filed: March 24, 1971

FORM BH 56067

2-23-71

MAR 31 1971

Department of Public Health
Division of Vital Statistics
Boise, Idaho

893207043 -242

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-280
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELSie MARIE ~~HIASHAW~~ Hillberg
2. Date of Birth (month) (day) (year): NOV. 7 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: ELO - VALLEY; b. City or Town of Birth: ELO, Idaho

FATHER

6. Full Name of Father: ISAAC HILLBERG
7. State or Country of Father's Birth: FINLAND

MOTHER

8. Full Maiden Name of Mother: WENDLA KUKKILA
9. State or Country of Mother's Birth: FINLAND

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elsie M. Hinshaw
11. Present Address of Registrant: McCall, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 29th March 1971
12. Signature of Notary: Gladys A. Shelton
13. Notary Commission expires: March 24 1975

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Own child's birth certificate
By whom issued and signed: On file Idaho #411920
Date Issued: ---
Date Orig. Entry: child born Sept.26,1945
Class*
Date of Birth: Age: 34
Birth Place: McCall, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 2.

Type of Document: Affidavit by person who remembers birth
By whom issued and signed: Fanny J. Heikkola Age: 73
Date Issued: Mar.29,1971
Date Orig. Entry: ---
Class
Date of Birth: Nov.7,1910
Birth Place: Elo, Idaho (near McCall)
Full Name of Mother: Wendla Hillberg
Name of Father: Isaac Hillberg

SUPPORTING RECORD 3.

Type of Document: Baptismal Certificate
By whom issued and signed: John Wm. Eloheimo, Pastor, Ev. Lutheran, Elo, Idaho
Date Issued: ----
Date Orig. Entry: Jan.1,1911
Class
Date of Birth: Nov.7,1910
Birth Place: Long Valley, Idaho
Full Name of Mother: Wendlan
Name of Father: Isaac Hillbergin

QUALIFYING INFORMATION

Elo is no longer a town. McCall is located in Long Valley.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: March 31, 1971

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 2 19

413-218-035-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-286

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edwardine Clare Malone (twin)
2. Date Of Birth (month) (day) (year): Dec. 18, 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: St. Joseph's Hospital Nez Perce
b. City or Town of Birth: Lewiston, Idaho

FATHER

6. Full Name of Father: Edward Dennis Malone
7. State or Country of Father's Birth: Green Bay, Wisconsin

MOTHER

8. Full Maiden Name of Mother: Mary Sophia Baldwin
9. State or Country of Mother's Birth: Chester, Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edwardine Clare Malone Olmer
11. Present Address of Registrant: 1780 - 4th St. Baker, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 29 1971

12. Signature of Notary: Melba B. Kirkelie
13. Notary Commission expires: Nov. 5 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement from Hospital	St. Josephs - Lewiston	Mar. 16, 1971	Dec. 18, 1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 18, 1910 / Lewiston, Idaho	Sophia M. Baldwin Malone	Edward D. Malone	
SUPPORTING RECORD 2.	Baptismal Record	St. Stanislaus - Lewiston	Mar. 18, 1971	Baptized Jan. 7, 1911
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 18, 1910 / Lewiston, Idaho	Sophia Baldwin	Edward D. Malone	
SUPPORTING RECORD 3.	photocopy of hospital certificate of own child's birth	St. Elizabeth's Hospital, Baker, Oregon	----	child born Sep. 29, 1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 18, 1910 / Idaho	----	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barsom	fc Glenda Larson	April 6, 1971

FORM BH-56067

APR 7 1971

319-210 '022-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-290

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Larsen			2. Date of Birth (month) July (day) 10 (year) 1910	
	3. Color or Race: Cauc.	4. Sex: F.	5. Place of Birth: Idaho a. County: Fremont	b. City or Town of Birth: Rexburg	
FATHER	6. Full Name of Father: Nymphus M. Larsen			7. State or Country of Father's Birth: Heber City, Utah	
MOTHER	8. Full Maiden Name of Mother: Caroline Annette Ware			9. State or Country of Mother's Birth: Manti, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna Larsen Russell	11. Present Address of Registrant: 24170 Century Inglewood Cal	
NOTARY (Seal)	Subscribed and sworn to before me on 19 71		12. Signature of Notary: Annette Snow	13. Notary Commission expires: ANNETTE SNOW, Notary Public in and for the State of California 19 My Commission Expires October 16, 1971	

ANNETTE SNOW
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of birth		By whom issued and signed: Fremont Stake, Rexburg 2nd Ward, births &bless. page 770	Date Issued: Aug.6,1954	Date Orig. Entry: Oct.2,1910
	Date of Birth: July 10,1910	Birth Place: Rexburg, Idaho Fremont County	Full Name of Mother: Caroline Ware	Name of Father: Nymphus M. Larsen	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #679		By whom issued and signed: Los Angeles, California	Date Issued: ----	Date Orig. Entry: child born Jan.17,1934
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (10 years older)		By whom issued and signed: Olive May Larsen Hibbert	Date Issued: Feb.12,1971	Date Orig. Entry: ----
	Date of Birth: July 10,1910	Birth Place: Rexburg, Idaho	Full Name of Mother: Caroline Annette Ware	Name of Father: Nymphus M. Larsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	April 6, 1971

FORM BH 56067

2-11-71

APR 7 1971

243229.003-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-299

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elaine Agnes Kutterer			2. Date Of Birth (month) (day) (year): 12 - 29 - 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Charles B. Kutterer			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Agnes Jensen			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elaine Agnes Neeley		11. Present Address of Registrant: 1359 Yellowstone
NOTARY (Seal)	Subscribed and sworn to before me on: April 5, 1971	12. Signature of Notary: B Anne		13. Notary Commission expires: 5-20, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license affidavit		By whom issued and signed: Bingham County, Idaho	Date Issued: Apr.1,1971	Date Orig. Entry: Apr.12,1930
	Date of Birth: Age: 19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #187794	Date Issued: ----	Date Orig. Entry: child born Jan.2,1931
	Date of Birth: Age: 20	Birth Place: Pocatello	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Pocatello 1st Ward, Hyrum Kay, Clerk	Date Issued: Feb.6,1911	Date Orig. Entry: blessed Feb.6,1911
	Date of Birth: Dec.29,1910	Birth Place: Pocatello, Idaho Bannock County	Full Name of Mother: Agnes Jensen	Name of Father: Charles Kutterer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barson	Glenda Larson	April 8, 1971

FORM BH 56067

5-25-71

APR 7 197

219-224-025-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 71-315**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY MARIE BARTH			2. Date of Birth (month) NOVEMBER (day) 24 (year) 1910
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth: IDAHO a. County: IDAHO	b. City or Town of Birth: COTTONWOOD
FATHER	6. Full Name of Father: ALBERT JOSEPH BARTH			7. State or Country of Father's Birth: OREGON
MOTHER	8. Full Maiden Name of Mother: KATHERINE WASEM			9. State or Country of Mother's Birth: IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. R. D. Whitson (Dorothy M. Whitson)		11. Present Address of Registrant: 1825 - 7th St. MARYSVILLE, WASHINGTON
NOTARY (Seal)	Subscribed and sworn to before me on: 2-26 1971	12. Signature of Notary: Harry R Mitchell		13. Notary Commission expires: 4-18 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #6549		By whom issued and signed: State of Washington, Vital Statistics	Date issued: May 13,1960	Date Orig. Entry: child born Aug.24,1942
	Date of Birth: Age: 31	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Newspaper clipping regarding mother's death		By whom issued and signed: The Chronicle,	Date issued: ----	Date Orig. Entry: passed away July 1,1925
	Date of Birth: Age: 14	Birth Place: ---	Full Name of Mother: Mrs. Kate Barth	Name of Father: A. J. Barth	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: St. Mary's Hospital, Cottonwood, ID, Sr. Mary Mildred, RRL	Date issued: Apr.13,1971	Date Orig. Entry: Aug.23,1938
	Date of Birth: Nov.24,1910	Birth Place: Cottonwood, Idaho	Full Name of Mother: Katherine Wasem	Name of Father: Albert J. Barth	
QUALIFYING INFORMATION					

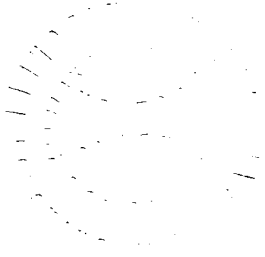
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 16, 1971

FORM BH 56067

APR 16 1971



168206-023-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-316

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Virgene Eva Johnson
2. Date Of Birth (month) (day) (year): October 6 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Gem
b. City or Town of Birth: Ola

FATHER

6. Full Name of Father: Harley Johnson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Eva Josephine Whisman
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virgene Eva Scott
11. Present Address of Registrant: Route 1 Box 46 Lyons Ore 97358

NOTARY (Seal)

Subscribed and sworn to before me on 10/17 1967
12. Signature of Notary: Enid C. Lindemann
13. Notary Commission expires: 10/28 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Own Child's birth certificate Certified copy	State of Oregon #28531	May 29,1964	child born Sept.27,1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 37	Ola, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by mother	Eva Josephine Johnson	Mar.3,1965	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.6,1910	Ola, Idaho	Eva Josephine Whisman Johnson	Harley Johnson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Insurance Policy #217091	Atlas Life Ins. Co., Tulsa,OK	Feb.7,1957	Oct.27,1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.6,1910	Ola, Idaho	Josephine Johnson	Harley Johnson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

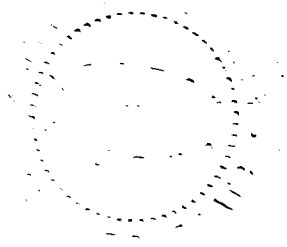
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	April 16, 1971

FORM BH 56067

Scott

APR 2 7 1971



DECEASED

713-223-001-135

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-321

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Asuncion Galdos		2. Date Of Birth (month) March (day) 23 (year) 1910
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth: Boise, Idaho a. County: Ada b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Simon Galdos		7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Josephine (Josefina) Alegria		9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Galdos Landeen	11. Present Address of Registrant: 2295 So. Virginia St Reno, Nevada
NOTARY (Seal)	Subscribed and sworn to before me on: March 14 1971	12. Signature of Notary: Mary E. Irving	13. Notary Commission expires: April 9 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral Boise, Idaho Rev K.F. Rowe	Date issued: Feb 17, 1951	Date Orig. Entry: Baptized April 30, 1910
	Date of Birth: March 23, 1910 Birth Place: ------	Full Name of Mother: Josepha Alegria	Name of Father: Simone Galdos	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # L309747	By whom issued and signed: Kansas City, Missouri Business Mens Assurance Co.	Date issued: March 24, 1943	Date Orig. Entry: -------
	Date of Birth: March 23, 1910 Birth Place: Idaho	Full Name of Mother: Josephine Alegria (Galdos)	Name of Father: Simon Galdos	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father Age 87yrs	By whom issued and signed: Simon Galdos	Date issued: April 17, 1971	Date Orig. Entry: -------
	Date of Birth: March 23, 1910 Birth Place: Boise, Idaho	Full Name of Mother: Josephine Alegria	Name of Father: Simon Galdos	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	April 20, 1971

FORM BH 56067

1 copy Paid Rec # 13662 4-13-71

APR 20 1971

345-418-031-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-342

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herman Peter Lunders			2. Date Of Birth (month) (day) (year): January 18, 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Reubens
FATHER	6. Full Name of Father: John Louis Lunders			7. State or Country of Father's Birth: South Dakota, USA
MOTHER	8. Full Maiden Name of Mother: Elsie Viola Bateman			9. State or Country of Mother's Birth: Washington, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herman Peter Lunders		11. Present Address of Registrant: KAMIAH, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: 22 April 1971	12. Signature of Notary: Earl Kellogg		13. Notary Commission expires: 2/25 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Elsie Viola Lunders		Date Issued: Feb.8,1969	Date Orig. Entry: ----
	Date of Birth: Jan.18,1910	Birth Place: Reubens, Idaho Lewis County	Full Name of Mother: Elsie Viola (Bateman) Lunders	Name of Father: John Louis Lunders	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Mrs. Lela Christensen, Sec. Dist. #305 Craigmont, Idaho		Date Issued: July 17,1968	Date Orig. Entry: Sep.14,1925
	Date of Birth: Age: 15	Birth Place: ---	Full Name of Mother: Mrs. John Lunders	Name of Father: Mr. John Lunders	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #232575		Date Issued: ----	Date Orig. Entry: child born Jan.20,1934
	Date of Birth: Age: 24	Birth Place: Reubens, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	April 27, 1971

FORM BH 56067

APR 2 8 1971

869-130-039-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-349

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernal Smith Horton		2. Date Of Birth (month) (day) (year): March 30 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bower; b. City or Town of Birth: Pauline, Idaho *
FATHER	6. Full Name of Father: Jewell Horton		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Elvira Smith		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernal S. Horton	11. Present Address of Registrant: Route 2 North Box 130 Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 22n 1971	12. Signature of Notary: James E. Valenty Pocatello, Idaho	13. Notary Commission expires: May 15 1972

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #306702	Date Issued: ---	Date Orig. Entry: child born Jan.18,1941
	Date of Birth: Age: 30	Birth Place: Arbon, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination as an Elder		By whom issued and signed: LDS Church,No.Pocatello Ward Melvin P. Lemmon, Ward Clerk	Date Issued: Mar.3,1932	Date Orig. Entry: Feb. 2,
	Date of Birth: Mar.30,1910	Birth Place: Arbon, Idaho	Full Name of Mother: Elvira Smith	Name of Father: Jewell Horton	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Jewell Horton	Date Issued: Jan.13,1944	Date Orig. Entry: ----
	Date of Birth: Mar.30,1910	Birth Place: Pauline, Idaho Power County	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION: *Pauline is no longer a town. It was located about 5 miles North of Arbon. - The Idaho Encyclopedia compiled by the Federal Writers'Project & published in 1938

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	April 27, 1971

FORM BH 56067

1-22-71

APR 2 8 1971

Horton

Chubb Cert. # 306702

312-107-015-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-354

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arthur Leroy Lake
2. Date of Birth: May 7, 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Central, Caribou; b. City or Town of Birth: Central

FATHER

6. Full Name of Father: John James Lake
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Otense Charallet Rosdahl
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthur Leroy Lake
11. Present Address of Registrant: [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on April 27 1971

12. Signature of Notary: Pearl Stacy
13. Notary Commission expires: Sept 13 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record of Birth	L.D.S.Church	Mar.29,1971	Recorded Jun 5,1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 7,1910 / Central,Idaho	Ottense Rosdahl	John J. Lake	
SUPPORTING RECORD 2.	Honorable Discharge	Army of the United States	Dec. 14,45	Entry Mar.23,1944
	May 7,1910 / Central,Idaho	-----	- -----	
SUPPORTING RECORD 3.	Census Record	U.S.Dept. of Commerce	Apr.1,1971	Census Taken Jan.2,1920
	Age 9 / Idaho	Otense Lake	John J. Lake	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 29,1971

FORM BH 56067

APR 2 9 1971

35-4

386-15002-458

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-356

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Alvie Thompson			2. Date of Birth (month) October (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Adams	b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Robert Lee Thompson			7. State or Country of Father's Birth: TENNESEE
MOTHER	8. Full Maiden Name of Mother: Sibbie Evelyn Myers Lou			9. State or Country of Mother's Birth: ILLINOIS
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis Alvie Thompson		11. Present Address of Registrant: Route 3, Box 126 Colville, Wash. 99114
NOTARY (Seal)	Subscribed and sworn to before me on: April 27, 19 71	12. Signature of Notary: Phillip P. Shod		13. Notary Commission expires: Feb. 17 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Oct.15,1910 / Birth Place: Council, Idaho	Full Name of Mother: Sibbie Eveline Myers	Name of Father: Robert Lee Thompson	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 195275	Date Issued: ----	Date Orig. Entry: child born Oct. 25, 1931
	Date of Birth: Age 21 / Birth Place: Adams County, Ida.	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age:73	By whom issued and signed: Perry W. Thompson	Date Issued: Apr.27,1971	Date Orig. Entry: ----
	Date of Birth: Oct.15,1910 / Birth Place: Council, Idaho Adams County	Full Name of Mother: Sibbie Evelyn Myers	Name of Father: Robert Lee Thompson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: fc Glenda Larson	Date Filed: April 30, 1971

FORM BH 56067

APR 30 1971

194215003-316

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-371

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roberta L. Armstrong			2. Date of Birth (month) (day) (year): January 15, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Robin
FATHER	6. Full Name of Father: George W. Armstrong			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Etta W. Frances Lawrence			9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roberta L. Armstrong		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on May 3, 19 71	12. Signature of Notary: Richard Darling		13. Notary Commission expires: NOTARY PUBLIC OF IDAHO Residing at Pocatello My Commission expires 11-10-19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister who was present at time of birth	By whom issued and signed: Goldie A. Toler Age:73	Date Issued: Apr.27,1971	Date Orig. Entry: ---
	Date of Birth: Jan.15,1910 / Birth Place: Robin, Idaho	Full Name of Mother: Etta W. Frances Lawrence	Name of Father: George W. Armstrong	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing book A #438	By whom issued and signed: LDS Church, Garden Creek Ward O. M. Christensen, Bishop	Date Issued: ---	Date Orig. Entry: blessed Sept.4,1910
	Date of Birth: Jan.15,1910 / Birth Place: Robin, Idaho Bannock County	Full Name of Mother: Etta Lawrence	Name of Father: George W. Armstrong	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #206875	Date Issued: ---	Date Orig. Entry: child born Oct.2,1932
	Date of Birth: Age: 22 / Birth Place: Robin, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	May 6, 1971

FORM BH 56067

3 copies pd use #14518

4-30-71 gml

Powers (nee Armstrong)

MAY 6 1971

742-22-0023-85-4

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-375

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Julius Puschmann			2. Date Of Birth (month) Oct (day) 22 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Gem	b. City or Town of Birth: Pearl, Idaho
FATHER	6. Full Name of Father: Rhinehart Emil Puschmann			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Ida Emma Heder			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Julius Puschmann		11. Present Address of Registrant: Mt. Rt. Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November ✓ 1970	12. Signature of Notary: Margaret Moore		13. Notary Commission expires: Oct 8, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #422691	Date Issued: ----	Date Orig. Entry: child born July 3, 1946
	Date of Birth: Age: 35 / Birth Place: Pearl, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin - lived close by at Pearl, Idaho	By whom issued and signed: Clara M. Mansell Age: 71	Date Issued: June 22, 1970	Date Orig. Entry: ---
	Date of Birth: Oct. 22, 1910 / Birth Place: Pearl, Idaho	Full Name of Mother: Ida E. Puschmann	Name of Father: Puschmann Rhinard (or Rhineholt) E.	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: Gem County, Idaho	Date Issued: Dec. 12, 1942	Date Orig. Entry: Marriage Dec. 12, 1942
	Date of Birth: Age 32 / Birth Place: Pearl, Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gm1 Florence Curtright	May 7, 1971

FORM BH 56067

MAY 7 1971

789-117-014-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-379

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RICHARD ALVIN PHILPOTT		2. Date of Birth (month) (day) (year): MARCH 17 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: CANYON
			b. City or Town of Birth: NAMPA IDAHO
FATHER	6. Full Name of Father: ASA PHILPOTT		7. State or Country of Father's Birth: ONTARIO - CANADA
MOTHER	8. Full Maiden Name of Mother: EMILY McINTYRE		9. State or Country of Mother's Birth: ONTARIO CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard Alvin Philpott	11. Present Address of Registrant: 10555 SW 69th PORTLAND ORE
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 4 19 71	12. Signature of Notary: H. D. Richman	13. Notary Commission expires: MAY 4 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Navy, W.L.Gottenberg, Lt.(S) USNR, Discharge officer	Date Issued: discharged Mar.10,1946	Date Orig. Entry: inducted June 30,1945
	Date of Birth: Mar.17,1910 / Birth Place: Nampa, Idaho Canyon County	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (bd.4-20-1895)	By whom issued and signed: Grace Emily McNary	Date Issued: May 3,1971	Date Orig. Entry: ---
	Date of Birth: Mar.17,1910 / Birth Place: ----	Full Name of Mother: Emily McIntyre Philpott	Name of Father: Asa Philpott	
SUPPORTING RECORD 3.	Type of Document: Marriage License and Certificate	By whom issued and signed: San Diego County, CA., Rev. Roy G. Cockerell, So. Baptist Min.	Date Issued: Sep.26,1945	Date Orig. Entry: Sep.26,1945
	Date of Birth: Age: 35 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	May 11, 1971

FORM BH 56067

MAY 12 1971

693-226-028-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-383

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ANNA BIRDIE WILSON
2. Date Of Birth (month) (day) (year): FEBURARY 26. 1910
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth ~~a. County~~: COEURD ALENE, IDAHO
~~b. City or Town of Birth~~: Cootney County Kootenai Co.

FATHER

6. Full Name of Father: BENJAMIN FRANKLIN WILSON
7. State or Country of Father's Birth: DES MOINES, IOWA.

MOTHER

8. Full Maiden Name of Mother: IDA ELIZABETH MILLER
9. State or Country of Mother's Birth: PRESCOT, IOWA.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anna Birdie Johnson
11. Present Address of Registrant: 2121 Franklin St. Suite 213

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 11, 1970
12. Signature of Notary: Elaine J. Benefiel
13. Notary Commission expires: May 30, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of certificate of marriage	Vancouver, B.C., Canada	----	Jan.24,1964
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 53 / Coeur d'Alene, Idaho U.S.A.	---	---	
SUPPORTING RECORD 2.	Statement by physician	Dr. D.P.Goel	Nov.6,1970	Oct. 1966
	Feb.26,1910 / ---	---	--	
SUPPORTING RECORD 3.	Affidavit by sister Age:72	Ideal Clarissa Harrison	Dec.7,1970	---
	Feb.26,1910 / Coeur d'Alene, Idaho	Ida Elizabeth Wilson	Benjamin Franklin Wilson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	May 12, 1971

FORM BH 56067

12-10-69

I sister to Anna Birdie Johnson declare that I was born 1898 Jan. 16. at Lena Nebraska. Anna Birdie Johnson was born 1910 Feb. 26 in Kootnie County Idaho. Delivered by Midwife Mrs Cogley. same community.

Ideal Clarissa (Goodwin) Harrison

Sept. 11, 1970 Multnomah County

Elaine J. Benefiel
Notary State of Oregon

Commission Expires
May 30, 1971

MAY 13 1971

122-112 1035-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT WADE ABBOTT			2. Date Of Birth: (month) APRIL (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Isaiah Abbott			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Nannie May Wade			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Robert Wade Abbott	11. Present Address of Registrant: 2804 N. Greenwood, La Grande, Oregon 97850	
NOTARY (Seal)	Subscribed and sworn to before me on: May 6, 19 71		12. Signature of Notary: Robert E. Williamson	13. Notary Commission expires: June 24 19 71	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: post card announcing birth		By whom issued and signed: was sent to Mrs. L.P.Wade, Soldier, Idaho	Date Issued: postmarked Apr.14,1910	Date Orig. Entry: ---
	Date of Birth: Apr.12,1910	Birth Place: Lewiston	Full Name of Mother: Mrs. I. Abbott	Name of Father: Mr. I. Abbott	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate #131		By whom issued and signed: State of Oregon	Date Issued: Apr.2,1971	Date Orig. Entry: child born Aug.6,1932
	Date of Birth: Age: 22	Birth Place: Lewiston, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Designation or change of Beneficiary		By whom issued and signed: Union Pacific RR Co.,Oregon, Div.,RR Retirement Board	Date Issued: Mar.13,1939	Date Orig. Entry: Mar.13,1939
	Date of Birth: Apr.12,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	May 13, 1971

FORM BH 56067

MAY 13 1971

755-216-032-615

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-390

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Fay Gentry
2. Date Of Birth (month) May (day) 16 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Lincoln now Minidoka
b. City or Town of Birth: Acequia, Idaho

FATHER

6. Full Name of Father: Mannie B. Gentry
7. State or Country of Father's Birth: Berryville, Arkansas

MOTHER

8. Full Maiden Name of Mother: Flora Fanning
9. State or Country of Mother's Birth: Berryville, Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Fay Gentry West
11. Present Address of Registrant: Rupert, Ida. Rt. 4.

NOTARY (Seal)

Subscribed and sworn to before me on May 7, 19 71

12. Signature of Notary: August C. Bethke, Clerk of the Disteict Court
by Dorothy Kallenbeck deputy
13. Notary Commission expires 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for social security #518-44-1883	Social security adm.	---	Oct.25,1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 16,1910 / Acequia, Idaho Minidoka County	Flora Fanning	Mannie Burton Gentry	
SUPPORTING RECORD 2.	photocopy of page from family Bible	Family records in Bible	---	obviously old
	May 16,1910 / ---	---	---	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #190591	----	child born Mar.7,1931
	Age: 20 / Acequia, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: May 13, 1971

FORM BH 56067

1 copy paid rec. #9005

gml

MAY 1 4 1971

Wine

863-123-010-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-391

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gilbert Ernest Hocking
2. Date Of Birth (month) (day) (year): January 23, 1910
3. Color or Race: white
4. Sex: M
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Grays Lake, Idaho

FATHER

6. Full Name of Father: Ernest Garfield Hocking
7. State or Country of Father's Birth: Park City, Utah

MOTHER

8. Full Maiden Name of Mother: Clara Rose Hanni
9. State or Country of Mother's Birth: Cokeville, Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gilbert E Hocking
11. Present Address of Registrant: P.O.Boxx 122 Mackay, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 10 1971
12. Signature of Notary: Eileen Simmons Notary Public Mackay, Idaho
13. Notary Commission expires: June 7 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census Record Bingham County, Idaho	Age:3 mos.	Idaho	U.S. Department of Commerce Bureau of the Census	Clara Hocking	May 5, 1971	Earnest Hocking	Apr.15,1910
SUPPORTING RECORD 2.	photocopy of hospital record	Jan.23,1910	Grays Lake, Idaho	St.Anthony Mercy Hospital, Pocatello, ID	---	---	---	Feb.3,1960
SUPPORTING RECORD 3.	Affidavit by aunt who was present at time of birth	Jan.23,1910	Grays Lake, Idaho Bonneville, County	Louella Albers (bd.1900)	Clara Rose (Hanni) Hocking	Jan.8,1971	Ernest G. Hocking	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	May 13, 1971

FORM BH 56067

MAY 1 4 1971

259-207-040-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-402

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gisella Mary Bertoldi		2. Date Of Birth (month) (day) (year): September 7, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Burke
FATHER	6. Full Name of Father: David Bertoldi		7. State or Country of Father's Birth: Austria
MOTHER	8. Full Maiden Name of Mother: Mabel Bertoldi		9. State or Country of Mother's Birth: Austria
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gisella M. DeLorenzo	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 14, 1971	12. Signature of Notary: Donald A. Damaad	13. Notary Commission expires: 2-10 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #534-01-7387	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Dec.9,1936
	Date of Birth: Sept.7,1910; Birth Place: Burke, Idaho	Full Name of Mother: Mabel Bertoldi	Name of Father: David Bertoldi	
SUPPORTING RECORD 2.	Type of Document: Certificate of registered voter	By whom issued and signed: City of Seattle, WA, Prec. No. 34-51	Date Issued: Mar.29,1971	Date Orig. Entry: Aug.6,1958
	Date of Birth: Sept.7,1910; Birth Place: Burke, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage affidavit	By whom issued and signed: King County, Washington	Date Issued: Mar.29,1971	Date Orig. Entry: May 11,1935
	Date of Birth: Age: 24; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

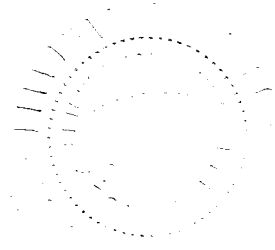
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	May 20, 1971

FORM BH 56067

MAY 2 1 1971



217-208:041-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-422

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Mary Bagley			2. Date Of Birth (month) (day) (year): December 8, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor
FATHER	6. Full Name of Father: George Parley Bagley			7. State or Country of Father's Birth: Charleston, Utah
MOTHER	8. Full Maiden Name of Mother: Heda Rozella Johnson			9. State or Country of Mother's Birth: Victor, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Mary Kearsley		11. Present Address of Registrant: Victor Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 20 1971	12. Signature of Notary: K C Gullett		13. Notary Commission expires: July 1 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of blessing	By whom issued and signed: LDS Church, Victor Ward, John Lauritzen, Elder & Clerk	Date Issued: ---	Date Orig. Entry: blessed Mar.5,1911
	Date of Birth: Dec.8,1910 / Birth Place: Victor, Idaho	Full Name of Mother: Heda Johnson	Name of Father: Geo. P. Bagley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Areatha Minerva Sherman Age:79	Date Issued: May 20,1971	Date Orig. Entry: ---
	Date of Birth: Dec.8,1910 / Birth Place: Victor	Full Name of Mother: Heda Rozella Johnson	Name of Father: George Parley Bagley	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #241857	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: ---	Date Orig. Entry: July 2, 1943
	Date of Birth: Dec.8,1910 / Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: gml Glenda Larson		Date Filed: May 28, 1971

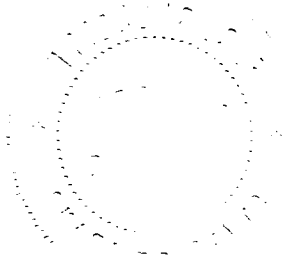
FORM BH 56067

Issued with #20049

2nd form sent 5-25-71 Ba

Kearsley (nee Bagley)

JUN 1 1971



553-202-029-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-424

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Virginia Nelson		2. Date Of Birth (month) May (day) 2 (year) 1910
	3. Color or Race: caucasian	4. Sex: F	5. Place of Birth a. County: LATAH; b. City or Town of Birth: MOSCOW
FATHER	6. Full Name of Father: Andrew John ~~Hunter~~ NELSON		7. State or Country of Father's Birth: SWEDEN
MOTHER	8. Full Maiden Name of Mother: Lydia Christina Pearson		9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Irene V Reyfish Auser	11. Present Address of Registrant: 3015 SE 74th Portland 97206
NOTARY (Seal)	Subscribed and sworn to before me on: March 6 1971	12. Signature of Notary: Glen E. Bolon	13. Notary Commission expires: May 5 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record	By whom issued and signed: Geo. W. Jahnson, Pastor	Date issued: ---	Date Orig. Entry: May 27,1910
	Date of Birth: May 2,1910	Birth Place: Moscow, Idaho Latah County	Full Name of Mother: Lidia Christina Nelson	Name of Father: Anders Johan Nelson
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: J.R.Rogers, Clerk, Moscow School Dist. #281, Idaho	Date issued: ---	Date Orig. Entry: Sept.1916
	Date of Birth: Age: 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by half-sister	By whom issued and signed: Jennie E. Anderson Age: 79	Date issued: Apr.20,1971	Date Orig. Entry: ---
	Date of Birth: May 2,1910	Birth Place: Moscow, Idaho	Full Name of Mother: Lydia Christina Nelson	Name of Father: Andrew John Nelson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 28, 1971

FORM BH 56067

JUN 1 1971

455210020 - 392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-432

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Frances Devlin		2. Date Of Birth: (month) July (day) 10 (year) 1910	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Mountain Home
FATHER	6. Full Name of Father: William Devlin		7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Josephine Tibodeau		9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Talbitt	11. Present Address of Registrant: 1724 Bannock - Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1971	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record of Birth	By whom issued and signed: W.H.Trail, Elmore County	Date Issued: May 11,1971	Date Orig. Entry: July 19,1910
	Date of Birth: July 10,1910 / Birth Place: Mountain Home	Full Name of Mother: William Devlin	Name of Father: Josephine Tibodeau Devlin	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 321989	Date Issued: ---	Date Orig. Entry: child born Aug 25,1941
	Date of Birth: Age 31 / Birth Place: Mountain Home	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St.Peters Church,Shoshone,ID Martin F.Hughes,Adm.	Date Issued: Sep.25,1952	Date Orig. Entry: baptized July 19,1910
	Date of Birth: July 10,1910 / Birth Place: ---	Full Name of Mother: Josephine Chibeaudeau	Name of Father: William Devlin	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: fc Glenda Larson	Date Filed: June 2, 1971

FORM BH 56067

5-6-71

JUN 2 1971

V63-228-001-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-435

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Ellen Moller		2. Date Of Birth (month) (day) (year): Feb. 28, 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Nels Anderson Moller		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Martina Olsen		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Burnham	11. Present Address of Registrant: 415 E. Angela St., Pleasanton, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: August 4, 1966	12. Signature of Notary: Ruth J. Collins	13. Notary Commission expires: Feb. 22, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of certificate of marriage #46583 A	By whom issued and signed: Spokane County, Washington	Date Issued: Aug.11,1966	Date Orig. Entry: Aug.3,1932
	Date of Birth: Age: 22	Birth Place: Boise, Idaho	Full Name of Mother: Martina Sorensen	Name of Father: N. A. Moller
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #219871	Date Issued: ---	Date Orig. Entry: child born Mar.8,1934
	Date of Birth: Age: 24	Birth Place: Boise	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #7ACB11 47 77	By whom issued and signed: Champion Ins. Co. of North America	Date Issued: Nov.4,1964	Date Orig. Entry: Nov.4,1964
	Date of Birth: Feb.28,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: gml Glenda Larson	Date Filed: June 2, 1971

FORM BH 56067

JUN 3 1971

(V55204)025-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-437

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nadene Frances Dever			2. Date of Birth (month) (day) (year): January 4, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: Samuel Byron Dever			7. State or Country of Father's Birth: Kansas, USA
MOTHER	8. Full Maiden Name of Mother: Elizabeth Frances Lyon			9. State or Country of Mother's Birth: Missouri, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nadene Frances Stewart		11. Present Address of Registrant: 119 Orca St Port Angeles, Wash. 98362
NOTARY (Seal)	Subscribed and sworn to before me on: May 26, 1971	12. Signature of Notary: [illegible]		13. Notary Commission expires: [illegible] 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #533-24-0055	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Oct.25,1943
	Date of Birth: Jan.4,1910 / Birth Place: Stites,Idaho Idaho County	Full Name of Mother: Elizabeth Frances Lyon	Name of Father: Samuel Byron Dever	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Missoula Co.,Montana, C. S. Porter,Supt.School Dist.#1	Date Issued: Mar.25,1957	Date Orig. Entry: 1917
	Date of Birth: Jan.4,1910 / Birth Place: ---	Full Name of Mother: Elizabeth Dever	Name of Father: Samuel Dever	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Sacred Heart Academy records	By whom issued and signed: Sister Lawrence, Principal, Missoula, Montana	Date Issued: Nov.15,1967	Date Orig. Entry: 1923
	Date of Birth: Age: 13 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Samuel Dever	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml fc Glenda Larson	June 2, 1971

FORM BH 56067

JUN 3 1971

762-22.001-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-476

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Elmer Goble		2. Date Of Birth (month) April (day) 22 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Ada; b. City, or Town of Birth Boise
FATHER	6. Full Name of Father: Elmer Simpson Goble		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ellen Inez Hutchinson		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Elmer Goble	11. Present Address of Registrant: Rt. 2 Box 146 Kimberly Oregon 97140
NOTARY (Seal)	Subscribed and sworn to before me on: 6-21 1971	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 84 yrs	By whom issued and signed: Myrtle Goble Songer	Date Issued: June 21,1971	Date Orig. Entry: -------
	Date of Birth: April22,1910 Birth Place: Boise,Idaho	Full Name of Mother: Ellen Inez Hutchinson	Name of Father: Elmer Simpson Goble	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy No.677849	By whom issued and signed: W.H.Bubbell,Pres. of Iowa Equitable Life Insurance Co	Date Issued: Oct.21,1939	Date Orig. Entry: -----
	Date of Birth: April22,1910 Birth Place: Boise, Idaho	Full Name of Mother: Ellen Hutchinson Goble Hathaway	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Ada County Register of Birth No. 434	By whom issued and signed: State of Idaho - Ada County Otto Petersen- Recorder	Date Issued: Aug.3,1942	Date Orig. Entry: Child born April 22,1910
	Date of Birth: April22,1910 Birth Place: Boise, Idaho	Full Name of Mother: Hutchinson	Name of Father: Elmer Goble	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Sue Lowe	Date Filed: June 21,1971

FORM BH 56067

6-15-71

Goble

JUN 21 1971

819221-029-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-489

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marian Elizabeth Hare		2. Date Of Birth (month) July (day) 21 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Latah b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: David Henry Hare		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Augusta Underhill Bradbury		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marian H. Peery	11. Present Address of Registrant: 13341 S.E.Laurie Ave. Milwaukie, Oregon 97222
NOTARY (Seal)	Subscribed and sworn to before me on: 19 day of March 1971	12. Signature of Notary: [signature]	13. Notary Commission expires: My Commission Expires Nov. 29 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment		By whom issued and signed: Portland Public Schools	Date issued: ---	Date Orig. Entry: June 25,1945
	Date of Birth: July 21,1910	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #256018	Date issued: ---	Date Orig. Entry: child born Feb.16,1937
	Date of Birth: Age: 26	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage records #25142		By whom issued and signed: Multnomah County, Oregon	Date issued: Apr.11,1968	Date Orig. Entry: July 28,1934
	Date of Birth: Age: 24	Birth Place: Moscow, Idaho	Full Name of Mother: Augusta U. Hare	Name of Father: (Rev.) David Henry Hare	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 23,1971

FORM BH 56067

10-3-67

JUN 2[illegible] 1971

U12-231-022-595

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvina Mason			2. Date of Birth (month) January (day) 31 (year) 1910
	3. Color or Race: white	4. Sex:	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: James T. B. Mason			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rhoda Adelaide Hinckley			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Melvina Mason Crapo		11. Present Address of Registrant: R 2, St. Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 19 71	12. Signature of Notary: Bess C Jenkins		13. Notary Commission expires: Elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Parker Ward, LDS Church, Henry S. Jackson, Clerk	Date Issued: Mar.15,1910	Date Orig. Entry: blessed March 6,1910
	Date of Birth: Jan.31,1910 / Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Rhoda A. Mason	Name of Father: Jas. T. B. Mason	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Fremont County, Idaho	Date Issued: June 9,1971	Date Orig. Entry: Sept.1921
	Date of Birth: Age: 11 / Birth Place: ---	Full Name of Mother: ---	Name of Father: James T. B. Mason	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #236312	Date Issued: ---	Date Orig. Entry: child born Sept.4,1935
	Date of Birth: Age: 25 / Birth Place: Parker	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Affidavit by person who lived close to family and knew parents well, Thomas Grover, Age: 75 gives Jan.31,1910 as birthdate; birthplace - Parker, Idaho; parents - Rhoda A. Hinckley and James T. B. Mason. Affidavit signed June 10,1971.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson		Date Filed: June 23, 1971

FORM BH 56067

JUN 24 1971

282-221-006-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elda Elzina (Bybee) ~~Day~~	2. Date Of Birth (month) 12 (day) 21 (year) 1910
	3. Color or Race: W; 4. Sex: F; 5. Place of Birth a. County: Ucon Idaho-BINGHAM	b. City or Town of Birth: Ucon Idaho
FATHER	6. Full Name of Father: George Le Roy Bybee	7. State or Country of Father's Birth: Manti Utah
MOTHER	8. Full Maiden Name of Mother: Evelyn Larsen	9. State or Country of Mother's Birth: Ovid Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elzina E. Day.
		11. Present Address of Registrant: 17804 25th N.E. Seattle
NOTARY (Seal)	Subscribed and sworn to before me on: 6/22 1971	12. Signature of Notary: Lewis W Van Ness
		13. Notary Commission expires: 10/10 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate #595	By whom issued and signed: child born in Yakima, WA	Date issued: ---	Date Orig. Entry: child born June 20,1943
	Date of Birth: Age: 32; Birth Place: Ucon, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #537 03 3258	By whom issued and signed: Social Security Adm.	Date issued: ---	Date Orig. Entry: June 18,1937
	Date of Birth: Dec.21,1910; Birth Place: Ucon, Idaho	Full Name of Mother: Evelyn Larson	Name of Father: George LeRoy Bybee	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage return license #7156	By whom issued and signed: Kittitas County, Washington	Date issued: ---	Date Orig. Entry: Oct.31,1938
	Date of Birth: Age: 27; Birth Place: Ucon, Idaho	Full Name of Mother: Evelyn Larsen	Name of Father: George L. Bybee	
QUALIFYING INFORMATION				

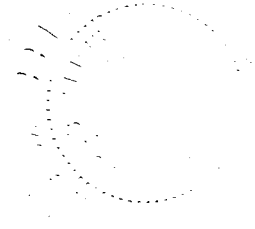
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 29, 1971

FORM BH 56067

JUN 30 1971



194-131-003-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-509

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Armstrong, Ezra Powers		2. Date Of Birth (month) January (day) 31 (year) 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Robin
FATHER	6. Full Name of Father: Armstrong, David		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Powers, Virginia Evelina Ezra Armstrong		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: Arimo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 24 1971	12. Signature of Notary: Howard Armstrong	13. Notary Commission expires: May 29 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 64055	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: May 17,1926	Date Orig. Entry: ----
	Date of Birth: Jan.31,1910 / Birth Place: Robin, Idaho	Full Name of Mother: ----	Name of Father: David Armstrong	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D.S.Church	Date Issued: May 1,1910	Date Orig. Entry: Blessed May 1, 1910
	Date of Birth: Jan.31,1910 / Birth Place: Idaho	Full Name of Mother: Virginia E. Powers	Name of Father: David Armstrong	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 266587	Date issued: ----	Date Orig. Entry: child born Apr.15,1938
	Date of Birth: Age 28 / Birth Place: Robin, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	July 1,1971

FORM BH 56067

JUL 1 1971

693-220-003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-518

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delila Sophronia Willard			2. Date Of Birth (month) August (day) 20 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Cleveland, Bannock	b. City or Town of Birth: Cleveland
FATHER	6. Full Name of Father: Lawrence David Willard			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Miranda Anderson			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Delila Storms		11. Present Address of Registrant: Box 152, Wells, Nevada 89835
NOTARY (Seal)	Subscribed and sworn to before me on May 29, 19 71	12. Signature of Notary: Jane M. Peterson		13. Notary Commission expires 10/10 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record	By whom issued and signed: LDS Church	Date Issued: ----	Date Orig. Entry: blessed Nov. 6, 1910
	Date of Birth: Aug. 20, 1910	Birth Place: Cleaveland, Idaho USA	Full Name of Mother: Mary M. Anderson	Name of Father: Lawerence D. Willard
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #351875	Date Issued: ---	Date Orig. Entry: child born May 3, 1942
	Date of Birth: Age: 31	Birth Place: Cleveland, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Southern Pacific Trans. Co.	Date Issued: Jun 18, 1971	Date Orig. Entry: March 12, 1960
	Date of Birth: Aug. 20, 1910	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	July 2, 1971

FORM BH 56067

JUL 2 1971

858-214-026-622

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-520

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verna Gertrude Heyrend		2. Date of Birth (month) (day) (year): August 14 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Rigby, Idaho
FATHER	6. Full Name of Father: John Heyrend		7. State or Country of Father's Birth: Raft River, Idaho
MOTHER	8. Full Maiden Name of Mother: Minerva Modena Osborn		9. State or Country of Mother's Birth: Russelville, Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verna Bates	11. Present Address of Registrant: 5200 Portola Road, Atascadero, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 6th. 1963 19	12. Signature of Notary: Wm J. Verheyen	13. Notary Commission expires: WM. J. VERHEYEN 19 MY COMMISSION EXPIRES JUNE 2, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Walter Scholes, Bishop	Date Issued: -----	Date Orig. Entry: baptized Oct. 1, 1921
	Date of Birth: Aug. 14, 1910; Birth Place: -----	Full Name of Mother: Minerva M. Osborne	Name of Father: John H. Heyrend	
SUPPORTING RECORD 2.	Type of Document: Notification of Personnel Action; Department of the Army	By whom issued and signed: Anne S. Baker, Chief, Admin. Division	Date Issued: ----	Date Orig. Entry: Oct. 26, 1953
	Date of Birth: Aug. 14, 1910; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Atascadero General Hospital	Date Issued: Oct. 25, 1955	Date Orig. Entry: Admitted Oct. 24, 1955
	Date of Birth: Aug. 14, 1910; Birth Place: Rigby, Idaho	Full Name of Mother: -------	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: sm Florence Curtright	Date Filed: July 6, 1971	

FORM BH 56067

JUL 6 1971

231203-006-857

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-542

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Louise Klassen			2. Date Of Birth (month) November (day) 3 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Aberdeen, Idaho Bingham	b. City or Town of Birth: Aberdeen
FATHER	6. Full Name of Father: Cornelius Klassen			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Paula Hege			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clara Louise Mrs Don Shandley	11. Present Address of Registrant: 721 Lincoln, Walla Walla, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 19 71		12. Signature of Notary: Alice Lehman	13. Notary Commission expires: March 14 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Paula Gege Klassen	Date Issued: June 2, 1971	Date Orig. Entry: ---
	Date of Birth: Nov. 3, 1910	Birth Place: Aberdeen, Idaho	Full Name of Mother: Paula Hege Klassen	Name of Father: Cornelius Klassen	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record		By whom issued and signed: Keith Slane, Supt. Gr.	Date Issued: ---	Date Orig. Entry: graduated May 1928
	Date of Birth: Nov. 3, 1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: C. Klassen	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth		By whom issued and signed: Walla Walla General Hospital, Washington	Date Issued: ---	Date Orig. Entry: child born May 6, 1952
	Date of Birth: Nov. 3, 1910	Birth Place: Aberdeen, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barron		Evidence reviewed by: Glenda Larson		Date Filed: July 14, 1971

FORM BH 56067

JUL 15 1971
NOV 9 1971

381-230-040-545

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Evalyn Charles	2. Date Of Birth (month) June (day) 30 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Mullan Idaho a. County: Shoshone	b. City or Town of Birth: Mullan Idaho
FATHER	6. Full Name of Father: James Monroe Charles (Monte)	7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Eva Florence Emery	9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace E. Morgan; 11. Present Address of Registrant: 524½ Caledonia Butte Mont
NOTARY (Seal)	Subscribed and sworn to before me on: July 8 1971	12. Signature of Notary: James Blanch; 13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of marriage #46133 A		By whom issued and signed: State of Washington	Date issued: ----	Date Orig. Entry: Mar.28,1932
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: Eva F. Emery	Name of Father: J. M. Charles	
SUPPORTING RECORD 2.	Type of Document: photocopy of baptismal record		By whom issued and signed: F. N. Morton, Pastor	Date issued: ---	Date Orig. Entry: baptized Apr.23,1911
	Date of Birth: June 30,1910	Birth Place: ---	Full Name of Mother: Eva Charles	Name of Father: Monte M. Charles	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #1255		By whom issued and signed: State of Washington, City of Spokane	Date issued: Dec.13,1951	Date Orig. Entry: child born June 1,1941
	Date of Birth: Age: 30	Birth Place: Mullan, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 15, 1971

FORM BH 56067

Morgan

JUL 16 1971

239-224-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-553

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Strange		2. Date Of Birth (month) (day) (year): September 24, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Egin (mail St. Anthony)
FATHER	6. Full Name of Father: John James Strange		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Lucy Green		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Sainsbury	11. Present Address of Registrant: Chattaroy Wash. 99003 #1
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1971	12. Signature of Notary: Larry O. Erickson	13. Notary Commission expires: April 1, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records - EIR, Washington	By whom issued and signed: LDS Church, Dennis L. Gale, Ward Clark, Deer Park Ward	Date issued: Apr.13,1971	Date Orig. Entry: baptized Aug.2,1919
	Date of Birth: Sep.24,1910; Birth Place: Egin, Idaho (Freemont)	Full Name of Mother: Lucy Green	Name of Father: John James Strange	
SUPPORTING RECORD 2.	Type of Document: Temple Recommend & sealing certificate	By whom issued and signed: Alberta Temple, CANADA, Z.W.Jacobs, Temple Presidency	Date issued: June 14,1944 sealed	Date Orig. Entry: June 13,1944 recommend dated
	Date of Birth: Sep.24,1910; Birth Place: Freemont County Egin, Idaho	Full Name of Mother: Lucy Green	Name of Father: John James Strange	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #182508	Date issued: ---	Date Orig. Entry: child born June 13,1930
	Date of Birth: Age: 19; Birth Place: Egin, Idaho	Full Name of Mother#: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 15, 1971

FORM BH 56067

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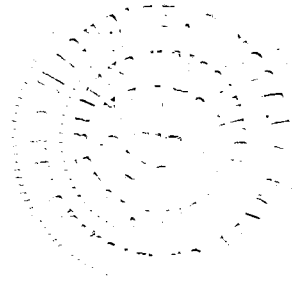
4-22-71 gml

JUL 16 1971



295-21-7014-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-572

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alta Lucille Kingsbury
2. Date Of Birth (month) (day) (year): June 17 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Middleton — Canyon
b. City or Town of Birth: Middleton Idaho

FATHER

6. Full Name of Father: Shirley Frances Kingsbury
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Margaret Sutton
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alta Gossler
11. Present Address of Registrant: Stanfield Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: February 25 1959

12. Signature of Notary: Nathan D. Bare
13. Notary Commission expires: MY COMMISSION EXPIRES FEB. 28, 1961 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Margaret K. Oberson	Dec.17,1965	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 17,1910 / Middleton,Idaho	Margaret Sutton	Shirley Frances Kingsbury	
SUPPORTING RECORD 2.	photocopy of marriage return	Malheur County, Oregon	---	Mar.8,1932
	Age: 21 / Middleton, Idaho	----	---	
SUPPORTING RECORD 3.	Statement regarding school records	Independence School,Polk Co. Intermediate Education Dist.Board	July 26,1971	Nov.25,1915
	Age: 5 / ----	----	S. F. Kingsbury	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: August 4, 1971

FORM BH 56067

1 Copy Fee

AUG 4 1971

818-102-1004-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-579

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eldon Hayes
2. Date Of Birth (month) (day) (year): Jan. 2 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bear Lake Idaho. b. City or Town of Birth: Georgetown

FATHER

6. Full Name of Father: John Riley Hayes
7. State or Country of Father's Birth: Farmington, Utah

MOTHER

8. Full Maiden Name of Mother: Harriet Emaline Dunn
9. State or Country of Mother's Birth: Bloomington, Idaho.

AFFIDAVIT

I hereby declare upon path that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eldon Hayes
11. Present Address of Registrant: 2712 W. Porter Fullerton Cal.

NOTARY (Seal)

OFFICIAL SEAL
BARBARA M. APERA
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Commission Expires Oct. 9, 1973

Subscribed and sworn to before me on 7-28- 1971

12. Signature of Notary: Barbara M. Apera
13. Notary Commission expires: Oct 9 1973

1821 W. Orangethorpe Ave., Fullerton, Calif. 92633

APPLICANT-- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #426754	----	child born Oct.4,1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 36 / Georgetown, Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of Certificate of Ordination as an Elder	Silas L. Wright, Stake Pres. Georgetown Ward, LDS Church	Mar.31,1940	Mar.17,1940
	Jan.2,1910 / Georgetown, Idaho	Harriet E. Dunn	John R. Hayes	
SUPPORTING RECORD 3.	Insurance Policy #02916450	American National Ins. Co. Galveston, TX	Jan.2,1962	Dec.6,1961
	Jan.2,1910 / Georgetown, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 4, 1971

FORM BH 56067

1cp pd rec# 19806

7-23-71

AUG 4 1971
OCT 8 1974

213-221-033-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-581

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Rachel Ball
2. Date Of Birth: (month) March (day) 21 (year) 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Fremont? Madison? (Madison Co. was organized from Fremont in 1914)
   b. City or Town of Birth: Salem Idaho

FATHER

6. Full Name of Father: James Ball
7. State or Country of Father's Birth: Wales & England

MOTHER

8. Full Maiden Name of Mother: Harriet Higley
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rachel B. Stanger
11. Present Address of Registrant: 720 Bryan Ave [illegible]

NOTARY (Seal)

Subscribed and sworn to before me on July 27 1971

12. Signature of Notary: Joanne Campbell
13. Notary Commission expires: My Commission Expires June 9, 1973

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Salem Ward, B. R. Harris, Bishop	Date Issued: May 1,1910	Date Orig. Entry: blessed May 1, 1910	
	Date of Birth: Mar.21,1910	Birth Place: Salem, Idaho Fremont County	Full Name of Mother: Hariet Higley	Name of Father: James Ball	
SUPPORTING RECORD 2.	Type of Document: patriarchal blessing	By whom issued and signed: Frederick A.H.F. Mitchell, Patriarch, Logan, UT	Date Issued: Jan.12,1920	Date Orig. Entry: Jan.12,1920	
	Date of Birth: Mar.21,1910	Birth Place: Salem, Idaho Madison County	Full Name of Mother: Harriet Mallinda Higley Ball	Name of Father: James Ball	
SUPPORTING RECORD 3.	Type of Document: notification of employment action	By whom issued and signed: R.D.Simpson,Asst.Pers.Rel.Off. Navy Department,Clearfield,UT	Date Issued: Jan.10,1945	Date Orig. Entry: Jan.10,1945	
	Date of Birth: Mar.21,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	

QUALIFYING INFORMATION

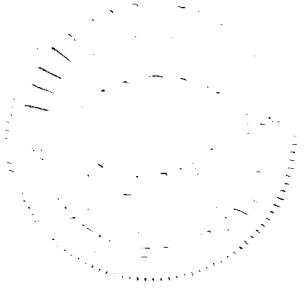
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	August 4, 1971

FORM BH 56067

AUG 4 1971



144-216-006-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-585

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Lucille Judd			2. Date Of Birth (month) (day) (year): January 16, 1910
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Edward L. Judd			7. State or Country of Father's Birth: Grantsville, Utah
MOTHER	8. Full Maiden Name of Mother: Ada Kraack			9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Lucille Judd		11. Present Address of Registrant: 4410 SE 65th Portland Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 1971	12. Signature of Notary: [illegible]		13. Notary Commission expires: 1-10 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Portland Ward, H. P. Anderson, Ward Clerk	Date Issued: ----	Date Orig. Entry: baptized July 21, 1918
	Date of Birth: Jan. 16, 1910 / Birth Place: Blackfoot, Idaho	Full Name of Mother: Ada Kraack	Name of Father: Edward L. Judd	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Ada M. Judd	Date Issued: July 19, 1971	Date Orig. Entry: ---
	Date of Birth: Jan. 16, 1910 / Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Ada Margaret Kraack Judd	Name of Father: Edward L. Judd	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #2491	By whom issued and signed: State Of Oregon	Date Issued: Sep. 16, 1965	Date Orig. Entry: child born July 29, 1931
	Date of Birth: Age: 21 / Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	August 5, 1971

FORM BH 56067

AUG -5 1971

881-225-009-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-597

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Irene Hyatt		2. Date Of Birth (month) (day) (year): September 25, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner; b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Nathan Lee Hyatt		7. State or Country of Father's Birth: South Carolina
MOTHER	8. Full Maiden Name of Mother: Alice Van Blaricom		9. State or Country of Mother's Birth: don't know
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessie I. Erickson	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: August 5 19 71	12. Signature of Notary: Barbara D. Little	13. Notary Commission expires: November 15 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #535-09-5056		By whom issued and signed: Social security adm.	Date issued: ---	Date Orig. Entry: Jan.14,1937
	Date of Birth: Sep.25,1910	Birth Place: SanPoint, Idaho	Full Name of Mother: Alice Van Blarcuim	Name of Father: Nathan Lee Hyatt	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record		By whom issued and signed: King County Hospital system admitted to IPD #233626	Date issued: ---	Date Orig. Entry: Jan.22,1948
	Date of Birth: Sep.25,1910	Birth Place: Sand Point, Idaho	Full Name of Mother: Alice Van Blaircum	Name of Father: Nathan Lee Hyatt	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate		By whom issued and signed: State of Washington	Date issued: Apr.15,1960	Date Orig. Entry: Jan.27,1933 child born
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	August 11, 1971

FORM BH 56067

3 copies pl.

7/29/71 4ml

AUG 12 1971

312-110-015-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-624

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Christopher C. Lakey			2. Date Of Birth (month) June (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs
FATHER	6. Full Name of Father: Charles R. Lakey			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Eva Bishop			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles R. Lakey		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 19 61	12. Signature of Notary: [illegible]		13. Notary Commission expires: August 1, 19 [illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file- Idaho # 183060	Date issued: ----	Date Orig. Entry: child born # 183060
	Date of Birth: Age 20	Birth Place: Soda Springs, Ida	Full Name of Mother: -----	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father Age 87		By whom issued and signed: Charles R. Lakey	Date issued: Jan 2, 1968	Date Orig. Entry: ----
	Date of Birth: Jun.10,1910	Birth Place: Soda Springs, Id.	Full Name of Mother: Eva Bishop Lakey	Name of Father: Charles R. Lakey	
SUPPORTING RECORD 3.	Type of Document: Insurance PolicyY=159931		By whom issued and signed: Girardian Ins. Co.	Date issued: Jun.21,1960	Date Orig. Entry: Jun.14,1960
	Date of Birth: Jun.10,1910	Birth Place: ----	Full Name of Mother: ------	Name of Father: - -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

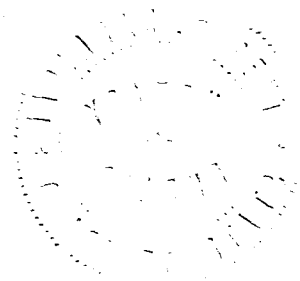
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Aug. 25, 1971

FORM BH 56067 Inquire - No Record

Childs Birth # 183060

AUG 31 1971



DECEASED

V31-224.001-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Ida McGARRAH		2. Date Of Birth (month) 2 (day) 24 (year) 1910	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: BOISE, IDAHO Ada (UNK)	b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: CHARLIE LEE McGARRAH		7. State or Country of Father's Birth: ARKANSAS	
MOTHER	8. Full Maiden Name of Mother: ~~DA~~ ~~RUTH~~ LILLIE ELLEN GRAHAM		9. State or Country of Mother's Birth: ARKANSAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Wayne McGarrah Kel	11. Present Address of Registrant: 911 W. POPLAR, ROGERS, Ark.	
NOTARY (Seal)	Subscribed and sworn to before me on 16th-Aug 19 71	12. Signature of Notary: Estelle Graham	13. Notary Commission expires: Sept 15 1973	

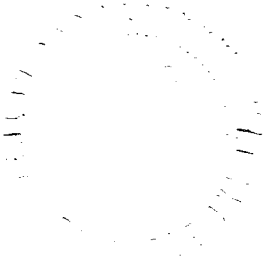
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital record	By whom issued and signed: Rogers Memorial Hospital, ARK	Date Issued: Aug.16,1971	Date Orig. Entry: Sep.26,1965
	Date of Birth: Feb.24,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Lillie Graham	Name of Father: Charles L. McGarrah	
SUPPORTING RECORD 2.	Type of Document: Marriage License & Certificate	By whom issued and signed: Benton County, Arkansas JP F.F.Floyd	Date Issued: Dec.15,1934	Date Orig. Entry: Dec.15,1934
	Date of Birth: Age: 24 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding application for policy #R5925 & 869-R	By whom issued and signed: Northwest Arkansas Burial Assoc.,Rogers,AR,M.Nickell,Reg.	Date Issued: Aug.25,1971	Date Orig. Entry: Nov.2,1955
	Date of Birth: Feb.24,1910 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 27,1971	

FORM BH 56067

7-21-11

AUG 30 1971



235-214022-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-639

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wanda Stevens	2. Date Of Birth (month) (day) (year): February 14, 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Teton Fremont Co. Idaho	b. City or Town of Birth: Teton, Idaho
FATHER	6. Full Name of Father: Joseph Franklin Stevens	7. State or Country of Father's Birth: Paragonah, Iron Co. Utah
MOTHER	8. Full Maiden Name of Mother: Martha Robena McKinlay	9. State or Country of Mother's Birth: Provo, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of Registrant: Wanda Knight; 11. Present Address of Registrant: Route 3 Box 210 Ogden,
NOTARY (Seal)	Subscribed and sworn to before me on: August 19 1971	12. Signature of Notary: DP Hinckley; 13. Notary Commission expires: Sept 1 1972

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: photocopy of application for employment	By whom issued and signed: Ogden City Public Schools	Date issued: ----	Date Orig. Entry: June 15,1953
	Date of Birth: Feb.14,1910; Birth Place: Fremont County	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of transcript	By whom issued and signed: Brigham Young University, Provo, Utah	Date issued: ---	Date Orig. Entry: SS 1951
	Date of Birth: Feb.14,1910; Birth Place: ----	Full Name of Mother: ----	Name of Father: J. F. Stevens	
SUPPORTING RECORD 3.	Type of Document: patriarchal blessing	By whom issued and signed: Alma B. Larsen, Patriarch	Date issued: June 27,1941	Date Orig. Entry: June 27,1941
	Date of Birth: Feb.14,1910; Birth Place: Teton, Idaho	Full Name of Mother: Martha Robena McKinlay	Name of Father: Joseph Franklin Stevens	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	August 31, 1971

FORM BH 56067 1 cp pd rec #22833 (K) 11-1-67 gm

Copyright

AUG 31 1971

JAN 20 1975

133-202-003-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 71-640**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Blanche Lillian Allen		2. Date Of Birth (month) 2 (day) 2 (year) 1910
	3. Color or Race: White	4. Sex: Fair	5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Pocatello Idaho
FATHER	6. Full Name of Father: Thomas James Allen.		7. State or Country of Father's Birth: Penn. U.S.A.
MOTHER	8. Full Maiden Name of Mother: Lillian Bertha Allen.		9. State or Country of Mother's Birth: Utah U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Blanche Allen	11. Present Address of Registrant: 4142 S.E. 52nd.
NOTARY (Seal)	Subscribed and sworn to before me on: 8/26/71 19	12. Signature of Notary: Doris L. Carlson	13. Notary Commission expires: 8-19- 1971

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: page from family Bible		By whom issued and signed: Family Records in Bible	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Feb.2,1910	Birth Place: ----	Full Name of Mother: Lillian Bertha Johnston	Name of Father: Thomas James Allen	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Portland Public Schools,OR Chapman Elem.,C.Lauderdale,Sec.	Date issued: Oct.6,1965	Date Orig. Entry: 1920-21
	Date of Birth: Feb.2,1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Mrs. Thomas J. Allen	Name of Father: Thomas J. Allen	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Portland Adventist Hospital,OR Susan Nolan,Med.Rec.Clerk	Date issued: Aug.26,1971	Date Orig. Entry: May 18,1951
	Date of Birth: Feb.2,1910	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 31, 1971

FORM BH 56067

1CP Pd Ref # 401

9-22-65

AUG 3 1 1971

469-220-010-992

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-656

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gladys Morris
2. Date Of Birth (month) Feb. (day) 20 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Woodville

FATHER

6. Full Name of Father: Ebeneezr Williams Morris
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Risenmay
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gladys Davis
11. Present Address of Registrant: Route 1, Shelley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 4 1971

12. Signature of Notary: William S. Belton
13. Notary Commission expires: June 1 1973

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of blessing	LDS Church, Woodville Ward	Apr.3,1910	blessed Apr.3,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.20,1910	Woodville, Idaho Bingham County	Elizabeth Risenmay	Ebeneezar Morris

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license affidavit	Bonneville county, Idaho	Aug.13,1971	Nov.25,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital	Idaho Falls LDS Hospital, ID Mrs. Colleen Hadfield, Med. Rec.	Aug.30,1971	Apr.14,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 34	----	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

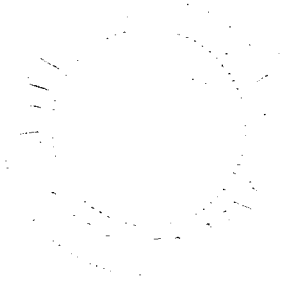
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barson	gml Glenda Larson	Sept. 10, 1971

FORM BH 56067

6-15-71

SEP 13 1971



249-226-005-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-658

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Eulalia Smith			2. Date Of Birth (month) (day) (year): January 26 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Carey Idaho, U.S.A.	b. City or Town of Birth: Carey Idaho
FATHER	6. Full Name of Father: Frank Smith			7. State or Country of Father's Birth: Levan, Utah - U.S.A.
MOTHER	8. Full Maiden Name of Mother: Annie Ella Cazier			9. State or Country of Mother's Birth: Nephi, Utah U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eulalia S Brockett		11. Present Address of Registrant: 536 - 13th Ave SLC. Utah
NOTARY (Seal)	Subscribed and sworn to before me on: June 8, 1971	12. Signature of Notary: Irma C Hansen		13. Notary Commission expires: Dec. 6, 1972

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of birth	By whom issued and signed: LDS Church, Western States Mission, So. Dakota Conf. pg. 872 #179	Date Issued: Oct. 13, 1942	Date Orig. Entry: bapt. Apr. 20, 1919	
	Date of Birth: Jan. 26, 1910	Birth Place: Carey, Idaho	Full Name of Mother: Ella Cazier	Name of Father: Frank Smith	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #1278744	By whom issued and signed: The Metropolitan Life Ins. Co.	Date Issued: Feb. 8, 1929	Date Orig. Entry: Jan. 25, 1929	
	Date of Birth: Jan. 26, 1910	Birth Place: Carey, Idaho	Full Name of Mother: Ella A. Smith	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry #67736	By whom issued and signed: State of Utah	Date Issued: Aug. 31, 1971	Date Orig. Entry: Feb. 3, 1934	
	Date of Birth: Jan. 26, 1910	Birth Place: Carey, Idaho	Full Name of Mother: Ella Cazier	Name of Father: Frank Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	Sept. 13, 1971

FORM BH 56067

4-22-71

Crockett

SEP 13 1971

315-211-018-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-661

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Josephine Lanphier			2. Date Of Birth (month) 8 (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Orofino Clearwater	b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: Vernie E. Lanphier			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Anna Theresa Broemling			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Josephine Lanphier		11. Present Address of Registrant: 418 S. W. 16th Pendelton, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: September 12 1966	12. Signature of Notary: Clerk of the District Court Clearwater County Idaho		13. Notary Commission expires: xxxx 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Clearwater County, Idaho Dist. #22		Date Issued: Sep.12,1966	Date Orig. Entry: Sep.20,1919
	Date of Birth: Age: 9	Birth Place: ---	Full Name of Mother: ---	Name of Father: Vernie Lanphier	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Mrs. Tena Jacobs (10 years older)		Date Issued: June 30,1971	Date Orig. Entry: ---
	Date of Birth: Aug.11,1910	Birth Place: Orofino, Idaho	Full Name of Mother: Anna Broemmeling Lanphier	Name of Father: Vernie Elmer Lanphier	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #630,884,653	By whom issued and signed: Metropolitan Life Ins. Co. MS		Date Issued: Aug.7,1963	Date Orig. Entry: Aug.7,1963
	Date of Birth: Aug.11,1910	Birth Place: Orofino, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 13, 1971

FORM BH 56067

SEP 13 1971

312-210-029-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-669

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERA MAY BAKER			2. Date Of Birth: (month) May (day) 10 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: (Deary) a. County: Latah	b. City or Town of Birth: Deary	
FATHER	6. Full Name of Father: William Bert Baker			7. State or Country of Father's Birth: Holdings Ford, Minnesota	
MOTHER	8. Full Maiden Name of Mother: Loula Alice Stewart			9. State or Country of Mother's Birth: Jacksonville, Virginia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Vera May Baker / Vera May Kellberg	11. Present Address of Registrant: W. 1214 Kiernan, Spokane, Wa.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 20, 19 71		12. Signature of Notary: Joan A. Stueve	13. Notary Commission expires: Dec. 10 19 74	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Lloyd W. Baker (bd. 5-29-1899)	Date Issued: Aug. 23, 1971	Date Orig. Entry: ---
	Date of Birth: May 10, 1910 / Birth Place: Deary, Idaho Latah County	Full Name of Mother: Loula Alice Stewart	Name of Father: William Bert Baker	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of baptismal record	By whom issued and signed: Roger P. Oliver, Pastor, Ev. Lutheran	Date Issued: Aug. 18, 1971	Date Orig. Entry: baptized Jan. 14, 1931
	Date of Birth: May 10, 1910 / Birth Place: Deary, Idaho	Full Name of Mother: Loula Baker	Name of Father: Bert Baker	
SUPPORTING RECORD 3.	Type of Document: notarized photocopies of pages from Family Bible	By whom issued and signed: Family Records in Bible	Date Issued: Aug. 18, 1971	Date Orig. Entry: obviously old
	Date of Birth: May 10, 1910 / Birth Place: Deary, Idaho	Full Name of Mother: Loula Alice Stewart	Name of Father: William Bert Baker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Sept. 17, 1971

FORM BH 56067

SEP 20 1971

415-12-1024-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-671

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Joel Davis		2. Date Of Birth (month) March (day) 24 (year) 1910	
	3. Color or Race: caucasian	4. Sex: male	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: George Washington Davis		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Martha Louise Wilson		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Joel Davis	11. Present Address of Registrant: 618 W. Jackson, Medford, Oregon 97501	
NOTARY (Seal)	Subscribed and sworn to before me on August 31, 19 71	12. Signature of Notary: Helma E. McDaniel	13. Notary Commission expires: August 1, 19 73	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Idaho County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Aug.19,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9 / Birth Place: Idaho	Full Name of Mother: Martha Davis	Name of Father: George W. Davis	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Reorganized LDS Church, Independence,Mo. #A51	Date Issued: Nov.3,1919	Date Orig. Entry: baptized Aug.31,1919
	Date of Birth: Mar.24,1910 / Birth Place: Hagerman, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-05-0136	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Apr. 7, 1937
	Date of Birth: Mar.24,1910 / Birth Place: Hagerman, Idaho	Full Name of Mother: Martha Wilson	Name of Father: George Davis	

QUALIFYING INFORMATION: Affidavit by 1st cousin, O. G. Davis, Age: 71, issued July 21, 1971 gives: born March 24, 1910 in Hagerman, Idaho to George Washington Davis and Martha Louis Wilson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	Sept. 17, 1971

FORM BH 56067

SEP 20 1971

553-101-014-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-692

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Royal Stewart Nelson			2. Date Of Birth (month) January (day) 1 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County Canyon	b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: Edward Gustavus Nelson			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Josephene Lake			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT NOTARY PUBLIC (Seal) My Commission Expires March 31, 1974	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. SANDRA D. ABELL NOTARY PUBLIC-CALIFORNIA	10. Signature of Registrant: Royal S. Nelson		11. Present Address of Registrant: Modesto, California 95350 504 Woodrow Avenue
	Subscribed and sworn to before me on August 27, 1971 COUNTY OF STANISLAUS	12. Signature of Notary: Sandra D. Abell SANDRA D. ABELL		13. Notary Commission expires: March 31, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of county record of birth	By whom issued and signed: Canyon County, Idaho #1174 pg.53 reported by S.J.Miller	Date Issued: Aug.19,1971	Date Orig. Entry: ---
	Date of Birth: Jan.1,1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Josie Nelson (nee Lake)	Name of Father: E. Nelson	
SUPPORTING RECORD 2.	Type of Document: Certified copy of return of marriage	By whom issued and signed: Clackamas County, OR	Date Issued: Sep.10,1971	Date Orig. Entry: Nov.10,1933
	Date of Birth: Age: 23 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Audney Bates Age: 71	Date Issued: Sep.10,1971	Date Orig. Entry: ---
	Date of Birth: Jan.1,1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Josie Nelson	Name of Father: Edward Nelson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron gml	Glenda Larson	October 5, 1971

FORM BH 56067

OCT 13 1971

25-213-033-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-694

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kate Viola Keppner		2. Date Of Birth (month) (day) (year): September 13, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison; b. City or Town of Birth: Hibbard
FATHER	6. Full Name of Father: Joseph Keppner		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Kate Watson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kate Viola Keppner	11. Present Address of Registrant: R#2 St Anthony
NOTARY (Seal)	Subscribed and sworn to before me on: 13th September 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: 20 Sept 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #255033	Date Issued: ----	Date Orig. Entry: child born Apr. 18, 1937
	Date of Birth: Age: 26	Birth Place: Hibbard	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Hibbard Ward, Joseph E. Rigby, Bishop	Date Issued: July 7, 1919	Date Orig. Entry: baptized June 28, 1919
	Date of Birth: Sep. 13, 1910	Birth Place: Hibbard, Idaho Madison County	Full Name of Mother: Kate Watson	Name of Father: Joseph Keppner	
SUPPORTING RECORD 3.	Type of Document: certified copy of school records		By whom issued and signed: Madison County, Idaho	Date Issued: July 29, 1971	Date Orig. Entry: 1922
	Date of Birth: 1910	Birth Place: ----	Full Name of Mother: Kate Keppner	Name of Father: Joseph Keppner	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	October 5, 1971

FORM BH 56067

OCT 6 1971

385-206-042-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-714

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melsa Cheney		2. Date Of Birth (month) 4 (day) 6 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Kimberley, Ida Twin Falls; b. City or Town of Birth
FATHER	6. Full Name of Father: Aaron Hugh Cheney		7. State or Country of Father's Birth: Manassa Conejous Colorado
MOTHER	8. Full Maiden Name of Mother: Rachel Amanda Tadlock		9. State or Country of Mother's Birth: Marion Casia Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melsa Hawkins	11. Present Address of Registrant: Hole So Jeff Jefferson Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 23 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: 6-25 1975

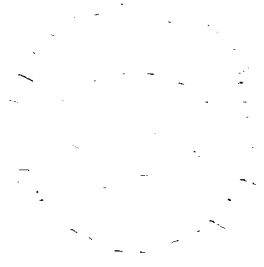
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Luke's Hospital, Boise, ID, Dianne E. Kohtz, ART	Date Issued: July 13, 1971	Date Orig. Entry: Oct. 5, 1936
	Date of Birth: Apr. 6, 1910 / Birth Place: Idaho	Full Name of Mother: Rachel Chaney	Name of Father: Aaron Chaney	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age: 76	By whom issued and signed: Belle Tadlock	Date Issued: June 8, 1971	Date Orig. Entry: ---
	Date of Birth: Apr. 6, 1910 / Birth Place: Kimberly, Idaho Twin Falls County	Full Name of Mother: Rachael Amanda Tadlock	Name of Father: Aaron Hugh Cheney	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record	By whom issued and signed: Mountain Bell Telephone Co., Boise, Velma M. Callender, Sec. Steno	Date Issued: ----	Date Orig. Entry: Oct. 14, 1946
	Date of Birth: Apr. 6, 1910 / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: October 15, 1971

FORM BH 56067

OCT 2 1 1971



863-225.010-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 71-716**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hallie Arleen Hocking			2. Date Of Birth (month) (day) (year): March 25 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Falls Ida Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Richard Henry Hocking			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Hattie Adelia Beauregard			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hallie Arleen Hocking	11. Present Address of Registrant: 523 So Johnson Pocatello Idaho 83201
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 23 1971		12. Signature of Notary: D. Jerene K. Stott	13. Notary Commission expires: 12-20 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth		By whom issued and signed: Pocatello Stake, 11th ward, Bapt.&Conf. 1961 pg.538 ln.13	Date Issued: Apr.14,1971	Date Orig. Entry: Mar.5,1961
	Date of Birth: Mar.25,1910	Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Hattie Adelia Beaugard	Name of Father: Richard Henry Hocking	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of own child's birth certificate		By whom issued and signed: Pocatello General Hospital Pocatello, ID	Date Issued: ---	Date Orig. Entry: child born Nov.26,1938
	Date of Birth: Mar.25,1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: Pocatello, Idaho Public Schools	Date Issued: ----	Date Orig. Entry: Jan.21,1924
	Date of Birth: Mar.25,1910	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	October 15,1971

FORM BH 56067

OCT 15 1971

389-112-006-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-717

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jones Christensen		2. Date Of Birth (month) May (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Blackfoot, Bingham Idaho; b. City or Town of Birth: Blackfoot.
FATHER	6. Full Name of Father: George William Christensen		7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Elizebeth Jane Thomas		9. State or Country of Mother's Birth: Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jones Christensen	11. Present Address of Registrant: 2 Low 4th No. Spanish Fork, UT
NOTARY (Seal)	Subscribed and sworn to before me on: September 21 1971	12. Signature of Notary: × Bonnie Larsen Huff	13. Notary Commission expires: January 6, 1975 Spanish Fork, Utah 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership		By whom issued and signed: LDS Church, Salt Lake City, UT, Arthur Strong, Church Membership	Date issued: Aug. 30, 1971	Date Orig. Entry: baptized June 2, 1918
	Date of Birth: May 12, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Elizabeth Thomas	Name of Father: C. William Christenson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother		By whom issued and signed: William Christensen (10 yrs. older)	Date Issued: Sep. 21, 1971	Date Orig. Entry: ----
	Date of Birth: May 12, 1910	Birth Place: Groverland, (Blackfoot), Idaho	Full Name of Mother: Elizabeth Jane Thomas Christensen	Name of Father: George William Christensen	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for marriage license #4787		By whom issued and signed: State of Utah, County of Utah	Date issued: Sep. 15, 1971	Date Orig. Entry: June 1, 1931
	Date of Birth: May 12, 1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Elizabeth Jane Thomas	Name of Father: G. W. Christensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

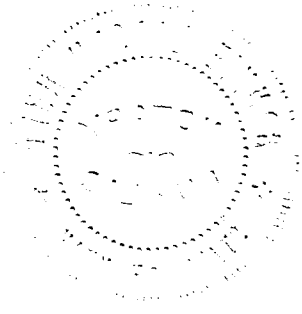
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	October 15, 1971

FORM BH 56067

8-3-71

OCT 15 1971



819-230-01 X-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-71-730

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie R. Harmon			2. Date of Birth (month) (day) (year): December 30, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Caldwell, Canyon	b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: John Harmon			7. State or Country of Father's Birth: Ada, county, Idaho
MOTHER	8. Full Maiden Name of Mother: Inez Lillian Hallford			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marjorie R. Walker	11. Present Address of Registrant: RT 1 New Plymouth Ida
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1971		12. Signature of Notary: Bonnie R. Hewett	13. Notary Commission expires: 4-14 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #1048		By whom issued and signed: Nevada State Health Dept. Division of Vital Statistics	Date Issued: Sep.3,1948	Date Orig. Entry: child born June 12,1942
	Date of Birth: Age: 31	Birth Place: Caldwell, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: John Harmon	Date Issued: July 8,1966	Date Orig. Entry: ---
	Date of Birth: Dec.30,1910	Birth Place: Canyon County Caldwell, Idaho	Full Name of Mother: Inez L. Harmon	Name of Father: John Harmon	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records		By whom issued and signed: S.C.Clark,Personnel Manager, Ore-Ida Foods,Inc.,Ontario,OR	Date Issued: Oct.6,1971	Date Orig. Entry: Mar.19,1962
	Date of Birth: Dec.30,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barnum	Evidence reviewed by: gml Glenda Larson	Date Filed: October 20,1971

FORM BH 56067

OCT-2 0 1971

314-20-3029-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-733

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Louise Cameron		2. Date Of Birth (month) (day) (year): February 3 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah; b. City or Town of Birth: Moscow Rural
FATHER	6. Full Name of Father: William T. Cameron		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Louise Lucy Martin		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Louise Cameron	11. Present Address of Registrant: Moscow, Idaho 305 North Washington
NOTARY (Seal)	Subscribed and sworn to before me on: October 6 19 71	12. Signature of Notary: Lew Dielenberg	13. Notary Commission expires: December 5 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records	By whom issued and signed: J.R.Rogers,Clerk,School Dist. 281,Moscow High School, Idaho	Date Issued: ---	Date Orig. Entry: Jan.16,1925
	Date of Birth: Feb.3,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: W. T. Cameron
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Hattie Weigand (born 9/4/1897)	Date Issued: Oct.5,1971	Date Orig. Entry: ---
	Date of Birth: Feb.3,1910	Birth Place: Rural Route,Moscow Latah Co., Idaho	Full Name of Mother: Louise Lucy Martin (Cameron)	Name of Father: William T. Cameron
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #20 968 930	By whom issued and signed: New York Life Ins. Co.	Date Issued: Apr.18,1946	Date Orig. Entry: Apr.4,1946
	Date of Birth: Feb.3,1910	Birth Place: Moscow, Idaho	Full Name of Mother: Mrs. Lucy Cameron	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	October 20,1971

FORM BH 56067

OCT 20 1971

815-201-022-144

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-741

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Zina Elizabeth Hansen
2. Date Of Birth (month) May (day) 1 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Teton, Idaho
b. City or Town of Birth: Teton, Idaho

FATHER Solomon

6. Full Name of Father: Solomon Hansen
7. State or Country of Father's Birth: Salt Lake County, Utah

MOTHER

8. Full Maiden Name of Mother: Ellen Judd
9. State or Country of Mother's Birth: Mesa, Pima County, Arizona

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zina E. Westhelen
11. Present Address of Registrant: 1031 Bedford Rd. Las Vegas, Nevada 89107

NOTARY (Seal)

Notary Public State of Nevada
CLARK COUNTY

Subscribed and sworn to before me on Oct. 13 1971

12. Signature of Notary: M. Ann Smith
13. Notary Commission expires: Dec. 5 1973

M. ANN SMITH
My Commission Expires Dec. 5, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of membership records of church	By whom issued and signed: LDS Church, Salt Lake City, Utah, Ella D. Jack, Cust. of records	Date Issued: ---	Date Orig. Entry: baptized Aug. 3, 1918	
	Date of Birth: May 1, 1910	Birth Place: Teton, Idaho	Full Name of Mother: Ellen Judd	Name of Father: Solomon Hansen	
SUPPORTING RECORD 2.	Type of Document: Federal Census Records Cassia, County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep. 28, 1971	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Ellen Hansen	Name of Father: Solomon Hansen	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit of application for marriage License #145	By whom issued and signed: Elko County, Nevada	Date Issued: Sep. 16, 1971	Date Orig. Entry: July 27, 1932	
	Date of Birth: Age: 22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	October 22, 1971

FORM BH 56067

5-2-71

OCT 26 1971

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-216-028-268

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DELAYED

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. DE 71-751

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Laura May Taylor
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? yes | Date of birth May (Month) 16th (Day), 1910 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

Number of child of this mother, including present birth 4th (a) Born alive and now living 4

Born alive but now dead 0 Stillborn .....

FATHER	MOTHER
FULL NAME Moses Taylor	FULL MAIDEN NAME Clara Irene Boyer
Residence (Usual place of abode) Potlatch	Residence (Usual place of abode) Potlatch
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last birthday 34 (Years)	Color or race White Age at last birthday 28 (Years)
Birthplace Lancaster Co. - Pa (City and State or County)	Birthplace Stark Co. Ohio (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1 A M. on the date above stated.

(Signature) J.W. Thompson M.D.
Physician
(Physician ~~or midwife~~)

Address Moscow Idaho

Filed Aug 4th 1942

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Rec'd 11/3/71 W.W.Benson, State Reg.

NOV 9 1971

DELAYED

331-125(02-035

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-755
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grant S. Clark			2. Date Of Birth (month) June (day) 25, (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton City Fremont	b. City or Town of Birth: Idaho	
FATHER	6. Full Name of Father: James I. Clark			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Julia Stewart			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Grant S. Clark	11. Present Address of Registrant: 428 Nutmeg San Diego	
NOTARY (Seal)	Subscribed and sworn to before me on: January 10, 1956		12. Signature of Notary: Canita C. Skeler	13. Notary Commission expires: My Commission Expires Sept. 28, 1959	

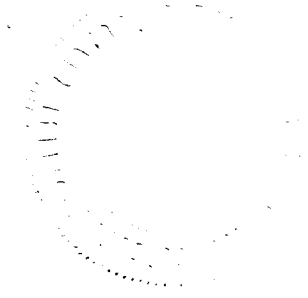
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Teton Ward, Charles Olsen, Clerk	Date Issued: ---	Date Orig. Entry: blessed Sept. 4, 1910
	Date of Birth: June 25, 1910	Birth Place: Teton, Idaho Fremont County	Full Name of Mother: Julia Stewart	Name of Father: James Isreal Clark	
SUPPORTING RECORD 2. Class	Type of Document: Marriage License and Certificate		By whom issued and signed: Madison County, Idaho County File #109225	Date Issued: Nov. 23, 1957	Date Orig. Entry: Nov. 22, 1957
	Date of Birth: Age: 47	Birth Place: Teton, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3. Class	Type of Document: Insurance Policy #548 61-57M		By whom issued and signed: Mutual Benefit Health & Accident Assoc., Mutual of Omaha	Date Issued: Feb. 21, 1957	Date Orig. Entry: Feb. 21, 1957
	Date of Birth: June 25, 1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron		Evidence reviewed by: Glenda Larson	Date Filed: November 4, 1971	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067

NOV 1 1 1971



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-756

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thomas Dennis			2. Date Of Birth (month) (day) (year): February 27, 1910	
	3. Color or Race: Caucasian	4. Sex: male	5. Place of Birth: Idaho Falls; a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Samuel Walter Dennis			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Sarah Florence Smith			9. State or Country of Mother's Birth: New York State	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thomas Dennis		11. Present Address of Registrant: 8002 Garfield Riverside, California	
NOTARY (Seal)	Subscribed and sworn to before me on: June 21, 1971	12. Signature of Notary: Virgil Le Smith		13. Notary Commission expires: My Commission Expires March 9, 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Harrison Dennis Age: 71		Date Issued: June 21,1971	Date Orig. Entry: ---
	Date of Birth: Feb.27,1910	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Sarah Florence Smith Dennis	Name of Father: Samuel Walter Dennis	
SUPPORTING RECORD 2.	Type of Document: photocopy of separation qualification record	By whom issued and signed: U.S.Army, Gowen Field, Idaho John R.Devitte,Capt.AC		Date Issued: Oct.7,1945	Date Orig. Entry: Nov.9,1939
	Date of Birth: Feb.27,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license & certificate	By whom issued and signed: Riverside County, CA Vol 75 page 104		Date Issued: Oct.20,1971	Date Orig. Entry: Oct.25,1941
	Date of Birth: Age: 31	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W M Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: November 4,1971	

FORM BH 56067

NOV 5 1971

613-226-023-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-771

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian Florence Walker		2. Date Of Birth (month) (day) (year): August 26 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Emmett Gem; b. City or Town of Birth: Emmett Idaho
FATHER	6. Full Name of Father: Arthur Henry Walker		7. State or Country of Father's Birth: Huntington Utah
MOTHER	8. Full Maiden Name of Mother: Blanche Florance Phillips		9. State or Country of Mother's Birth: Dillon Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian F. Marler	11. Present Address of Registrant: 249 Pelly AVE N. RENTON WASH 98055
NOTARY (Seal)	Subscribed and sworn to before me on: October 7 1971	12. Signature of Notary: Donald L. Rutzen	13. Notary Commission expires: October 10 1972

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #198691	Date Issued: ---	Date Orig. Entry: child born Dec.8,1931
	Date of Birth: Age: 21	Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Certificate of Age from Marriage Record	By whom issued and signed: Twin Falls County, Idaho Book 8, Page 32	Date Issued: July 5,1968	Date Orig. Entry: Mar.26,1929
	Date of Birth: Age: 18	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Arthur H. Walker	Date Issued: Sep.22,1964	Date Orig. Entry: ----
	Date of Birth: Aug.26,1910	Birth Place: Emmett, Idaho	Full Name of Mother: Blanche Florance Walker	Name of Father: Arthur Henry Walker
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

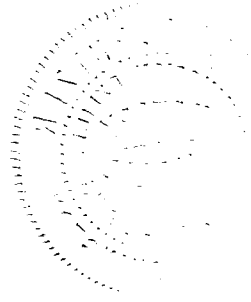
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	November 10,1971

FORM BH 56067 nm 9-15-64 (W)

Walker

NOV 16 1971



165-202028-562

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-782

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth (AKA Marilyn)*: MARIAN ETHEL DONOVAN
2. Date Of Birth (month) 10 (day) 2 (year) 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: RATHDRUM KOOTENAI
b. City or Town of Birth: RATHDRUM

FATHER

6. Full Name of Father: WILLIAM HENRY DONOVAN
7. State or Country of Father's Birth: IOWA

MOTHER

8. Full Maiden Name of Mother: ROBERTA CLEMENTINE NOBLE
9. State or Country of Mother's Birth: WEST VIRGINIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marilyn E Perry
11. Present Address of Registrant: 8954 SPOHN DR. FONTANA CALIF.

NOTARY (Seal) LEROY J. DRAKE
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN BERNARDINO COUNTY
My Commission Expires May 30, 1972

Subscribed and sworn to before me on October 27, 19 71

12. Signature of Notary: Leroy J. Drake
13. Notary Commission expires May 30, 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #17302	Marie Mahoney, Dep. Loc. Reg., City of Minneapolis, MN	Jun. 14, 1961	child born Dec. 19, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 40	Rathdrum, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #532-10-7448	Social Security Adm.	Nov. 25, 1936	Nov. 25, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 2, 1910	Rathdrum, Idaho	Roberta Noble	William Henry Donovan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U.S. Department of Commerce Bureau of the Census	Sep. 13, 1971	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 9	Idaho	Roberta C. Donovan	William Donovan

QUALIFYING INFORMATION

*Registrant states that she has used the name of Marilyn since 1924. At that time her mother died and she went to live with relatives who already had a Marian in the family so to avoid confusion her name was changed to Marilyn.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Barson	Glenda Larson	November 12, 1971

FORM BH 56067

10-20-71

NOV 1 2 1971

249-224-022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-783

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Smith		2. Date Of Birth (month) 2 (day) 24 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Egin, (St. Anthony mail)
FATHER	6. Full Name of Father: Samuel D. Smith		7. State or Country of Father's Birth: Evanston, Wyoming
MOTHER	8. Full Maiden Name of Mother: Laura Stoddard		9. State or Country of Mother's Birth: Parker, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn S. Moon	11. Present Address of Registrant: Rt. 2, St. Anthony, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: October 20th 1971	12. Signature of Notary: W B Kennedy	13. Notary Commission expires: February 13 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of County Register of Births		By whom issued and signed: Fremont County, Idaho #136	Date Issued: Mar.5,1971	Date Orig. Entry: ----
	Date of Birth: Feb.24,1910	Birth Place: Fremont County Egin, Idaho	Full Name of Mother: Laura Smith (nee Stoddard)	Name of Father: Sam'l D. Smith	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #1618091		By whom issued and signed: Business Men's Assurance Co. of America, Kansas City, MO	Date Issued: May 10,1961	Date Orig. Entry: May 10,1961
	Date of Birth: Feb.24,1910	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle		By whom issued and signed: Ben Smith	Date Issued: Nov.30,1971	Date Orig. Entry: ---
	Date of Birth: Feb.24,1910	Birth Place: Egin, Idaho Fremont County	Full Name of Mother: Laura Smith	Name of Father: Samuel D. Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	November 12,1971

FORM BH 56067

3-4-71

NOV 18 1971

366-21-1010-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-790

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Venla Cooner			2. Date Of Birth (month) (day) (year): October 19, 1910
	3. Color or Race: White	4. Sex: Fm	5. Place of Birth a. County: Iona, Bonneville, Idaho	b. City or Town of Birth
FATHER	6. Full Name of Father: James Arulious Cooner			7. State or Country of Father's Birth: American Fork, Utah
MOTHER	8. Full Maiden Name of Mother: Amanda Olsen			9. State or Country of Mother's Birth: Iona, Bonne. Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Venla C Wright		11. Present Address of Registrant: 355 E. 1St. So, StAnthony Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 1971	12. Signature of Notary: C. Larson Lang		13. Notary Commission expires: 3-10 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of Birth		By whom issued and signed: Bingham Stake, Iona Ward, Bir. & Bless. page 102, line 643	Date Issued: Dec. 14, 1970	Date Orig. Entry: March 5, 1911
	Date of Birth: Oct. 19, 1910	Birth Place: Iona, Idaho Bonniville County	Full Name of Mother: Amanda Olsen	Name of Father: James A. Cooper	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of family		By whom issued and signed: Nina C. Olsen, Age: 75	Date Issued: Nov. 1, 1971	Date Orig. Entry: ---
	Date of Birth: Oct. 19, 1910	Birth Place: Iona, Idaho	Full Name of Mother: Amanda Olsen Cooper	Name of Father: James Aurelious Cooper	
SUPPORTING RECORD 3.	Type of Document: photocopy of family record book of remembrance		By whom issued and signed: family record prepared by mother, Amanda O. Cooper	Date Issued: ---	Date Orig. Entry: Jan. 1951
	Date of Birth: Oct. 19, 1910	Birth Place: Iona, Idaho	Full Name of Mother: Amanda Olsen	Name of Father: James Aurelious Cooper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 16, 1971

FORM BH 56067 Mill

NOV 16 1971

493720-022-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-796

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cyril William Mickelsen			2. Date Of Birth (month) June (day) 20 (year) 1910
	3. Color or Race: WHITE	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Twin Groves
FATHER	6. Full Name of Father: Rasmus Mickelsen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Edith Hobbs			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cyril William Mickelsen		11. Present Address of Registrant: 1048 s 17th Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 16 1971	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: Apr. 20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S Church	Date Issued: Jun.24,1918	Date Orig. Entry: Baptized Jun.20,1918
	Date of Birth: Jun.20,1910	Birth Place: Twin Groves,Ida.	Full Name of Mother: Edith Hobbs	Name of Father: Rasmus Mickelsen
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: Cache County, Utah	Date Issued: Sept.28,1971	Date Orig. Entry: Married Oct.1,1930
	Date of Birth: Age 20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jun.20,1910	Birth Place: Twin Groves,Ida.	Full Name of Mother: Edith Hobbs	Name of Father: Rasmus Mickelsen
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: November 16,1971

FORM BH 56067

NOV 16 1971

699-20-022-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lytle Charles Wright			2. Date Of Birth (month) 10 (day) 20 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Garfield (mail Rigby)
FATHER	6. Full Name of Father: William Wright			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Caroline Sophia Jensen			9. State or Country of Mother's Birth: Utah
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lytle Charles Wright		11. Present Address of Registrant: 411 E. Putnam-Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 2 1971	12. Signature of Notary: Leonard E. Graham		13. Notary Commission expires: Jan 5, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

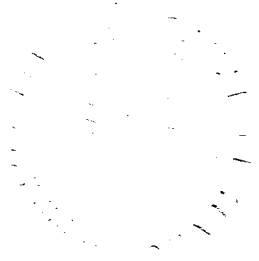
SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Pocatello 2nd Ward	Date Issued: ----	Date Orig. Entry: blessed Dec. 4, 1910	
	Date of Birth: Oct. 20, 1910	Birth Place: Garfield, Idaho Fremont County	Full Name of Mother: Caroline S. Jensen	Name of Father: William Wright, Jr.	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On File Idaho #256622	Date Issued: ----	Date Orig. Entry: child born July 1, 1937	
	Date of Birth: Age: 26	Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative	By whom issued and signed: David R. Crystal Age: 80	Date Issued: Aug. 4, 1971	Date Orig. Entry: ----	
	Date of Birth: Oct. 20, 1910	Birth Place: Fremont Co., Idaho	Full Name of Mother: Caroline Sophia Jensen	Name of Father: William Wright	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 30, 1971

FORM BH 56067

8-22-64

DEC 1 1971



239-215-003-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-826

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rebecca Stratford			2. Date Of Birth (month) February (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Jesse Stratford			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Roseltha Rosetta Ballentyne			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: November 17 1971	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 310303	Date Issued: ----	Date Orig. Entry: child born Mar. 30, 1941
	Date of Birth: Age 31	Birth Place: Pocatello, Ida.	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: County Record of birth	By whom issued and signed: Pocatello, Bannock Co. Idaho	Date Issued: Nov. 11, 1971	Date Orig. Entry: 1910
	Date of Birth: Feb. 15, 1910	Birth Place: Pocatello, Ida.	Full Name of Mother: Roseltha Ballantyne	Name of Father: Jesse Stratford
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 83	By whom issued and signed: Mrs. Pearl Wendelboe	Date Issued: Nov. 22, 1971	Date Orig. Entry: ----
	Date of Birth: Feb. 15, 1910	Birth Place: Pocatello, Idaho	Full Name of Mother: Roseltha Ballantyne	Name of Father: Jesse G. Stratford
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W, W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Nov. 30, 1971

FORM BH 56067

NOV 30 1971

766-12-023-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-837

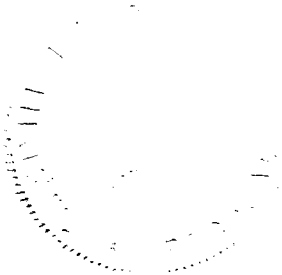
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gerald Elvin Goodsell			2. Date Of Birth (month) (day) (year): Jan 22 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Emmett Idaho Gem	b. City or Town of Birth: Emmett Idaho	
FATHER	6. Full Name of Father: Charles Elmer Goodsell			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Katie Chapman			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gerald Elvin Goodsell		11. Present Address of Registrant: 16 Fiesta, Long Beach, Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: December 4 1971	12. Signature of Notary: Fance Julan d		13. Notary Commission expires: 4-14 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records	By whom issued and signed: Long Beach Naval Shipyard, CA James T. Houston, Head, Emp. Div.		Date Issued: Nov. 30, 1971	Date Orig. Entry: Feb. 21, 1963
	Date of Birth: Jan. 22, 1910	Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of physician's records	By whom issued and signed: L.H. Lieberman, M.D. Los Alamitos, CA		Date Issued: ----	Date Orig. Entry: Dec. 23, 1965
	Date of Birth: Age: 55	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Boise G. Riggs, Age: 81		Date Issued: Nov. 4, 1971	Date Orig. Entry: ----
	Date of Birth: Jan. 22, 1910	Birth Place: ---	Full Name of Mother: Katie Goodsell	Name of Father: Charles Elmer Goodsell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 7, 1971

FORM BH 56067



TO 447 C

(Individual)

TI

STAPLE HERE

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES } SS.

On December 4, 1971 before me, the undersigned, a Notary Public in and for said State, personally appeared GERALD ELVIN GOODSELL, known to me to be the person whose name IS subscribed to the within instrument and acknowledged that HE executed the same.

WITNESS my hand and official seal.

Signature Lance Ireland

Name (Typed or Printed)

OFFICIAL SEAL
LANCE IRELAND
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Apr. 14, 1972

(This area for official notarial seal)

DEC 7 1971

132-207-014-817

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-841

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Malvina Albertson		2. Date Of Birth (month) 8 (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Notus a. County: Canyon b. City or Town of Birth: Notus
FATHER	6. Full Name of Father: Geo. Albertson		7. State or Country of Father's Birth: Wisconson
MOTHER	8. Full Maiden Name of Mother (Mary Hagenson): Helene Maria Haagenson		9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Malvina Coon	11. Present Address of Registrant: 2001 Nixon St Caldwell
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] 19 71	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Caldwell Memorial Hospital, ID, Lorraine Schimmels, ART	Date Issued: Nov.29,1971	Date Orig. Entry: Mar.17,1959
	Date of Birth: Aug.7,1910	Birth Place: Notus, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: Canyon County, Idaho, School Dist. #38	Date Issued: Nov.23,1971	Date Orig. Entry: Sept.4,1917
	Date of Birth: Age: 7	Birth Place: ----	Full Name of Mother: ----	Name of Father: Geo. Albertson	
SUPPORTING RECORD 3.	Type of Document: Certified copy of register of births page 69 #1508		By whom issued and signed: Canyon County, Idaho	Date Issued: Nov.23,1971	Date Orig. Entry: ----
	Date of Birth: Aug.7,1910	Birth Place: Notus	Full Name of Mother: Mary Albertson (nee Hagenson)	Name of Father: George Albertson	
QUALIFYING INFORMATION					

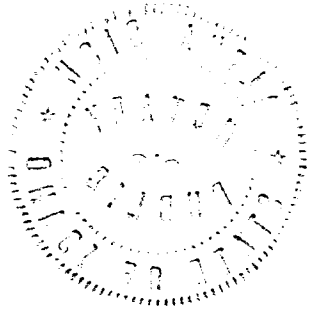
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	December 9,1971

FORM BH 56067

DEC 9 1971



669-205001-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-844

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Barbara J. ~~Mc Intosh~~ Ford		2. Date Of Birth (month) Feb (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Boise Idaho. ADA; b. City or Town of Birth: City of Boise
FATHER	6. Full Name of Father: William J Ford.		7. State or Country of Father's Birth: Marion Virginia
MOTHER	8. Full Maiden Name of Mother: Nancy Bell Campbell		9. State or Country of Mother's Birth: Tazwell Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Barbara Jane McIntosh	11. Present Address of Registrant: 11531-8th N.E. Seattle
NOTARY (Seal)	Subscribed and sworn to before me on: December 7, 1971	12. Signature of Notary: Anne Darger	13. Notary Commission expires: June 21, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Seattle Public Schools, WA Bryant School	By whom issued and signed: Woodrow S. Samata, Supv.		Date Issued: July 21,1971	Date Orig. Entry: Sept.8,1920
	Date of Birth: Feb.5,1910	Birth Place: ----	Full Name of Mother: Mrs. W. J. Ford	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Summary Card	By whom issued and signed: The Children's Orthopedic Hosp.& Medical Center,Seattle,WA		Date Issued: ----	Date Orig. Entry: Nov. 1919
	Date of Birth: Age: 9	Birth Place: ----	Full Name of Mother: ----	Name of Father: James Ford	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #580 885 408	By whom issued and signed: MPS Metropolitan Life Ins.Co.		Date Issued: Aug.1,1958	Date Orig. Entry: Aug.4,1958
	Date of Birth: Feb.5,1910	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

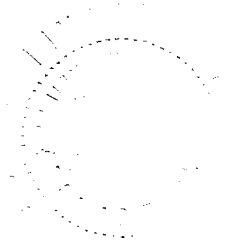
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Beeson	Glenda Larson	December 10,1971

FORM BH 56067

6-22-71

DEC 1 3 1971



364-230-642-132

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-848
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Winnifred Coupe
2. Date Of Birth: (month) July (day) 30 (year) 1910
3. Color or Race: W
4. Sex: female
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Albert Coupe
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Sarah Jane Atkinson
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Winnifred Thom
11. Present Address of Registrant: 255 Monument Rd Rio Dell, Calif 95562

NOTARY (Seal)

Subscribed and sworn to before me on November 10th 19 71

MARY E. MORRIS
NOTARY PUBLIC
HUMBOLDT COUNTY, CALIFORNIA
My commission expires Oct. 21, 1972

12. Signature of Notary: Mary E. Morris
13. Notary Commission expires: October 21 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister Age:73	Bertha E. Coupe Guthrie	Dec.3,1971	---
Class*_____	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 30,1910 / Twin Falls, Idaho	Sarah Jane Atkinson	Albert Coupe	
SUPPORTING RECORD 2.	Certified copy of birth record #1254 - 1588	Humboldt County Recorder's Office, Eureka, CA	Dec.6,1971	child born Sep.4,1951
Class_____	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 41 / ---	---	---	
SUPPORTING RECORD 3.	photocopy of hospital record	Redwood Memorial Hospital, Fortuna,CA	---	Nov.7,1965
Class_____	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 30,1910 / Idaho	---	Coupe	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 14, 1971

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 14 1971

955215-032-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-850

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Margaret Reeves			2. Date of Birth (month) July (day) 15 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Richfield, Idaho
FATHER	6. Full Name of Father: Burton W. Reeves			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Cora C. Reeves			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Margaret Reeves		11. Present Address of Registrant: 200 Hawaii Ave., Nampa, Idaho 83651
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 8, 1971	12. Signature of Notary: Leyton Mooney		13. Notary Commission expires: June 8 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt Age:88	By whom issued and signed: Myra S. Ward		Date Issued: Dec.1,1971	Date Orig. Entry: ----
	Date of Birth: July 15,1910	Birth Place: Richfield,Idaho Lincoln County	Full Name of Mother: Cora C. Reeves	Name of Father: Burton W. Reeves	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Mercy Hospital,Nampa, ID Carleta Hungerford,Dir.Med.Rec.		Date Issued: Dec.8,1971	Date Orig. Entry: Aug.30,1948
	Date of Birth: July 15,1910	Birth Place: Richfield, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Mercy Hospital,Nampa,ID,W.B. Ross,M.D., Sr.M.Laurence RSM		Date Issued: ---	Date Orig. Entry: child born May 24,1940
	Date of Birth: July 15,1910	Birth Place: Richfield, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	Dec. 14, 1971

FORM BH 56067

DEC 1 4 1971

666-23-033-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-855

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MILDRED HENDRY WOOD			2. Date Of Birth (month) OCT. (day) 23 (year) 1910
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: ~~REXBURG~~ MADISON	b. City or Town of Birth: REXBURG IDAHO
FATHER	6. Full Name of Father: HENRY HURST WOOD			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELIZABETH HENDRY			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Carlson		11. Present Address of Registrant: RFD 3 Box 287 Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 15 1971	12. Signature of Notary: J T Evans, Jr		13. Notary Commission expires: July 1 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Burlou Ward, E.N. Johnson, Clerk	Date Issued: June 4, 1911	Date Orig. Entry: blessed June 4, 1911
	Date of Birth: Oct. 23, 1910 / Birth Place: Rexburg, Idaho* Fremont County	Full Name of Mother: Elizabeth Hendry	Name of Father: Henry Wood	
SUPPORTING RECORD 2.	Type of Document: information slip regarding baptismal record	By whom issued and signed: Rexburg 1st Ward, #360, Elmo F. Jacobs	Date Issued: ---	Date Orig. Entry: baptized Apr. 5, 1919
	Date of Birth: Oct. 23, 1910 / Birth Place: Rexburg, Idaho Madison County	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #283420	Date Issued: ----	Date Orig. Entry: child born July 20, 1939
	Date of Birth: Age: 28 / Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

* Madison county was organized from Fremont County in 1914.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	December 20, 1971

FORM BH 56067

12-15-71

DEC 2 0 1971

383-225 020-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-863

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Stevens Tyler		2. Date Of Birth (month) Dec (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: MTN Home Elmore; b. City or Town of Birth: Mtn Home
FATHER	6. Full Name of Father: Colin Campbell Tyler		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Amelia Stevens		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Stevens Spaggard	11. Present Address of Registrant: R#2 Jerome Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 16, 1971	12. Signature of Notary: R. C. Shaud	13. Notary Commission expires: Feb. 24, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Elmore County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Sep.1,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9 / Birth Place: Idaho	Full Name of Mother: Mollie Tyler 1	Name of Father: Collin Tyler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:70	By whom issued and signed: Irene Tyler Rounds	Date issued: Aug.14,1971	Date Orig. Entry: ---
	Date of Birth: Dec.25,1910 / Birth Place: Mtn. Home, Idaho	Full Name of Mother: Amelia (Millie) Stevens	Name of Father: Colin Campbell Tyler	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: W.H.Trail, Elmore County Auditor, Mtn. Home, ID	Date issued: Nov.24,1970	Date Orig. Entry: Oct.19,1917
	Date of Birth: Age: 6 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Collin Tyler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	December 22,1971

FORM BH 56067 1cp [illegible] # 13924 5-22-69

DEC 2 2 1971

452-218-1042 - 445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-865

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eleanor Mae De Shaw			2. Date of Birth (month) October (day) I8 (year) I9I0
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Sidney James De Shaw			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Vina Mae Dunken			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eleanor Mae De Shaw Brandvold		11. Present Address of Registrant: I40--5th Street West Twin Falls, Idaho 8330I
NOTARY (Seal)	Subscribed and sworn to before me on: November 19th 1971	12. Signature of Notary: John W Anderson		13. Notary Commission expires: 11/13/74 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle	By whom issued and signed: L. Ray Dunken (bd.9/7/89)	Date Issued: Nov.19,1971	Date Orig. Entry: ----	
	Date of Birth: Oct.18,1910	Birth Place: Buhl, Idaho Twin Falls County	Full Name of Mother: Vina Mae Dunken DeShaw	Name of Father: Sidney James De Shaw	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record. book #64 page 525	By whom issued and signed: Ada County, Idaho County File #645722 inst.no.	Date Issued: Dec.20,1971	Date Orig. Entry: Aug.4,1966	
	Date of Birth: Age: 55	Birth Place: Buhl, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: pg.22,#465 Certified copy of own birth record in County Office	By whom issued and signed: Twin Falls County,ID, Walter C.Musgrave, Co.Auditor	Date Issued: Dec.14,1942	Date Orig. Entry: ---	
	Date of Birth: Oct.18,1910	Birth Place: Buhl, Idaho Twin Falls County	Full Name of Mother: Mae DeShaw (nee Dunken)	Name of Father: S. J. DeShaw	

QUALIFYING INFORMATION: Affidavit signed by attending physician at birth, J. H. Murphy, M.D., May 9,1945 gives birthdate as October 18, 1910 in Buhl, Idaho to S. J. De Shaw and Mae Dunken (De Shaw)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W Wilson	gml Glenda Larson	Dec. 23, 1971

FORM BH 56067

DEC 27 1971

DECEASED

813-12 4004-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-878

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Jarvis Hall
2. Date of Birth (month) (day) (year): March 24 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Montpelier

FATHER

6. Full Name of Father: Sigel William Hall
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Selina Mary Ann Christensen
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Jarvis Hall
11. Present Address of Registrant: 2830 West Randolph Enid, Oklahoma 73701

NOTARY (Seal)

Subscribed and sworn to before me on: December 14 19 71
12. Signature of Notary: [illegible]
13. Notary Commission expires: 9-15- 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by maternal aunt	Mrs. Beatrice Welker Age:80	Dec.20,1971	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.24,1910 / Montpelier, Idaho	Selina Mary Ann Christensen	Sigel William Hall	
SUPPORTING RECORD 2.	photocopy of hospital certificate of own child's birth	Hailey Clinical Hospital,ID E.R.W.Fox,M.D.	----	child born Aug.2,1938
	Mar.24,1910 / Montpelier,Idaho	----	----	
SUPPORTING RECORD 3.	Identification Card #093169 LDS	U.S. Air Force	----	Aug.1,1961
	Mar.24,1910 / ----	-----	----	

QUALIFYING INFORMATION

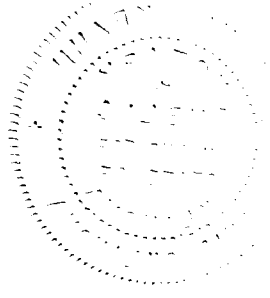
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	Glenda Larson	Dec. 30, 1971

FORM BH 56067

DEC 30 1971



556-228-001-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-880

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NOLA MAYBEL NEWTON		2. Date of Birth (month) March (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Boise; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Clarence Preston Newton		7. State or Country of Father's Birth: Oak Grove, Mo.
MOTHER	8. Full Maiden Name of Mother: Ruth Viola Avery		9. State or Country of Mother's Birth: Blue Eye, Mo.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nola Maybel Milliner	11. Present Address of Registrant: Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 27 19 71	12. Signature of Notary: [signature]	13. Notary Commission expires: 1-5 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle by marriage who remembers facts.	By whom issued and signed: Martin Blevins Age:79	Date Issued: Nov.8,1971	Date Orig. Entry: ----
	Date of Birth: Mar.28,1910	Birth Place: Boise, Ada County, Idaho	Full Name of Mother: Ruth Viola Avery	Name of Father: Clarence Preston Newton
SUPPORTING RECORD 2.	Type of Document: Marriage License & Certificate	By whom issued and signed: On file Idaho #49-29508	Date Issued: Sep.24,1949	Date Orig. Entry: Sep.23,1949
	Date of Birth: Age: 39	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: --
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.7,1971	Date Orig. Entry: April 1,1940
	Date of Birth: Age: 30	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 30, 1971	

K FORM BH 56067

DEC 30 1971

815-220-031-622

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-016

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Mae Hanger
2. Date Of Birth (month) (day) (year): March 20th 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Culdasac, Lewis
b. City or Town of Birth: Culdasac, Idaho

FATHER

6. Full Name of Father: James R. Hanger
7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Anise E. Osborne
9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bertha Mae Smith
11. Present Address of Registrant: Rt 2 Box 331 Glenoma Wash 98326

NOTARY (Seal)

Subscribed and sworn to before me on: December 27 19 71

12. Signature of Notary: N. Bonita Armstrong
13. Notary Commission expires: December 28 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certified copy of marriage return Book 3, page 178	Lewis County, Washington	May 16,1957	May 2,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	Idaho	Osborne	James R. Hanger

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Statement regarding school records (Mossyrock Dist.#206)	Lewis County Schools, Chehalis WA. Florence D. Kennicott, Supt.	Jan.28, 1957	1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1910	---	----	James R. Hanger

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
notarized photocopy of page from Bible	Family Records in Bible	Jan.5,1972	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.20,1910	Culdesac, Idaho	Anise E. Osborne	James R. Hanger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Denson	gml Glenda Larson	Jan. 7, 1972

FORM BH 56067

1 copy paid

JAN 10 1972

415-213-0009-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-017

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Alvine Manning			2. Date Of Birth (month) 10- (day) 13 (year) 10	
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint	
FATHER	6. Full Name of Father: Robert Guy Manning			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Virginia Willis			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Virginia A. Krause	11. Present Address of Registrant: 1021 South Miles, El Reno, Oklahoma	
NOTARY (Seal)	Subscribed and sworn to before me on: January 3, 19 72		12. Signature of Notary: Marie D. Johnson	13. Notary Commission expires: May 25, 19 73	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Virginia Willis Manning	Date Issued: June 6,1955	Date Orig. Entry: ----
	Date of Birth: Oct.13,1910	Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Virginia Willis	Name of Father: Robert Guy Manning	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record McPherson Co.,Kansas		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Nov.2,1960	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Vergie Manning	Name of Father: Robert Manning	
SUPPORTING RECORD 3.	Type of Document: photocopy of page four of insurance policy #3009307		By whom issued and signed: Life Ins. Co. of North America	Date Issued: ---	Date Orig. Entry: effective date June 23,1953
	Date of Birth: Age: 42	Birth Place: ----	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	Glenda Larson	January 10, 1972

FORM BH 56067

JAN 1 0 1972

169-21-26-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-036

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jorgensen, Lillie May			2. Date Of Birth: (month) June (day) 11 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County Jefferson	b. City or Town of Birth: Rigby, Idaho	
FATHER	6. Full Name of Father: Jorgensen, Hans Fredrick			7. State or Country of Father's Birth: Copenhagen, Denmark	
MOTHER	8. Full Maiden Name of Mother: Christensen, Olena (Olive) Christina			9. State or Country of Mother's Birth: Roetofte, Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lillie May Jorgensen Gray alup	11. Present Address of Registrant: Box 176 - Wellington, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 4th 19 72		12. Signature of Notary: [illegible] Notary	13. Notary Commission expires: Oct 8, 19 [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Duplicate Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Wellington 1st, Carbon Stake, D.A. Burnett, Clerk	Date Issued: Jan. 5, 1972	Date Orig. Entry: baptized Sept. 5, 1920
	Date of Birth: June 11, 1910	Birth Place: Riby, Idaho Jefferson County	Full Name of Mother: Olive Christensen	Name of Father: Hans F. Jorgensen	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #603 190 490		By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Aug. 1, 1960	Date Orig. Entry: May 9, 1960
	Date of Birth: June 11, 1910	Birth Place: ----	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage License #1385 Certified copy		By whom issued and signed: Juab County, Utah Page 459, Record #4	Date Issued: Dec. 16, 1971	Date Orig. Entry: July 18, 1932
	Date of Birth: Age: 22	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	January 20, 1972

FORM BH 56067

JAN 2 0 1972

133-219-024-649

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-047

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willa Allen			2. Date Of Birth (month) May (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: William Adam Allen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Loretta Furness			9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willa Allen		11. Present Address of Registrant: 1120 5th W Twin Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on January 24 1972	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 76	By whom issued and signed: Ethel Nethercott	Date Issued: = November	Date Orig. Entry: 20,1962
	Date of Birth: May 19,1910 / Birth Place: Hagerman,Idaho	Full Name of Mother: Loretta Furness	Name of Father: William Adam Allen	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - # 393674-Idaho	Date Issued: ---	Date Orig. Entry: child born Jun.18,1944
	Date of Birth: Age 34 / Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 46104	By whom issued and signed: Old West Life Ins. Co.	Date Issued: Sept.7,1960	Date Orig. Entry: Aug 9,1960
	Date of Birth: May 19,1910 / Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	January 24,1972

FORM BH 56067

047

JAN 2 4 1972

5 42-207-030-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-048

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Eliza Embley			2. Date Of Birth (month) Nov. (day) 7 (year) 1910	
	3. Color or Race: Cauc.	4. Sex: F.	5. Place of Birth a. County: Salmon, Idaho Lemhi Co.	b. City or Town of Birth: Salmon	
FATHER	6. Full Name of Father: Erle Embley			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Lula Vivian Thornburg			9. State or Country of Mother's Birth: North Carolina	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Thelma Eliza Embley Baker	11. Present Address of Registrant: Star Rt., Darby, Montana	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 19 19 72		12. Signature of Notary: Grace Otte	13. Notary Commission expires: July 12, 19 72	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin (bd. 2/18/95)		By whom issued and signed: Donald E. Martin	Date Issued: Jan. 24, 1972	Date Orig. Entry: ----
	Date of Birth: Nov. 7, 1910	Birth Place: Salmon, Idaho	Full Name of Mother: Lulu V. Thornburg Embley	Name of Father: Erle Embley	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #261301	Date Issued: ----	Date Orig. Entry: child born Nov. 7, 1937
	Date of Birth: Age: 27	Birth Place: Salmon, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopies of pages from family Bible		By whom issued and signed: Family records in Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Nov. 7, 1910	Birth Place: ----	Full Name of Mother: Lula V. Thornburg	Name of Father: Erle Embley	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron		Evidence reviewed by: Glenda Larson	Date Filed: Jan. 24, 1972	

FORM BH 56067

JAN 2 4 1972

766-124-026-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-052

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rawlston Nephi Poole
2. Date Of Birth (month) (day) (year): Aug. 24 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Menan

FATHER

6. Full Name of Father: Ewalt Poole
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Hannah Elizabeth Stephens
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rawlston Nephi Poole
11. Present Address of Registrant: 11005 N.E. Alder Portland Oregon 97216

NOTARY (Seal)

Subscribed and sworn to before me on: NOVEMBER 1 19 71

12. Signature of Notary:
13. Notary Commission expires: My Commission Expires May 11, 1973 19

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Menan Ward	Sep.1,1919	baptized Aug.2,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.24,1910	Menan, Idaho Jefferson County	Hannah E. Stephens	Ewalt Poole

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	On file Idaho #53-2438	----	child born Mar.6,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 42	Menan, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #182464	Beneficial Life Ins. Co. of Utah	June 4,1938	May 18,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.24,1910	Menan, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Jan. 26, 1972

FORM BH 56067

6-9-65

JAN 27 1972

395-218-014-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE72-063**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosella Ethel Tindall			2. Date Of Birth (month) (day) (year): September 18 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: William Arthur Tindall			7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Ada Annis Martin			9. State or Country of Mother's Birth: Parma, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rosella E. Chambers		11. Present Address of Registrant: Mtn. City Nevada 89831
NOTARY (Seal)	Subscribed and sworn to before me on: January 28 1972	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 84	By whom issued and signed: Izora Bullock	Date Issued: April 24,1963	Date Orig. Entry: ------
	Date of Birth: Sept.18,1910 Birth Place: Parma, Idaho	Full Name of Mother: Ada Annis Martin	Name of Father: William Arthur Tindall	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 290550	Date Issued: -----	Date Orig. Entry: child born Jan 27,1940
	Date of Birth: Age 29 Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 600032946 Bankers Life Casualty	By whom issued and signed: President- John Mac Arthur	Date Issued: Jan.28,1960	Date Orig. Entry: ------
	Date of Birth: Sept 18,1910 Birth Place: --------	Full Name of Mother: --------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Sue Lowe	Date Filed: Jan. 28, 1972

FORM BH 56067

JAN 2 8 1972

391-225-029-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-064**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Evelyn Crathorne			2. Date Of Birth: (month) Nov. (day) 25 (year) 1910	
	3. Color or Race: C.	4. Sex: F.	5. Place of Birth: a. County: Latah	b. City or Town of Birth: R.F.D. Palouse, Washington	
FATHER	6. Full Name of Father: George Frederick Crathorne			7. State or Country of Father's Birth: Manchester, England	
MOTHER	8. Full Maiden Name of Mother: Anna Almeda Williams			9. State or Country of Mother's Birth: Latah County, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna E. Powell		11. Present Address of Registrant: 898 Main West, Puyallup, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: February 5 1969	12. Signature of Notary: Freda J. Farrar		13. Notary Commission expires: Nov 1, 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census record	By whom issued and signed: Bureau of the Census U.S. Department of Commerce	Date Issued: ---	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Anna Crathorne	Name of Father: G. Fred Crathorne	
SUPPORTING RECORD 2.	Type of Document: photocopy of cradle roll certificate	By whom issued and signed: Potlatch Union Sunday School, ID, C.R.Scafe, Pastor	Date Issued: ---	Date Orig. Entry: July 11, 1912	
	Date of Birth: Nov.25,1910	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother-in-law & neighbor at time of birth	By whom issued and signed: Clifford D. Greer Age:70	Date Issued: Apr.16,1971	Date Orig. Entry: ---	
	Date of Birth: Nov.25,1910	Birth Place: Latah Co.,Idaho (mailing address Palouse, Wash.)	Full Name of Mother: Anna Almeda Crathorne	Name of Father: George Frederick Crathorne	
QUALIFYING INFORMATION					

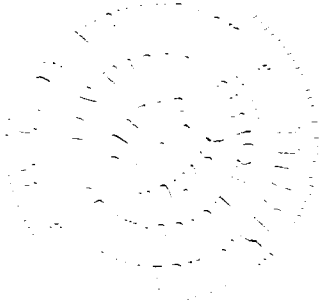
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 28, 1972

FORM BH 56067

FEB 3 1972



155-121-029-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-076**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WALTER - Monroe - Jenks			2. Date Of Birth (month) 9 (day) 21 (year) 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: ~~SOUTHWICK~~, LATAH	b. City or Town of Birth: SOUTHWICK
FATHER	6. Full Name of Father: Roy E JENKS			7. State or Country of Father's Birth: WASHINGTON
MOTHER	8. Full Maiden Name of Mother: PEARL MAY ~~PINSON~~ Tilden TILDEN			9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter M Jenks		11. Present Address of Registrant: 174 Gugle Rd Woodland Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 31, 1972	12. Signature of Notary: Joan Harshberger		13. Notary Commission expires: Aug. 15, 1975

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #61-4483	Date Issued: ----	Date Orig. Entry: child born Apr.18,1961
	Date of Birth: Age: 50	Birth Place: Southwick, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Pearl May Pinson	Date Issued: Apr.15,1966	Date Orig. Entry: ----
	Date of Birth: Sep.21,1910	Birth Place: Latah Co. Linden, Idaho abt. 6 mi.N Southwick,ID	Full Name of Mother: Pearl May Jenks Pinson	Name of Father: Roy E. Jenks
SUPPORTING RECORD 3.	Type of Document: Marriage License and Certificate	By whom issued and signed: On file Idaho #57-5457	Date Issued: Sep.9,1957	Date Orig. Entry: Aug.16,1957
	Date of Birth: Age: 46	Birth Place: Southwick, Idaho	Full Name of Mother: ----	Name of Father: ----

QUALIFYING INFORMATION: *Linden is listed as (mail Southwick)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Glenda Larson	Feb. 4, 1972

FORM BH 56067

Copy sent # 12379

4-14-65

FEB 4 1972

253-118-029-225

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-082

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALFRED DEVALANCE BELLAMY
2. Date of Birth (month) Aug (day) 18 (year) 1910
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: LATAH
b. City or Town of Birth: TROY IDAHO

FATHER

6. Full Name of Father: ROBERT HARRISON BELLAMY
7. State or Country of Father's Birth: W. VA. U.S.A.

MOTHER

8. Full Maiden Name of Mother: SUSAN CAROLINE SKEEN
9. State or Country of Mother's Birth: W. VA. U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alfred Bellamy
11. Present Address of Registrant: 3242 Lincoln Ave Altadena, Calif

NOTARY (Seal)

Subscribed and sworn to before me on December 30 1971

12. Signature of Notary: F. Marion Redshaw
13. Notary Commission expires: Aug. 11 1973

My Commission Expires Aug. 11, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by sister	Alice B. Wheatley (born 1897)	Jan.3,1972	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.18,1910 / Troy, Idaho	Susan Caroline Skeen	Robert Harrison Bellamy	
SUPPORTING RECORD 2.	Copy of hospital billing	Memorial Hospital of Long Beach, CA	---	Jan.27,1966
	Aug.18,1910 / ----	-----	----	
SUPPORTING RECORD 3.	photocopy of application for insurance policy #9077973	The National Life & Accident Ins. Co.,Nashville, TN	Jan.15,1964	Jan.12,1964
	Aug.18,1910 / Troy, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	gml Glenda Larson	Feb. 4, 1972

K

FORM BH 56067

FEB 4 1972

165-229-022-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-093

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hannah Myrle Jones		2. Date Of Birth (month) July (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Parker Fremont; b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Edward David Jones		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Laura May Jackson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrle [illegible] Buckley	11. Present Address of Registrant: American Fork Utah
NOTARY (Seal)	Subscribed and sworn to before me on FEB 7 1972 19 ___	12. Signature of Notary: Carl E Davey	13. Notary Commission expires: Commission Expires September 29, 1974 Building At American Fork Utah

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: U. S. Dept. of Commerce	Date Issued: Jan.31,1972	Date Orig. Entry: Census taken Jan.1,1920	
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Laura M. Jones	Name of Father: Edward D. Jones	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Provo High School	Date Issued: April 16,1970	Date Orig. Entry: Attended 1927	
	Date of Birth: July 9,1910	Birth Place: ----	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Certificate of Membership	By whom issued and signed: L.D.S.Church	Date Issued: Jan.20,1972	Date Orig. Entry: Recorded Aug.3,1918	
	Date of Birth: July 29,1910	Birth Place: Parker,Idaho	Full Name of Mother: Laura M. Jackson	Name of Father: Edward D. Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 10,1972

FORM BH 56067

FEB 1 0 1972

356-303-001-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-097
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Faye Leonard
2. Date of Birth (month) June (day) 3 (year) 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Ada
b. City or Town of Birth: Eagle

FATHER

6. Full Name of Father: Joseph Leonard
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Viola May Garrett
9. State or Country of Mother's Birth: Idaho - Hailey

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Leonard Yost
11. Present Address of Registrant: Rt 4 Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 28 1970

12. Signature of Notary: E. L. West
13. Notary Commission expires: February 7 1973

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt Age 78	Vivian L. Garrett	Jan. 22,1972	-------
Class*_____	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jun.3,1910 / Eagle, Idaho	V. May Garrett Leonard	Joseph Leonard	
SUPPORTING RECORD 2.	Nursing License	Idaho Dept. of Law. Inf.	Oct.29,1932	Oct. 27,1932
Class_____	Jun.3,1910 / Eagle, Idaho	-----	------	
SUPPORTING RECORD 3.	Application for Insurance	Mutual of Omaha 11 05 70 62	Nov.16,1962	Nov. 16, 1962
Class_____	Jun.3,1910 / Idaho	----------	--------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb.14,1972

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 1 4 1972

L60-72-097

214-109-024-717

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur William Baumgardner		2. Date Of Birth (month) (day) (year): June 9. 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Gooding; b. City or Town of Birth: Gooding, Idaho
FATHER	6. Full Name of Father: William Baumgardner		7. State or Country of Father's Birth: Don't know
MOTHER	8. Full Maiden Name of Mother: Georgiana Gagnier		9. State or Country of Mother's Birth: Meaderville, Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William W. Baumgardner	11. Present Address of Registrant: 914½ E. 4th. St. Anaconda, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 11 1972	12. Signature of Notary: T. D. Savage	13. Notary Commission expires: Aug. 10 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St.Paul's Church, Nampa, Idaho	Date Issued: Aug.15,1937	Date Orig. Entry: baptized Sep.4,1910
	Date of Birth: June 9,1910 / Birth Place: -----	Full Name of Mother: Georgia Baumgartner	Name of Father: W. Baumgartner	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Lincoln National Life Ins. Co.,Fort Wayne,Ind.	Date Issued: ----	Date Orig. Entry: Dec.13,1937
	Date of Birth: June 9,1910 / Birth Place: Gooding, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License #3925	By whom issued and signed: Deer Lodge County, Montana	Date Issued: Feb.10,1972	Date Orig. Entry: Sept.1,1937
	Date of Birth: Age: 27 / Birth Place: Gooding, Idaho	Full Name of Mother: Gorgiana Gagnier	Name of Father: William Baumgardner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	Feb. 16, 1972

FORM BH 56067

FEB 17 1972

231-213-040-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-124

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Dore Black		2. Date Of Birth (month) (day) (year): August 13 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Wardner~~ b. City or Town of Birth: Wardner Idaho
FATHER	6. Full Name of Father: William Black		7. State or Country of Father's Birth: Native Michigan
MOTHER	8. Full Maiden Name of Mother: Della Mary Mason		9. State or Country of Mother's Birth: Western Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Violet Dore (Black) Mack	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 30 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: 9-28 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.23,1966	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #37568	By whom issued and signed: State of Washington	Date Issued: Dec.22,1971	Date Orig. Entry: child born Sep.23,1948
	Date of Birth: Age: 38 / Birth Place: Wardner, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Lottie Sproat Age:72	Date Issued: Feb.10,1972	Date Orig. Entry: ----
	Date of Birth: Aug.13,1910 / Birth Place: Wardner, Idaho	Full Name of Mother: Della M. Black	Name of Father: Willaim Black	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Feb. 23, 1972

FEB 2 4 1972

391-226-022-217

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-127

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VELDA CRANDALL	2. Date Of Birth (month) (day) (year): MARCH 26, 1910
	3. Color or Race: WHITE; 4. Sex: FEMALE; 5. Place of Birth a. County: FREMONT	b. City or Town of Birth: DRIGGS, IDAHO
FATHER	6. Full Name of Father: FRANKLYN Edgar CRANDALL	7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELIZA JANE BAXTER	9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velda Crandall Alexander; 11. Present Address of Registrant: 625-13th Ave Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] 1969	12. Signature of Notary: [illegible]
		13. Notary Commission expires: Aug. 12 19__

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #191694	Date issued: ----	Date Orig. Entry: child born May 22, 1931
	Date of Birth: Age: 21; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Chloe Ina Crandall May Age:73	Date issued: June 18, 1969	Date Orig. Entry: ---
	Date of Birth: Mar.26,1910; Birth Place: Driggs, Idaho	Full Name of Mother: Eliza Jane Baxter	Name of Father: Franklin Edgar Crandall	
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records & Certificate	By whom issued and signed: LDS Church, Clyde E. Cox, Bishop, Buhl 2nd Ward	Date issued: June 19, 1969	Date Orig. Entry: baptized Oct.7, 1921
	Date of Birth: Mar.26,1910; Birth Place: Driggs, Idaho Fremont County	Full Name of Mother: Eliza J. Baxter	Name of Father: Frank E. Crandall	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Feb. 24, 1972

FORM BH 56067

1 copy to [illegible] # 7984 2-7-69

FEB 25 1972

DECEASED

213-131-001-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-148

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Paul Valentine Baldwin
2. Date of Birth: March 31 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth: ~~Meridian~~ a. County: Idaho Ada
b. City or Town of Birth: Meridian

FATHER

6. Full Name of Father: Edward Baldwin
7. State or Country of Father's Birth: Idaho Ada

MOTHER

8. Full Maiden Name of Mother: Orpha Mary Amack
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Paul Valentine Baldwin
11. Present Address of Registrant: RT 2 Kuna Idaho

NOTARY (Seal)

Subscribed and sworn to before me on February 24, 1972

12. Signature of Notary: Darlene Frost
13. Notary Commission expires: September 1 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy #18-035-839	New York Life Ins. Co.	---	Nov.22,1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.31,1910	Meridian, Idaho	----	Ed Baldwin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Discharge Camp F-175 Alexander Flats,ID	Civilian Conservation Corps James H. Clark,Capt.Air Res.	discharged June 16,1935	enrolled July 12,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Meridian, Idaho	----	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by close friend of family for 70 years	Jessie V. Matcham Age:85	Feb.24,1972	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.31,1910	Meridian, Idaho	Orpha Mary Baldwin	Edward Baldwin

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Feb. 29, 1972

K FORM BH 56067

2-9-72

MAR 3 1972

Baldwin

DECEASED

565-203-011-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-72-161

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Julia Alice Noe
2. Date Of Birth (month) (day) (year): July 3 1910
3. Color or Race: white
4. Sex: Female
5. Place of Birth a. County: Boundary
b. City or Town of Birth: Bonners Ferry

FATHER

6. Full Name of Father: Charles Edward Noe
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Emily Pearl Fisher
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Julia Alice Noe
11. Present Address of Registrant: 5020 E Commerce Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on January 21 19 92

12. Signature of Notary:
13. Notary Commission expires: July 31 1974

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Emily Pearl Tirk	Jan.21,1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 3,1910	Bonners Ferry, ID Boundary County	Emily Pearl Fisher	Charles Edward Noe

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #75 505 337	Allstate Insurance	Aug.15,1963	July 18,1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 3,1910	Bonners Ferry, ID	Pearl E. Tirk	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license register #126054	Nez Perce County, Idaho	Feb.28,1972	Aug.21,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 18	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 9, 1972

FORM BH 56067

MAR 9 1972

769-204043-703

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie Edith Poro		2. Date Of Birth (month) March (day) 4'th (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: McCall, Idaho Valley — b. City or Town of Birth:
FATHER	6. Full Name of Father: Edward Poro		7. State or Country of Father's Birth: Finnland
MOTHER	8. Full Maiden Name of Mother: Mary Palo		9. State or Country of Mother's Birth: Finnland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elsie Edith Koskie	11. Present Address of Registrant: 2120 Weldwood Boise
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1972	12. Signature of Notary: Florence Cartright	13. Notary Commission expires: 4-20 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File #182742	Date Issued: -----	Date Orig. Entry: Child born April 24, 1930
	Date of Birth: Age 20 yrs / Birth Place: McCall, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 70yrs	By whom issued and signed: Gust F. Poro	Date Issued: March 5,1969	Date Orig. Entry: -------
	Date of Birth: March 4, 1910 / Birth Place: McCall,Idaho	Full Name of Mother: Mary Palo (Poro)	Name of Father: Edward Poro	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate	By whom issued and signed: Finnish Lutheran Church	Date Issued: -----	Date Orig. Entry: Baptized March 12, 1910
	Date of Birth: March 4,1910 / Birth Place: Idaho	Full Name of Mother: Mary Palo	Name of Father: Edward Poro	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	March 10,1972

FORM BH 56067

No Carries

Foobie

MAR 1 0 1972

954-211-029-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-186

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: OLIVE MYRTLE REDDING			2. Date Of Birth (month) April (day) 11, (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Avon Latah	b. City or Town of Birth: Avon Idaho
FATHER	6. Full Name of Father: Irvin Adalphis Redding			7. State or Country of Father's Birth: Kansas, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Myrtle Levina Graves			9. State or Country of Mother's Birth: Kansas, U. S. A
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Olive Myrtle Redding (Wolfe)	11. Present Address of Registrant: 3090 Eleanor Way Santa Cruz Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: July 22 19 72		12. Signature of Notary: Olive Dorothy M. Spatz	13. Notary Commission expires: July 22 19 75.

OFFICIAL SEAL
DOROTHY M. SPATZ
NOTARY PUBLIC-CALIFORNIA
SANTA CRUZ COUNTY
My Commission Expires July 22, 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #39-23751		By whom issued and signed: State of California	Date Issued: Feb.6,1952	Date Orig. Entry: child born Mar.21,1939
	Date of Birth: Age: 28	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (10 yrs. older)		By whom issued and signed: Clara Quigg	Date Issued: Mar.13,1972	Date Orig. Entry: ---
	Date of Birth: Apr.11,1910	Birth Place: Avon, Latah County, Idaho	Full Name of Mother: Myrtle Lavine Graves	Name of Father: Irvin Adalphis Redding	
SUPPORTING RECORD 3.	Type of Document: Certified copy of registry of marriage Vol 30 page 229		By whom issued and signed: Santa Cruz County Recorder's Office, California	Date Issued: Mar.7,1972	Date Orig. Entry: Feb.29,1956
	Date of Birth: Age: 45	Birth Place: Idaho	Full Name of Mother: Myrtle Graves	Name of Father: Irvin A. Redding	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	March 28, 1972

FORM BH 56067

2-11-72

MAR 28 1972

753-121-006-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-197

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE REUBEN PETERSON		2. Date Of Birth (month) (day) (year): Aug. 21 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth: PRESTO a. County: BINGHAM b. City or Town of Birth:
FATHER	6. Full Name of Father: JOSEPH NIELS CHRISTIAN PETERSON		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: HULDAH JANE TEEPLES		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Reuben Peterson	11. Present Address of Registrant: Rt. 1 Box 111 Firth, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 16 19 72	12. Signature of Notary: Earl H. Coy	13. Notary Commission expires: February 29th, 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS church, Frank E. Lyon, Ward Clerk	Date issued: May 25,1962	Date Orig. Entry: baptized May 3,1919
	Date of Birth: Aug.21,1910 / Birth Place: Presto, Idaho Bingham County	Full Name of Mother: Jane Teeples	Name of Father: Joseph Neils Christian Petersen	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Bingham County, Idaho School Dist. #4	Date issued: May 17,1962	Date Orig. Entry: Sept.25,1925
	Date of Birth: Aug.21,1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Chris Peterson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #P-67917	By whom issued and signed: Security Life & Accident Co. Denver, CO	Date issued: Aug.13,1949	Date Orig. Entry: Aug.13,1949
	Date of Birth: Aug.21,1910 / Birth Place: ---	Full Name of Mother: - ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 3, 1972

FORM BH 56067

5-1-62 1 copy paid

APR 1 1972

319-213-029-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-211

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ilda Leona Carpenter			2. Date Of Birth (month) 9 (day) 13 (year) 1910	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Troy, Idaho a. County: Latah	b. City or Town of Birth: Troy	
FATHER	6. Full Name of Father: Otis Dennis Carpenter			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Mary Alma Wood a/k/a Mamie A. Wood Carpenter			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 425 E. Euclid, McPherson, Ks.	
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 19 72	12. Signature of Notary: [signature]		13. Notary Commission expires [illegible] 19 [illegible]	

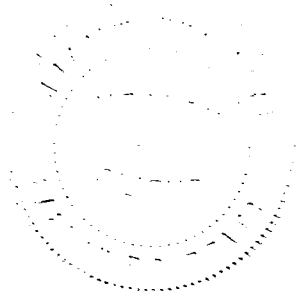
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #40-166	By whom issued and signed: State of Iowa Records and Statistics Div.		Date Issued: Jan.19,1972	Date Orig. Entry: child born Aug.13,1946
	Date of Birth: Age: 35	Birth Place: Troy, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Mary E. Bailey (bd.Mar.19,1899)		Date Issued: Feb.10,1972	Date Orig. Entry: ---
	Date of Birth: Sep.13,1910	Birth Place: Troy, Idaho	Full Name of Mother: Mamie A. Wood Carpenter	Name of Father: Otis Dennis Carpenter	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage record	By whom issued and signed: Webster County, Iowa		Date Issued: Mar.10,1972	Date Orig. Entry: July 31,1929
	Date of Birth: Age next bd. 19	Birth Place: Troy, Idaho	Full Name of Mother: Mary Alma Wood	Name of Father: Ottis Dennis Carpenter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Glenda Larson	Date Filed: April 7,1972

FORM BH 56067

APR 1 0 1972



632405.029-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-214

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evert Arvid Olson	2. Date Of Birth (month) Sept. (day) 5- (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Moscow Ida, Latah; b. City or Town of Birth: Moscow Ida
FATHER	6. Full Name of Father: John August Olson	7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Clara Mathilda Anderson	9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evert Arvid Olson	11. Present Address of Registrant: Moscow Id. RT #1
NOTARY (Seal)	Subscribed and sworn to before me on: May 5, 1967	12. Signature of Notary: C. J. Seely	13. Notary Commission expires: Oct 29, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of family record	By whom issued and signed: family record	Date Issued: ------	Date Orig. Entry: obviously old
	Date of Birth: Sept.5,1910 / Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance policy #B617063	By whom issued and signed: Northwestern National Life Ins. Co.,Minneapolis,Minn.	Date Issued: Jun.25,1944	Date Orig. Entry: June 25,1944
	Date of Birth: Sept.5,1910 / Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of church record	By whom issued and signed: Geo.A.Johnson,Pastor,Moscow, ID	Date Issued: ----	Date Orig. Entry: Dec.16,1910
	Date of Birth: Sep.5,1910 / Birth Place: Latah County Moscow, Idaho	Full Name of Mother: Clara Matilda Olson	Name of Father: J. A. Olson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	April 7, 1972

FORM BH 56067

1 cpy pdrec. #12361

(O) 6-13-67 gml

Olson

APR 10 1972

915-208-008-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-220

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Ellen Ranft		2. Date Of Birth: (month) May (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Boise; b. City or Town of Birth: Placerville
FATHER	6. Full Name of Father: Frank Ranft		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Louise Gribben		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth E. Charters	11. Present Address of Registrant: Gardena - Id
NOTARY (Seal)	Subscribed and sworn to before me on: March 17 1972	12. Signature of Notary: A. Carpenter	13. Notary Commission expires: 10/4 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St.John's Cathedral,Boise,ID Rt.Rev.J.P.O'Toole,V.G.P.A.	Date Issued: Jan.2,1942	Date Orig. Entry: baptized May 27,1910
	Date of Birth: May 8,1910 / Birth Place: ----	Full Name of Mother: Mary Gribben	Name of Father: Frank Ranft	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Placerville,Boise Co.,ID	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sep.1,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 10 / Birth Place: Idaho	Full Name of Mother: Mary L. Ranft	Name of Father: Frank Ranft	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor & friend of family at time of birth	By whom issued and signed: Katherine M. Brogan Age:84	Date Issued: Mar.15,1972	Date Orig. Entry: ----
	Date of Birth: May 8,1910 / Birth Place: Placerville,Idaho Boise County	Full Name of Mother: Mary Gribben	Name of Father: Frank Ranft	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: Glenda Larson	Date Filed: April 7, 1972

FORM BH 56067

APR 1 0 1972

DELAYED

Dup of 1911-336210

415-22-1022 -714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-232

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Ellen Davenport
2. Date of Birth (month) Oct. (day) 24 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Home Rexburg Idaho-Fremont
b. City or Town of Birth: Rexburg Idaho

FATHER

6. Full Name of Father: Alvin Lafayette Davenport
7. State or Country of Father's Birth: Richmond Utah-Cache Co.

MOTHER

8. Full Maiden Name of Mother: Grace Paul
9. State or Country of Mother's Birth: Rexburg Idaho-Bingham Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Ellen Meer
11. Present Address of Registrant (City): 8431 E. Olympic-Pico Rivera

Subscribed and sworn to before me on May 22, 1972

12. Signature of Notary: Betty M Keller
13. Notary Commission expires: July 27 1973

NOTARY PUBLIC IN AND FOR THE STATE OF CALIFORNIA
PRINCIPAL OFFICE IN LOS ANGELES COUNTY
My Commission Expires July 27, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding medical record	Bergman Medical Group, Montebello, CA, Clyde Bergman, M.D.	Mar. 17, 1972	June, 1961
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 24, 1910 / ---	----	----	
SUPPORTING RECORD 2.	Affidavit by mother	Grace McGruder	Mar. 23, 1972	---
	Oct. 24, 1910 / Rexburg, Idaho Fremont County	Grace Davenport McGruder	Alvin Lafayette Davenport	
SUPPORTING RECORD 3.	photocopy of application for	Metropolitan Life Ins. Co.	----	Nov. 3, 1952
	Oct. 24, 1910 / Rexburg, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Glenda Larson
Date Filed: April 11, 1972

FORM BH 56067

Mew

APR 12 1972

368-114-001-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-237

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Johnesse			2. Date Of Birth (month) August (day) 14 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian	
FATHER	6. Full Name of Father: Samuel Richard Johnesse			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Sarah Mahala Cook			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frank Johnesse	11. Present Address of Registrant: 6916 S.W. Terwilliger Blvd.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1972		12. Signature of Notary	13. Notary Commission expires: My Commission Expires Dec. 8 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of military separation record		By whom issued and signed: U.S. Naval Service	Date Issued: separation Oct.22,1945	Date Orig. Entry: inducted Aug.6,1943
	Date of Birth: Aug.14,1910	Birth Place: Meridian, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin		By whom issued and signed: Carol McFadden Matheson	Date Issued: Mar.31,1972	Date Orig. Entry: ----
	Date of Birth: Aug.14,1910	Birth Place: Meridian, Idaho Ada County	Full Name of Mother: Sarah Cook Johnesse	Name of Father: Samuel Richard Johnesse	
SUPPORTING RECORD 3.	Type of Document: photocopy of first page of insurance policy #91 463 097		By whom issued and signed: The Prudential Ins.co of Am.	Date Issued: June 13, 1932	Date Orig. Entry: June 13,1932
	Date of Birth: Age next bd. 22	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 11,1972

FORM BH 56067

1-72

Johnesse

APR 12 1972

28422.010-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-238

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Berniece Shupe
2. Date of Birth (month) (day) (year): July 27, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Bonneville
   b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: James Franklin Shupe
7. State or Country of Father's Birth: Lewiston, Idaho

MOTHER

8. Full Maiden Name of Mother: Emma Christina Johnson
9. State or Country of Mother's Birth: Idaho Falls, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel B. Linkhart (Shupe)
11. Present Address of Registrant: 188 Thomas St Ukiah

NOTARY (Seal)

Subscribed and sworn to before me on: February 14 19 72

12. Signature of Notary: [signature]
13. Notary Commission expires: 7-28 19 74

OFFICIAL SEAL — ROBERT SHORE — NOTARY PUBLIC — CALIFORNIA — PRINCIPAL OFFICE IN MENDOCINO COUNTY — My Commission Expires Feb. 28, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Emma Burger	Dec.13,1971	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 27,1910 / Idaho Falls, Idaho	Emma Christina Johnson	James Franklin Shupe	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate	State of Oregon	Feb.4,1972	child born Sept.6,1938
	Age: 28 / Idaho Falls, Idaho	---	- ---	
SUPPORTING RECORD 3.	Certified copy of own marriage license	Mendocino County, California Book 17 #394	Mar.27,1972	July 25,1935
	Age: 24 / Idaho	Emma Johnson	Frank Shupe	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	April 11, 1972

FORM BH 56067

Dunham (no Shape)

APR 12 1972

294-203-030-534

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Evelyn Simer			2. Date Of Birth (month) June (day) 3 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Salmon Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Burt W. Simer			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Emma Orintha ~~Simer~~ Elder			9. State or Country of Mother's Birth: Lemhi
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth E Adams		11. Present Address of Registrant: P.O. Box 285 Salmon
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1972	12. Signature of Notary: Roberta D. DeKearings		13. Notary Commission expires: June 5 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school census records		By whom issued and signed: Lemhi County, Idaho Ind. School Dist. #1	Date Issued: Nov. 20, 1920	Date Orig. Entry: Mar. 15, 1972
	Date of Birth: Age: 10	Birth Place: ---	Full Name of Mother: ---	Name of Father: Bert Simer	
SUPPORTING RECORD 2.	Type of Document: Page from family Bible		By whom issued and signed: Family records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: June 3, 1910	Birth Place: Salmon, Idaho	Full Name of Mother: Emma O. Elder Simer	Name of Father: Burton W. Simer	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license & certificate #41165		By whom issued and signed: Lemhi County, Idaho Book 2, page 194	Date Issued: Mar. 24, 1972	Date Orig. Entry: July 19, 1933
	Date of Birth: Age: 23	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	April 11, 1972

FORM BH 56067

Adams

APR 1 2 1972

622-227-007-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-247

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Janet Aileen Osborne
2. Date Of Birth: (month) August (day) 27 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Blaine County; b. City or Town of Birth: Hailey

FATHER

6. Full Name of Father: Allen Tuttle Osborne
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Jessie Ellen Mundle
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Janet Aileen Osborne Cook
11. Present Address of Registrant: 2953 -14th St. Sacramento, Calif. 95818

NOTARY (Seal)

NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My Commission Expires October 1, 1972

Subscribed and sworn to before me on March 13, 1972

12. Signature of Notary: Elliot D. Pearl
13. Notary Commission expires: October 1, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavits by parents
By whom issued and signed: Jessie Mundle Osborne and Allen Tuttle Osborne
Date Issued: Mar. 13, 1972
Date Orig. Entry: ---

Date of Birth: Aug. 27, 1910
Birth Place: Hailey, Idaho Blaine County
Full Name of Mother: Jessie Mundle Osborne
Name of Father: Allen Tuttle Osborne

SUPPORTING RECORD 2.

Type of Document: photocopy of application for insurance policy #385445
By whom issued and signed: California-Western States Life Ins. Co., Sacramento, CA
Date Issued: ---
Date Orig. Entry: Dec. 6, 1937

Date of Birth: Aug. 27, 1910
Birth Place: Idaho
Full Name of Mother: Jessie M. Osborne
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: photocopy of application for employment-personnel record
By whom issued and signed: Sacramento City Unified School Dist.
Date Issued: Apr. 7, 1972
Date Orig. Entry: Feb. 8, 1954

Date of Birth: Aug. 27, 1910
Birth Place: Hailey, Idaho
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: April 14, 1972

FORM BH 56067

1-11-72

APR 14 1972

335-101-026-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-248

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Lorin Clement		2. Date of Birth (month) Sept. (day) 1 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: b. City or Town of Birth: Lewisville, Jefferson County
FATHER	6. Full Name of Father: Thomas Alma Clement		7. State or Country of Father's Birth: Plain City, Utah
MOTHER	8. Full Maiden Name of Mother: Anna Josephine Green		9. State or Country of Mother's Birth: Plain City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin Lorin Clement	11. Present Address of Registrant: Rt. 1 Roberts, Ida. 83444
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1972	12. Signature of Notary: Robert J. Barnes	13. Notary Commission expires: July 9 1973

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Union Life Ins. Co.	Date Issued: ---	Date Orig. Entry: Jan.30,1945
	Date of Birth: Sep.1,1910	Birth Place: Lewisville	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by oldest living family member	By whom issued and signed: Walter A. Clement Age:81	Date Issued: Apr.8,1972	Date Orig. Entry: ---
	Date of Birth: Sep.1,1910	Birth Place: Lewisville,Idaho	Full Name of Mother: Anna Josephine Green	Name of Father: Thomas Alma Clement
SUPPORTING RECORD 3.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church,Virgil H.Lindstrom, Lewisville Ward Clark,Idaho	Date Issued: Apr.7,1972	Date Orig. Entry: ---
	Date of Birth: Sep.1,1910	Birth Place: Lewisville,Idaho Jefferson County	Full Name of Mother: Anna Josephine Green	Name of Father: Thomas Alma Clement
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Glenda Larson	Date Filed: April 14, 1972

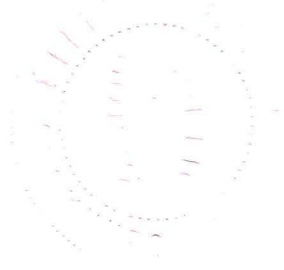
FORM BH 56067

pd rec #33928

3 22 72

Clement

APR 17 1972



469-211-035-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-250

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harriet Elizabeth Morris			2. Date Of Birth (month) Feb (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho, Nez Perce	b. City or Town of Birth: LEWISTON
FATHER	6. Full Name of Father: John Ray Morris			7. State or Country of Father's Birth: Idaho, Idaho County
MOTHER	8. Full Maiden Name of Mother: Margaret Isabel McLaren			9. State or Country of Mother's Birth: Kingston Ont. Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Allan L Mulkey		11. Present Address of Registrant: 7155 N Dersey, Portland Ore
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 19 72	12. Signature of Notary: Beverly A. Kark		13. Notary Commission expires: Notary for State of Oregon My Commission Expires Sept. 3, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

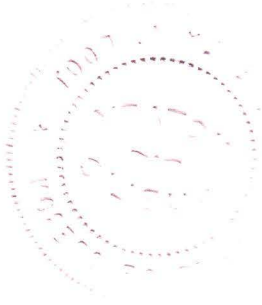
SUPPORTING RECORD 1.	Type of Document: Pages from Baby Book	By whom issued and signed: Family Records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Feb.11,1910 / Birth Place: Lewiston, Idaho Nez Perce County	Full Name of Mother: Margaret McLaren Morris	Name of Father: John Ray Morris	
SUPPORTING RECORD 2.	Type of Document: Certified copyof affidavit for marriage license	By whom issued and signed: King County, Washington	Date Issued: Apr.5,1972	Date Orig. Entry: Apr.10,1931
	Date of Birth: Age: 21 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: St.Joseph's Hospital,Tacoma, WA	Date Issued: ---	Date Orig. Entry: child born June 4,1933
	Date of Birth: Feb.11,1910 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson		Date Filed: April 19,1972

FORM BH 56067

5-18-11

Jeanne

APR 20 1972



749-104-028-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Donald Guild		2. Date Of Birth (month) Jan. (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Coeur d'Alene Kootenai; b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: Arthur Donald Guild		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Pearl Leona Fellows		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Donald Guild	11. Present Address of Registrant: 6222 S.W.Nevada Ct. Portland Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 4 / 12 / 19 72	12. Signature of Notary: M.G. Hawkey	13. Notary Commission expires: 12/1 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Pearl Leona Fellows Long	Date issued: Apr.11,1972	Date Orig. Entry: ----
	Date of Birth: Jan.4,1910 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Pearl Leona Fellows Long	Name of Father: Arthur Donald Guild, Sr.	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #8913	By whom issued and signed: State of Oregon	Date issued: Jun.15,1966	Date Orig. Entry: child born Dec.15,1942
	Date of Birth: Age: 32 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U. S. Army, J.Willard Wagner, Lt.Col.AGD, Ft.Lewis, WA	Date issued: discharged Aug.29,1946	Date Orig. Entry: Feb.21,144
	Date of Birth: Jan.4,1910 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 20,1972

FORM BH 56067

3-22-72

APR 20 1972

418-128-016-697

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-257

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harold Earl Dayley
2. Date Of Birth (month) (day) (year): 1 28 1910
3. Color or Race: White
4. Sex: M.
5. Place of Birth, a. County: Cassia
b. City or Town of Birth: Oakley (Basin mail Oakley)

FATHER

6. Full Name of Father: Thomas Edgar Dayley
7. State or Country of Father's Birth: Grantsville, Utah year 1876

MOTHER

8. Full Maiden Name of Mother: Penelope Earl Wixom
9. State or Country of Mother's Birth: Bever, Utah year 1876

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Earl Dayley
11. Present Address of Registrant: Route 1, Box 284 Burley Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 2-25 1972

12. Signature of Notary: Jeanne Crawford
13. Notary Commission expires 7-10 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	on file Idaho #282470	---	child born June 25,1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 29 / Oakley, Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of certificate of ordination as a deacon	LDS Church, Springdale Ward, J.E. Steiner, Ward Clerk	---	ordained Feb.5,1922
	Jan.28,1910 / Basin, Idaho	Penelope Wixom	Thomas E. Dayley	
SUPPORTING RECORD 3.	photocopy of certificate of membership	LDS Church, Bishop Rex Gerratt Unity Ward	----	blessed June 5,1910
	Jan.28,1910 / Basin, Idaho Cassia County	Pelelope Wixom	Thomas E. Dayley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	April 20, 1972

FORM BH 56067 NM

2-9-72 gmf

APR 20 1972

595-220-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-258

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Nieffenegger
2. Date of Birth (month) (day) (year): Nov. 20 1910
3. Color or Race: White
4. Sex: Fm.
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Malad

FATHER

6. Full Name of Father: Joseph Nieffenegger
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Elinor Jones
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth Nieffenegger Rollins
11. Present Address of Registrant: Rt. 4, Rupert, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 4 1972

12. Signature of Notary: Helen Clark
13. Notary Commission expires: Oct. 1 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	Age: 33	Malad, Idaho	On file Idaho #387021	----	---	----	child born JAN. 10, 1944
SUPPORTING RECORD 2.	Certificate of Baptism and Confirmation	Nov. 20, 1910	Malad, Idaho	LDS Church, Acequia Ward Wm. H. Hansen, Clerk	Elinor Jones	May 8, 1932	Joseph Nieffeingger	baptized May 1, 1932
SUPPORTING RECORD 3.	Certified copy of marriage license #1106	Age: 18	----	Minidoka County, Idaho	----	Apr. 23, 1970	-----	Aug. 24, 1929

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	April 20, 1972

FORM BH 56067

APR 2 0 1972

632-218-022-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-271

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leora Ethel Olsen		2. Date Of Birth (month) May (day) 18, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Levi Carlos Olsen		7. State or Country of Father's Birth: Mink Creek, Idaho
MOTHER	8. Full Maiden Name of Mother: Ethel Annie Bonneru		9. State or Country of Mother's Birth: Salina, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leora E Olsen	11. Present Address of Registrant: Marsing Ida. Box 162
NOTARY (Seal)	Subscribed and sworn to before me on: February 4 1972	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: Bishop LDS Church H. R. Cunningham	Date Issued: ------	Date Orig. Entry: Baptized July 5, 1918
	Date of Birth: May 18,1910 / Birth Place: Ashton, Idaho	Full Name of Mother: Ethel Bonneru	Name of Father: Levi Olsen	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File #364595	Date Issued: -------	Date Orig. Entry: Child born Dec. 15,1942
	Date of Birth: Age 32 yrs / Birth Place: Ashton, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Uncle Age 76yrs	By whom issued and signed: Elmer Larsen	Date Issued: Feb.10,1972	Date Orig. Entry: -----
	Date of Birth: May 18, 1910 / Birth Place: Ashton, Idaho	Full Name of Mother: Ethel Annie Bonneru	Name of Father: Levi Carlos Olsen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	April 26, 1972

FORM BH 56067

APR 26 1972

915-116-022-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-284

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Watson Rands		2. Date of Birth (month) June (day) 16 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Rigby, Idaho Fremont; b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: Archie A. Rands		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Anna Dankwerth		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Watson Rands	11. Present Address of Registrant: 2545 S. Liberty Albany Ore
NOTARY (Seal)	Subscribed and sworn to before me on 3-7 19 72	12. Signature of Notary: Janice Schmucker	13. Notary Commission expires 2-15 19 75

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #360	By whom issued and signed: State of Oregon	Date Issued: June 10,1965	Date Orig. Entry: child born July 22,1944
	Date of Birth: Age: 34 / Birth Place: Rigby, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of cradle roll certificate	By whom issued and signed: Humphrey Memorial M.E. Sunday School, H.S. Wilkinson, Pastor	Date Issued: ---	Date Orig. Entry: May 24,1911
	Date of Birth: June 16,1910 / Birth Place: Rigby, Idaho	Full Name of Mother: Mrs. Archie Rands	Name of Father: Mr. Archie Rands	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 343811	By whom issued and signed: West Coast Life Ins.Co.	Date Issued: Jan.14,1934	Date Orig. Entry: -----
	Date of Birth: Jun.16,1910 / Birth Place: Rigby,Idaho	Full Name of Mother: Anna Rands	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Florence Curtright	Date Filed: April 27,1972

FORM BH 56067

5-20-65

APR 28 1972

369-206-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-287

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rena Josephine Corgatelli
2. Date Of Birth: (month) June (day) 6 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Firth, Idaho Bingham; b. City or Town of Birth: Firth

FATHER

6. Full Name of Father: Peter Corgatelli
7. State or Country of Father's Birth: Delebio, Italy on Swiss Border

MOTHER

8. Full Maiden Name of Mother: Louisa Garin
9. State or Country of Mother's Birth: Turin, Italy on French Border

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Do

10. Signature of Registrant: Rena Josephine Smith
11. Present Address of Registrant: 811 So Sunnyside

NOTARY (Seal)

Subscribed and sworn to before me on _____ 1972

12. Signature of Notary: Noriko Nora Dobashi
13. Notary Commission expires: 10-5 1972

Noriko Nora Dobashi
NOTARY PUBLIC
FRESNO COUNTY, CALIFORNIA
My Commission Expires October 5, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of high school records	Shelley High School, Idaho	---	Sept.1925
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 6,1910 / ----	----	----	
SUPPORTING RECORD 2.	Petition for Initiation	Eastern Star Chapter # 126	Mar.15,1945	----
	Jun.6,1910 / Firth, Idaho	-----	-----	
SUPPORTING RECORD 3.	School Census Report	School Dist.#45 Basalt, Idaho	Apr.13,1972	Census taken 1920
	Age 10 / Idaho	Louisa Corgatelli	Peter Corgatelli	

QUALIFYING INFORMATION

Application for marriage gives name of Rena Corgatelli married Jan.1933 and age at that time was 22 Years. Married to Harold Marion Oliver.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May 2, 1972

FORM BH 56067

Fresno Calif. 93727

1-26-72

MAY 2 1972

391-214-002-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-288

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marvel Flossie Cravens
2. Date Of Birth: (month) September (day) 14 (year) 1910
3. Color or Race: Cauc.
4. Sex: Female
5. Place of Birth a. County: Helena Idaho not known
b. City or Town of Birth: Helena

FATHER

6. Full Name of Father: Joseph Ellsworth Cravens
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Emily Frances Barry
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT I, [illegible], hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marvel Berggren
11. Present Address of Registrant: 3100 Payne, Manhattan Ks.

NOTARY (Seal)

Subscribed and sworn to before me on April 13 19 72

12. Signature of Notary: Roxie Blankenhagen Roxie Blankenhagen Riley County Kansas
13. Notary Commission expires: Dec. 8 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by person who lived nearby	Sep.14,1910	Helena, Idaho	Mrs. Elnora Bruns Age:74	Emily Frances Barry	Apr.19,1972	Joseph Ellsworth Cravens	----
SUPPORTING RECORD 2.	Certified copy of marriage license #2102	Age: 22	---	State of Kansas	----	Feb.18,1972	----	Sep.14,1932
SUPPORTING RECORD 3.	Church Record	Sept.14,1910	Helena,Idaho	First Presbyterian Church	-----	Apr.21,1972	-------	Membership June 25,1958

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May2,1972

FORM BH 56067

MAY 2 1972

315-131-029-248

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-316

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRGIL RAYMOND LANE			2. Date Of Birth (month) 8 (day) 31 (year) 1910	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth: IDAHO a. County: LATAH	b. City or Town of Birth: TROY	
FATHER	6. Full Name of Father: WILLIAM S. LANE			7. State or Country of Father's Birth: WASHINGTON	
MOTHER	8. Full Maiden Name of Mother: JULIA M SMYLIE			9. State or Country of Mother's Birth: IOWA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgil Raymond Lane		11. Present Address of Registrant: 615 No. 47thAve YAKIMA WASHINGTON	
NOTARY (Seal)	Subscribed and sworn to before me on: April 19th 1972	12. Signature of Notary: Frank Devine		13. Notary Commission expires: Feb 7 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 461627	By whom issued and signed: Kansas City Life Ins. Co.	Date Issued: Jul.15,1929	Date Orig. Entry: July 15,1929
	Date of Birth: Aug.31,1910 Birth Place: Troy,Idaho	Full Name of Mother: Julia Mabel Lane	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.31,1910 Birth Place: Troy,Idaho	Full Name of Mother: Julia M. Smylie	Name of Father: William S. Lane	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 72	By whom issued and signed: Vivien William Lane	Date Issued: Apr19,1972	Date Orig. Entry: ------
	Date of Birth: Aug.31,1910 Birth Place: Troy, Idaho	Full Name of Mother: Julia M. Smylie	Name of Father: William S. Lane	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

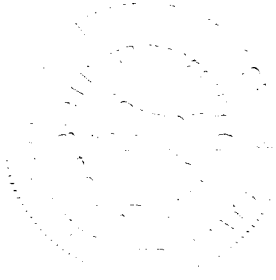
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	May 5, 1972

FORM BH 56067

2-13-68

MAY 15 1972



947404·006-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-331

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAHLON EARL RUPP
2. Date of Birth (month) Sept. (day) 4th (year) 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: BLACKFOOT BINGHAM
b. City or Town of Birth: BLACKFOOT, IDAHO

FATHER

6. Full Name of Father: GEORGE EARL RUPP
7. State or Country of Father's Birth: UTAH. U.S.A.

MOTHER

8. Full Maiden Name of Mother: RUBY ELEANOR BAKER
9. State or Country of Mother's Birth: WYO. U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mahlon Rupp
11. Present Address of Registrant: 785 JOHN ADAMS IDAHO FALLS, IDA

NOTARY (Seal)

Subscribed and sworn to before me on 6 March 1972

12. Signature of Notary: Winston V. Beard
13. Notary Commission expires 4 June 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Hospital record of own child's birth	Bannock Memorial Hospital, Pocatello, Idaho	---	child born Feb.13,1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.4,1910	Blackfoot, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present at time of birth	Cythia E. Palmer Age: 87	Apr.25,1972	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.4,1910	Blackfoot, Idaho	Ruby Baker Rupp	George Earl Rupp

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of certificate of membership	LDS Church, Idaho Falls Ward	---	blessed Oct.2,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.4,1910	Groveland*, Idaho Bingham County	Ruby Baker	George Earl Rupp

QUALIFYING INFORMATION

The Post Office Dept. confirms that Groveland is a discontinued post office-now mail is carried through Blackfoot.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	May 11, 1972

FORM BH 56067

MAY 11 1972

2351710 16-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edmund Reese Stevens	2. Date Of Birth (month) 11 (day) 17 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Naf Idaho
FATHER	6. Full Name of Father: William Robert Stevens	7. State or Country of Father's Birth: Lehigh Webster Iowa	
MOTHER	8. Full Maiden Name of Mother: Nettie May Mayne	9. State or Country of Mother's Birth: ParkValley B-Eldr- Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eddie Stevens	11. Present Address of Registrant: Box 392 Overton Nevada 89040
NOTARY (seal)	Subscribed and sworn to before me on COUNTY OF CLARK 19 21	12. Signature of Notary: Shirley S. Marshall	13. Notary Commission expires: August 4th 19 73

SHIRLEY S. MARSHALL
Notary Public - State of Nevada
My Commission Expires August 4, 1973

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Overton Ward, Moapa Stake, Grant M. Bushman, Bp	Date Issued: Dec. 14, 1971	Date Orig. Entry: baptized Nov. 11, 1919
	Date of Birth: Nov. 17, 1910 / Birth Place: Naf, Idaho Cassia County	Full Name of Mother: Nettie May Mayne	Name of Father: William Robert Stevens	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Nettie May Stevens Arnold	Date Issued: Jan. 6, 1961	Date Orig. Entry: ----
	Date of Birth: Nov. 17, 1910 / Birth Place: Naff, Idaho ~~Cassia County~~	Full Name of Mother: Nettie May Stevens Arnold	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified Divorce Complaint	By whom issued and signed: Cassia County, Idaho	Date Issued: May 5, 1972	Date Orig. Entry: May 1, 1913
	Date of Birth: Age: 2 / Birth Place: ----	Full Name of Mother: Nettie M. Stevens	Name of Father: William R. Stevens	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 16, 1972

FORM BH 56067

ICR pd rec # 14240

5-14-65

MAY 16 1972

24617:036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-348

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilmer Ward Smout		2. Date Of Birth (month) April (day) 17 (year) 1910	
	3. Color or Race: W.	4. Sex: M.	5. Place of Birth a. County: Mink Creek. Oneida	b. City or Town of Birth: Mink Creek. Idaho
FATHER	6. Full Name of Father: Edwin Ward Smout.		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Ina Josephine Petersen		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilmer Ward Smout	11. Present Address of Registrant: 281 W. 17th st.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 17 1972	12. Signature of Notary: LaRae B. Wheeler	13. Notary Commission expires: June 10 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #266194	Date Issued: ---	Date Orig. Entry: child born May 2, 1938
	Date of Birth: Age: 28	Birth Place: Mink Creek, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Mink Creek Ward, Hans C. Jensen, Clerk	Date Issued: May 5, 1918	Date Orig. Entry: baptized May 4, 1918
	Date of Birth: Apr. 17, 1910	Birth Place: Mink Creek, Idaho	Full Name of Mother: Ina Petersen	Name of Father: Ward Smout	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Ina Josephine Petersen Smout	Date Issued: May 17, 1972	Date Orig. Entry: ---
	Date of Birth: Apr. 17, 1910	Birth Place: Mink Creek, Idaho Oneida County	Full Name of Mother: Ina Josephine Petersen	Name of Father: Edwain Ward Smout	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

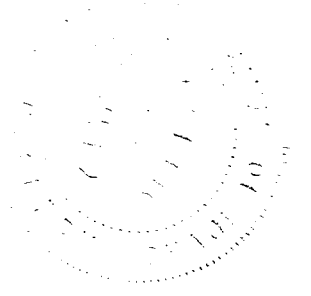
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	May 19, 1972

FORM BH 56067

5-11-72

MAY 1 9 1972



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-350

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY RUKAVINA		2. Date Of Birth (month) October (day) 24, (year) 1910
	3. Color or Race: Cau.	4. Sex: Female	5. Place of Birth a. County: Custer; b. City or Town of Birth: White Knob
FATHER	6. Full Name of Father: Mike Rukavina		7. State or Country of Father's Birth: Perusic, Lika, Jugoslavia
MOTHER	8. Full Maiden Name of Mother: Amanda (Mande) Bassic		9. State or Country of Mother's Birth: Perusic, Lika, Jugoslavia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Pedrini	11. Present Address of Registrant: 2540 Porter St. Enumclaw, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 9th 1972	12. Signature of Notary: Robert T. Shannon	13. Notary Commission expires: May 2nd 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend & neighbor with knowledge of birth	By whom issued and signed: Anna L. Williams Age:86	Date Issued: Apr.19,1972	Date Orig. Entry: ---
	Date of Birth: Oct.24,1910; Birth Place: White Knob, Idaho Custer County	Full Name of Mother: Amanda Bassic	Name of Father: Mike Rukavina	
SUPPORTING RECORD 2.	Type of Document: Certified copy of birth certificate for own child	By whom issued and signed: State of Washington	Date Issued: July 9,1951	Date Orig. Entry: child born Dec.29,1930
	Date of Birth: Age: 20; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of school records	By whom issued and signed: Joint School Dist.#182,Mackay, Idaho,Nolan Sayer,Principal	Date Issued: ---	Date Orig. Entry: 5th Grade
	Date of Birth: Oct.24,1910; Birth Place: White Knob,Idaho	Full Name of Mother: ---	Name of Father: Mike Rukavina	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Barron	Evidence reviewed by: Glenda Larson	Date Filed: May 26, 1972

FORM BH 56067

18-67

MAY 26 1972

689-218-201-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-355

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zelma LuRea White			2. Date of Birth (month) June (day) 18 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Star
FATHER	6. Full Name of Father: Clinton M. White			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Flossie F. Schinder			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Curtright		11. Present Address of Registrant: RT 2 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 2 1972	12. Signature of Notary: Zelma Brooks		13. Notary Commission expires 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 199705	Date Issued: ----	Date Orig. Entry: child born Feb. 21, 1932
	Date of Birth: Age 21	Birth Place: Star, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy No. 560127548		By whom issued and signed: Bankers Life And Casualty Co John MacArthur, President	Date Issued: Apri 17, 1956	Date Orig. Entry: ------
	Date of Birth: June 18, 1910	Birth Place: ------	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time of birth Age 74 yrs		By whom issued and signed: Gladys Lovejoy	Date Issued: June 2, 1972	Date Orig. Entry: ------
	Date of Birth: June 18, 1910	Birth Place: Star, Idaho	Full Name of Mother: Flossie F. Schinder	Name of Father: Clinton, M. White	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Sue Lowe	June 2, 1972

FORM BH 56067

5-11-72

JUN 2 1972

Brooks

466-18-001-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-358

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Ellis Moore			2. Date Of Birth (month) (day) (year): June 28 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Samuel Edesso Moore			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Millicent Eliza Rose			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford E. Moore		11. Present Address of Registrant: 104 Milwaukee Rd. St Maries
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1972	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - 276624		Date Issued: ----	Date Orig. Entry: child born Feb.18,1939
	Date of Birth: Age 28	Birth Place: Meridian,Idaho	Full Name of Mother: ------		Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #47691	By whom issued and signed: Old West Life Ins. Co.,Boise, Idaho		Date Issued: Sep.28,1960	Date Orig. Entry: Sept.1,1960
	Date of Birth: June 28,1910	Birth Place: ----	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit by maternal aunt	By whom issued and signed: Laura May Thornton Age:77		Date Issued: June 1,1972	Date Orig. Entry: ---
	Date of Birth: June 28,1910	Birth Place: Meridian, Idaho	Full Name of Mother: Millicent Eliza Moore		Name of Father: Samuel Edesso Moore
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	fc Glenda Larson	June 9, 1972

FORM BH 56067

1 cp pd rec # 385-5-4

JUN 9 1972

692-208-033-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-359

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Lucille Fikstad
2. Date Of Birth: (month) May (day) 8 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Oscar A. Fikstad
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Ricks
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Lucille Garner
11. Present Address of Registrant: 979 Wildwood Bridgeport City Utah

NOTARY (Seal)

Subscribed and sworn to before me on: Mar. 17 1972
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20- 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record	L.D.S.Church	Jul.6,1918	Blessed June 5,1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 8,1910 / Rexburg, Idaho	Alice Ricks	Oscar A. Fikstad	
SUPPORTING RECORD 2.	Own childs birth certificate	on file - Idaho # 259327	----	Child born Sept.20,1937
	Age 27 / Idaho	-----	- -------	
SUPPORTING RECORD 3.	Affidavit by Aunt Age 72yrs	Florence R. Stott	May 14,1966	------
	May 8, 1910 / Rexburg, Idaho	Alice T. Ricks	Oscar A. Fikstad	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Sue Lowe	June 9, 1972

FORM BH 56067

JUN 9 1972
FEB 2 1981

319-201-036-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANONA LARSEN	2. Date Of Birth (month) Nov. (day) 1 (year) 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Mink Creek, a. County: Oneida ~~Franklin~~	b. City or Town of Birth: Mink Creek,
FATHER	6. Full Name of Father: Elmer Larsen	7. State or Country of Father's Birth: Ida. Franklin
MOTHER	8. Full Maiden Name of Mother: Chloe or Kloa Keller	9. State or Country of Mother's Birth: Ida. Franklin Co
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anona L Oliverson; 11. Present Address of Registrant: 133 So. 3rd East
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1972	12. Signature of Notary: Norman A. Ricks; 13. Notary Commission expires: May 25, 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of Birth	By whom issued and signed: Oneida Stake, Mink Creek Ward, members, 1910, #10193, blessed in. 254	Date issued: ----	Date Orig. Entry: Dec.11,1910
	Date of Birth: Nov.1,1910; Birth Place: Mink Creek, Idaho Oneida County	Full Name of Mother: Chloe Keller	Name of Father: Elmer Larsen	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 6117	By whom issued and signed: Beneficial Life Ins. Co.	Date issued: Dec.27,1961	Date Orig. Entry: Dec.27,196
	Date of Birth: Nov.1,1910; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: - ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Kloa K. Larsen	Date issued: May 11,1972	Date Orig. Entry: ---
	Date of Birth: Nov.1,1910; Birth Place: Mink Creek, Idaho	Full Name of Mother: Kloa or Chloe Keller	Name of Father: Elmer Larsen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 12, 1972

FORM BH 56067

JUN 1 3 1972

389-103-035-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-369

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John H. Thiessen			2. Date Of Birth (month) (day) (year): Aug. 3 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Gus D. Thiessen			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Mary Wassem			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John H Thiessen	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: May 12 1972		12. Signature of Notary: Joan Skok	13. Notary Commission expires: Feb 1 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage license and certificate		By whom issued and signed: Nez Perce County, Idaho County File #242083	Date Issued: ---	Date Orig. Entry: June 22,1954
	Date of Birth: Age: 43	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of federal census record (Nez Perce Co., ID)		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: ---	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Mary Thessen	Name of Father: Gus T. Thessen	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Old American Life Co.	Date Issued: ---	Date Orig. Entry: Apr.25,1947
	Date of Birth: Aug.3,1910	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 12, 1972

FORM BH 56067

6-2-60 one copy paid #01570

JUN 1 3 1972

993-4151029-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-373

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eddie Ritsch
2. Date Of Birth (month) Oct (day) 15 (year) 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Latah
b. City or Town of Birth: Potlatch

FATHER

6. Full Name of Father: Valentine Ritsch
7. State or Country of Father's Birth: Austria

MOTHER

8. Full Maiden Name of Mother: Mary Ritsch ~~Eddie~~ Eddie Ritsch
9. State or Country of Mother's Birth: Austria

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eddie Ritsch
11. Present Address of Registrant: #914 Leonard Rd. Grants Pass, Ore. 97526

NOTARY (Seal)

Subscribed and sworn to before me on: February 24 19 72
12. Signature of Notary: Wade D. Hankins
13. Notary Commission expires: May 4 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1.	Federal Census Record Latah County, Idaho	Age: 9	Idaho	U.S. Department of Commerce Bureau of the Census	Mary Ritsch	Jan.24,1972	Jan.1,1920	Valentine Ritsch
SUPPORTING RECORD 2.	Certified copy of registration to vote	Oct.15,1910	Idaho	Josephine County, Oregon	Maria Ritsch	Sep.22,1971	Oct.1,1962	Valentine Ritsch
SUPPORTING RECORD 3.	photocopy of application for social security #540-44-5809	Oct.15,1910	Potlatch, Idaho Latah County	Social Security Adm.	Maria Ritch	----	Jan.2,1956	Valentine Ritsch

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

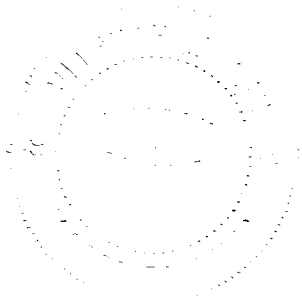
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: gml Glenda Larson
Date Filed: June 13, 1972

FORM BH 56067

6-6-11

JUN 1 3 1972



635-12 1008-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-381

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RAYMOND C. FLEMING
2. Date Of Birth (month) (day) (year): JAN. 12 1910
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: OROFINO IDA. CLEARWATER
b. City or Town of Birth: OROFINO

FATHER

6. Full Name of Father: THOMAS FLEMING
7. State or Country of Father's Birth: BELFAST, IRELAND

MOTHER

8. Full Maiden Name of Mother: LOTTIE MAY TANE
9. State or Country of Mother's Birth: REDMOND OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Raymond C. Fleming
11. Present Address of Registrant: OROFINO IDAHO 83544

NOTARY (Seal)

Subscribed and sworn to before me on: 4-3 1972
12. Signature of Notary: C. T. Lucas
13. Notary Commission expires: 8-15 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person who knew family at time of birth	By whom issued and signed: Raymond C. Gillespie Age:81	Date Issued: Apr.26,1972	Date Orig. Entry: ----	
	Date of Birth: Jan.12,1910	Birth Place: Orofino, Idaho	Full Name of Mother: Lottie Fleming	Name of Father: Thomas Fleming	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records Dist. #7	By whom issued and signed: Clearwater County, Idaho	Date Issued: Apr.25,1972	Date Orig. Entry: Oct.11,1924	
	Date of Birth: 1910	Birth Place: ----	Full Name of Mother: Lottie Fleming	Name of Father: Thomas Fleming	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: May 24,1972	Date Orig. Entry: obviously old	
	Date of Birth: Jan.12,1910	Birth Place: Orofino, Idaho	Full Name of Mother: Lottie May Tane	Name of Father: Thos. Fleming	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	June 13, 1972

FORM BH 56067

JUN 1 3 1972
AUG 2 3 1976

457-102-010-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-384

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leonard Fredrick William Meppen
2. Date Of Birth (month) (day) (year): August 2nd. 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: August Edward Meppen
7. State or Country of Father's Birth: Oldenburg, Germany

MOTHER

8. Full Maiden Name of Mother: Louisa Anna Carolina Franke
9. State or Country of Mother's Birth: Iowa, United States

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Leonard Frederick William Meppen
11. Present Address of Registrant: Idaho Hanson Bd. Home, Am. Falls

NOTARY (Seal)

Subscribed and sworn to before me on: May 16 1972
12. Signature of Notary: Afton S. Noefenbarger
13. Notary Commission expires: August 7 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #376421	---	child born July 2,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 32	Idaho Falls, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of baptismal certificate	Ernst Bratzel, Pastor	---	baptized Sept.25,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.2,1910	Idaho Falls, Idaho	Louise Franke	Leonard Friedrich Wilhelm Meppen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister (14 yrs. older)	Augusta Meppen Cenell	May 18,1972	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.2,1910	Idaho Falls, Idaho Bonneville County	---	---

QUALIFYING INFORMATION

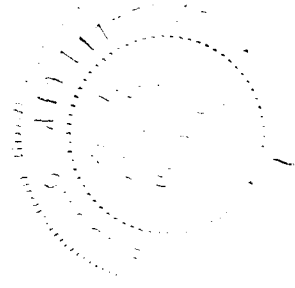
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda Larson	June 13, 1972

FORM BH 56067

JUN 1 3 1972



268219:006-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-393

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LUCILLE ESTELLA BOYLE		2. Date Of Birth (month) 10 (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham Co Idaho; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: JOHN MATTHEW BOYLE		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: LULU JONES		9. State or Country of Mother's Birth: Hour, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Estella Wills	11. Present Address of Registrant: 2481-35th Ave San Francisco Calif 94116
NOTARY (Seal)	Subscribed and sworn to before me on June 1, 1972 19	12. Signature of Notary: John V Murray	13. Notary Commission expires: August 7 19 74

SEAL LIBRARY CALIFORNIA IN COUNTY
My Commission Expires Aug. 7, 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #243755	Date issued: ---	Date Orig. Entry: child born May 25,1936
	Date of Birth: Age: 25	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing		By whom issued and signed: Reorganized LDS Church, A.J. Layland, Elder	Date issued: ---	Date Orig. Entry: blessed May 30,1911
	Date of Birth: Oct.19,1910	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Lulu L. Boyle	Name of Father: John M. Boyle	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Lulu J. King	Date issued: Apr.29,1971	Date Orig. Entry: ---
	Date of Birth: Oct.19,1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Lulu Jones	Name of Father: John Milton Boyle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 13, 1972

FORM BH 56067 1 desk card pd file #13247 "B" 4-7-71 gml

Will, (Case Purple)

~~JUN 1 4 1972~~

JUN 1 9 1972

863-216-010-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-429

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vivian Holm ~~Harris~~
2. Date Of Birth (month) 3 (day) 16 (year) 1910
3. Color or Race:
4. Sex: Female
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Ammon

FATHER

6. Full Name of Father: Carl Otto Holm
7. State or Country of Father's Birth: Malaxander, Ostergotland, Sweden

MOTHER

8. Full Maiden Name of Mother: Karolina Vicktornia Melin (Karlson
9. State or Country of Mother's Birth: Karlskoga, Orubro, Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vivian H. Harris
11. Present Address of Registrant: 2190 W. 4300 So. Roy, Utah

NOTARY (Seal)

Subscribed and sworn to before me on June 19 1972

12. Signature of Notary: Roy Stevens
13. Notary Commission expires: MY COMMISSION EXPIRES AUG. 19, 1972 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Ammon Ward, L.J. Nielsen, Clerk	Date Issued: ---	Date Orig. Entry: blessed May 1, 1910
	Date of Birth: Mar. 16, 1910 / Birth Place: Ammon, Idaho	Full Name of Mother: Vicktornia Mellin	Name of Father: C. O. Holm	
SUPPORTING RECORD 2.	Type of Document: Temple Recommend	By whom issued and signed: LDS Church for Logan Temple	Date Issued: July 15, 1962	Date Orig. Entry: July 15, 1962
	Date of Birth: Mar. 16, 1910 / Birth Place: Ammon, Idaho Bonneville County	Full Name of Mother: Viktornia Melen	Name of Father: Carl Otto Holm	
SUPPORTING RECORD 3.	Type of Document: Transcript of school records	By whom issued and signed: Ricks College, Rexburg, ID	Date Issued: Apr. 30, 1946	Date Orig. Entry: Sept. 1929
	Date of Birth: Mar. 16, 1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by brother, Paul C. Holm (bd. 8/8/01) issued June 16, 1972 gives: born March 16, 1910 in Ammon, Bonneville, Idaho to Carl Otto Holm and Karolina Vicktorina Melin (Karlson).

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	June 26, 1972

FORM BH 56067

6-5-72

JUN 27 1972

296-116-0029-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-440

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Teddy Vaughn Browning		2. Date Of Birth (month) August (day) 16 (year) 1910
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Boville, Idaho Latah; b. City or Town of Birth: Boville
FATHER	6. Full Name of Father: Claude Byron Browning		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Edna Florine Hunt		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Teddy Vaughan Browning	11. Present Address of Registrant: 9902 E. Broadway Spokane, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: August 19 70	12. Signature of Notary: [illegible]	13. Notary Commission expires: 7/31 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Employment Record	By whom issued and signed: Chicago, Milwaukee, St.Paul and Pacific Railroad Co.	Date Issued: July20,1966	Date Orig. Entry: Records dated Aug.29,1936
	Date of Birth: August 16,1910 / Birth Place: Bovill, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: Spokane Aerie # 2 Fraternal Order of Eagles	Date Issued: July 27,1943	Date Orig. Entry: ----
	Date of Birth: Aug.16,1910 / Birth Place: Bovill,Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Enlistment Record	By whom issued and signed: War Department - Army	Date Issued: ----	Date Orig. Entry: Enlisted Jan.14,1935
	Date of Birth: Aug.16,1910 / Birth Place: Bovill,Idaho	Full Name of Mother: Edna Florine Hunt Clark	Name of Father: Claud Byron Browning	

QUALIFYING INFORMATION

Insurance Policy Application issued by Continental Casualty Company gives date of birth as August 16,1910 in Bovill,Idaho. Parents - Edna Clark Beneficiary. Policy issued August 25, 1939.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	July 5, 1972

FORM BH 56067

JUL 5 1972

763-119-022-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-441
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donald Joseph Potter
2. Date Of Birth (month) April (day) 19 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: At Home, Fremont
b. City or Town of Birth: Chester, Idaho

FATHER

6. Full Name of Father: Don Robert Potter
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Polly Brown
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donald Jr. Potter
11. Present Address of Registrant: Chester, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 22 19 72

12. Signature of Notary: Margaret A Stanford
13. Notary Commission expires: July 14 19 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
LDS Church Certificate of Birth	Yellowstone Stake, Chester Ward Br.&Bless.1911,pg.824,line 107	June 9,1972	Aug.13,1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.19,1910	Chester, Idaho Fremont County	Polly Brown	Don Robert Potter

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of school census report	Fremont County, Idaho Dis.5	---	Sept.1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 9	----	----	Don Potter

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of insurance policy first & last pages	#54843 Pacific National Life Assurance Co., Salt Lake City, UT	---	July 22,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 36	----	Polly Potter	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	July 5, 1972

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBH #0067

JUL 5 1972

255-222-025-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-442

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Marie Bentley		2. Date Of Birth (month) 11 (day) 22 (year) 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Grangeville a. County: Idaho b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: John Andrew Bentley		7. State or Country of Father's Birth: West Morland, Kansas
MOTHER	8. Full Maiden Name of Mother: Mary Pearl Troeh		9. State or Country of Mother's Birth: Somerville, Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma Marie Bentley	11. Present Address of Registrant: 216 South Third Grangeville, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 27, 1972 19	12. Signature of Notary: J. G. Emmers	13. Notary Commission expires 10-28-72 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #249251	Date issued: ---	Date Orig. Entry: child born Nov.12,1936
	Date of Birth: Age: 25 / Birth Place: Grangeville, Idaho	Full Name of Mother: ---	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: photocopy of school records	By whom issued and signed: Grangeville, Idaho High School	Date issued: ---	Date Orig. Entry: Sept.1924
	Date of Birth: Age:13 yrs. 9 mos. / Birth Place: ---	Full Name of Mother: ---	Name of Father: J. A. Bentley	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family records in Bible	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Nov.22,1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by friend of parents, Maria Jarrett Overman, 90 years old, gives birthdate as November 22, 1910 to Mary Pearl and John Andrew Bentley. Affidavit issued June 27, 1972 in Grangeville, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	July 5, 1972

K FORM BH 56067 1 cp pd rec #34130 B 3/27/72 gml

JUL 5 1972

962-203-044-892

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Odessa Verna Robison		2. Date Of Birth (month) (day) (year): October 3 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: David E. Robison		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Francis A. Robison (Hibbard)		9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Odessa V. Christiansen	11. Present Address of Registrant: 661 Pioneer Rd-Weiser, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 23 1972	12. Signature of Notary: Florence Cartright	13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County record of Birth	By whom issued and signed: Washington Co, Naomi Black, Rec.	Date Issued: Aug. 31, 1941	Date Orig. Entry: Recorded Oct. 3, 1910
	Date of Birth: Oct. 3, 1910 / Birth Place: Weiser, Idaho	Full Name of Mother: Francis Hibbard Robison	Name of Father: David E. Robison	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Leonard Christiansen, Bishop	Date Issued: ---	Date Orig. Entry: baptized Sep. 11, 1937
	Date of Birth: Oct. 3, 1910 / Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Francis Ann Hibbard	Name of Father: David Evan Robison	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate #238	By whom issued and signed: State of Oregon	Date Issued: ----	Date Orig. Entry: child born Aug. 1, 1942
	Date of Birth: Age: 31 / Birth Place: Weiser, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	July 5, 1972

FORM BH 56067

6-23-72

Christian

JUL 10 1972
JUL 15 1972

414-202006-856

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72- 447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Delia Bergithe Madsen			2. Date Of Birth (month) March (day) 2 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Wapello	
FATHER	6. Full Name of Father: Enoch Martinues Madsen			7. State or Country of Father's Birth: Salem, Utah	
MOTHER	8. Full Maiden Name of Mother: Eliza Elizebeth Heward			9. State or Country of Mother's Birth: Kaysville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Delia M. Barney	11. Present Address of Registrant: 4476So.375East, Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on JUN 19 1972 19		12. Signature of Notary: Steven D Leathy	13. Notary Commission expires MY COMMISSION EXPIRES FEB. 12, 1975 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Designation of Beneficiary Federal Empl.Group Life Ins.		By whom issued and signed: Naval Supply Depot,Clearfield Ogden, Utah	Date Issued: Nov.13,1958	Date Orig. Entry: Nov.12,1958
	Date of Birth: Mar.2,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Goshen Ward,Jas. N. Christensen,Clerk	Date Issued: ----	Date Orig. Entry: baptized Aug.4,1918
	Date of Birth: Mar.2,1910	Birth Place: Wapello, Idaho Bingham County	Full Name of Mother: Eliza Heward	Name of Father: Enoch M. Madson	
SUPPORTING RECORD 3.	Type of Document: photocopy of school registration record		By whom issued and signed: Weber College, evening school	Date Issued: ---	Date Orig. Entry: Apr.12,1954
	Date of Birth: Mar.2,1910	Birth Place: Wapello, Idaho	Full Name of Mother: ---	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnum	gml Glenda Larson	July 5, 1972

FORM BH 56067

9-1-71

JUL 5 1972

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-464

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM OTIS BETZER		2. Date Of Birth (month) 10 (day) 4 (year) 1910
	3. Color or Race: WHITE	4. Sex: Male	5. Place of Birth a. County: COUNCIL IDAHO ADAMS; b. City or Town of Birth: COUNCIL IDAHO
FATHER	6. Full Name of Father: WILLIAM FRANK BETZER		7. State or Country of Father's Birth: TOPEKA KANSAS
MOTHER	8. Full Maiden Name of Mother: ANNA HENDRICKSON		9. State or Country of Mother's Birth: KOKOMO INDIANA
	...declare upon oath that the ...ements are true to the ...knowledge and belief.	10. Signature of Registrant: William Otis Betzer	11. Present Address of Registrant: 470 W. Forest Hillsboro Ore.
	...and sworn to before me on ...May 13 1972	12. Signature of Notary: Louise Ann Read	13. Notary Commission expires: March 6 1973

LOUISE ANN READ NOTARY PUBLIC STATE OF IDAHO

APPLICANT— DO NOT WRITE BELOW THIS LINE

...ument: military record		By whom issued and signed: U.S. Army, Hasty W. Riddle, Capt. MSC	Date issued: discharged Apr. 21, 1948	Date Orig. Entry: enlisted Jan. 18, 1946
...Birth: Oct. 4, 1910	Birth Place: Council, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2. Type of Document: photocopy of school census marshal's report		By whom issued and signed: Adams County, Idaho	Date issued: ---	Date Orig. Entry: Sept. 1922
Date of Birth: Oct. 4, Age: 11	Birth Place: ---	Full Name of Mother: ---	Name of Father: Frank Betzer	
SUPPORTING RECORD 3. Type of Document: photocopy of membership record		By whom issued and signed: Hillsboro Christian Church	Date issued: ---	Date Orig. Entry: Dec. 15, 1940
Date of Birth: Oct. 4, 1910	Birth Place: Council, Idaho	Full Name of Mother: Anna Hendrickson	Name of Father: Frank Betzer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	July 11, 1972

FORM BH 56067 1 cp Pd Rec. # 32718 3-10-72

JUL 12 1972

252-12 7.0 10-694

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-471

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Kessinger			2. Date Of Birth: (month) March (day) 27 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Falls, Bonneville	b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Lawrence J. Kessinger			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Acenath Bell Fimpel			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eugene Kessinger		11. Present Address of Registrant: Box 28, Rupert, Idaho 83350
NOTARY (Seal)	Subscribed and sworn to before me on July 13, 19 72	12. Signature of Notary: [illegible]		13. Notary Commission expires: April 29, 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Minidoka County Schools, ID Doyle Lowder, Asst.Supt.	Date Issued: July 11,1972	Date Orig. Entry: 1918
	Date of Birth: Mar.27,1910 / Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: Acenath Bell Fimpel	Name of Father: Lawrence J. Kessinger	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Twin Falls Clinic/Hospital Roberta Beus, Med.Rec.Dept.	Date Issued: July 10,1972	Date Orig. Entry: July 7,1965
	Date of Birth: Mar.27,1910 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license & certificate #1195	By whom issued and signed: Minidoka County, Idaho	Date Issued: July 12,1972	Date Orig. Entry: Dec.24,1930
	Date of Birth: Age: 20 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	July 17, 1972

FORM BH 56067

JUL 17 1972

612210-009-5V6

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-473

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Iola Washburn		2. Date Of Birth (month) July (day) 10th (year) 1910	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Copeland, Idaho
FATHER	6. Full Name of Father: Volney Warren Washburn		7. State or Country of Father's Birth: Ottertail County, Minnesota	
MOTHER	8. Full Maiden Name of Mother: Violet Edwards		9. State or Country of Mother's Birth: Curry, Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Iola Jensen	11. Present Address of Registrant: Box 742, Bonners Ferry, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on July 6th 19 72	12. Signature of Notary: Marian Beauchamp	13. Notary Commission expires: 3-1-73 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #52-2901	Date Issued: ----	Date Orig. Entry: child born Mar. 17, 1952
	Date of Birth: Age: 41	Birth Place: Copeland, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin		By whom issued and signed: Chauncey E. Guthrie (bd. June 29, 1895)	Date Issued: July 7, 1972	Date Orig. Entry: ----
	Date of Birth: July 10, 1910	Birth Place: Copeland, Idaho	Full Name of Mother: Violet Edwards Washburn	Name of Father: Volney Warren Washburn	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage register		By whom issued and signed: Boundary County, Idaho	Date Issued: ----	Date Orig. Entry: Jan. 2, 1936
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 17, 1972

FORM BH 56067

JUL 17 1972

849-131-014-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-474

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clifford Frank Huit
2. Date Of Birth (month) (day) (year): March 31 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Rural Meridian

FATHER

6. Full Name of Father: Jacob Kenneth Huit
7. State or Country of Father's Birth: Ohio

MOTHER

8. Full Maiden Name of Mother: Carrie Lenor Kimball
9. State or Country of Mother's Birth: Lincoln, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clifford Frank Huit
11. Present Address of Registrant: 8121 Brookwood Dr. Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 17 1972

12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister Age 71yrs	Effie Johnston	July 17,1972	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.31,1910	Rural Meridian, Idaho	Carrie Lenor Kimball	Jacob Kenneth Huit

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #1601	The American Home Benefit Assoc. S.T. Hawkins, Pres.	Sept.21,1935	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 25yrs Mar.31,1910	------	Carrie Huit	--------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of page from Family Bible	Family	------	Obviously Old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.31,1910	Idaho	------	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	July 17, 1972

FORM BH 56067

2-17-71

JUL 17 1972

34-421-003-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-478

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Archie Bryce Turner			2. Date Of Birth (month) Feb. (day) 21 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Thatcher Bannock	b. City or Town of Birth: Thatcher	
FATHER	6. Full Name of Father: William J Turner			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Susan M Stephenson			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bryce Turner		11. Present Address of Registrant: Grace, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19___	12. Signature of Notary: [illegible]		13. Notary Commission expires: February 28 19 73	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Thatcher, Idaho LDS Church Jos.H. Bevins,Clk		Date Issued: ----	Date Orig. Entry: Blessed May 10,1910
	Date of Birth: Feb. 21,1910	Birth Place: Thatcher,Idaho	Full Name of Mother: Susan M. Stephenson	Name of Father: William J. Turner	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 79 Yrs.	By whom issued and signed: Alice S. Merrill		Date Issued: May 4,1967	Date Orig. Entry: ------
	Date of Birth: Feb. 21,1910	Birth Place: Thatcher, Idaho	Full Name of Mother: Susan Mariah Stephenson	Name of Father: William J. Turner	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File #267936		Date Issued: ------	Date Orig. Entry: Child born June 13,1935
	Date of Birth: Age 25 yrs	Birth Place: Thatcher,Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	July 20, 1972

FORM BH 56067 5-16-60

JUL 20 1972

3192/6-017-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-480

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louie Irene Laird			2. Date Of Birth (month) July (day) 16 (year) 1910	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: [redacted] Clark (Fremont)	b. City or Town of Birth: Dubois	
FATHER	6. Full Name of Father: Joseph Albert Laird			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Louie Dale Davidson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Louie L. Laird	11. Present Address of Registrant: 3830 S.W. Council Crest Dr. Portland, Oregon 97201	
NOTARY (Seal)	Subscribed and sworn to before me on July 12 19 72		12. Signature of Notary: Carl Leonardson Clerk of the District Court, County of Clark, State of Idaho.	13. Notary Commission expires _____ 19 ____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family at time of birth		By whom issued and signed: Carl F. Leonardson Age:86	Date Issued: July 12,1972	Date Orig. Entry: ---
	Date of Birth: July 16,1910	Birth Place: Dubois, Idaho	Full Name of Mother: Louie Dale Davidson	Name of Father: Joseph Albert Laird	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family record book		By whom issued and signed: Family Records	Date Issued: --	Date Orig. Entry: obviously old
	Date of Birth: July 16,1910	Birth Place: Dubois, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Mutual Life Ins. Co. of New York	Date Issued: ---	Date Orig. Entry: May 20,1946
	Date of Birth: July 16,1910	Birth Place: DuBoise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Larson	Evidence reviewed by: Glenda Larson	Date Filed: July 24, 1972

FORM BH 56067

JUL 24 1972

253-22-024-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-493

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Birdina Bell
2. Date of Birth (month) Aug (day) 29 (year) 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Hagerman - Gooding
b. City or Town of Birth: Hagerman

FATHER

6. Full Name of Father: Raymond Piper Bell
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Maude Josephine Blackhart
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: (Mrs. Montgomery) Thelma Birdina Bell
11. Present Address of Registrant: 3524 Adobe RdNE

NOTARY (Seal)

Subscribed and sworn to before me on July XXX 12 19 72

12. Signature of Notary: [signature]
13. Notary Commission expires: Nov. 3 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census record Gooding County, Idaho	U.S. Department of Commerce Bureau of the Census	Mar.25,1964	Jan.1,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 9 / Idaho	Maude Bell	Ray Bell	
SUPPORTING RECORD 2.	photocopy of application for insurance policy #1518715	Pacific Mutual Life Insurance	---	Mar.8,1962
	Aug.29,1910 / Idaho	---	---	
SUPPORTING RECORD 3.	Insurance Policy #N8261	Guarantee Reserve Life Ins. Co.,Ft.Collins, CO	May 31,1944	May 31,1944
	Aug.29,1910 / Hagerman, Idaho	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: July 27, 1972

FORM BH 56067

JUL 28 1972

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-495

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Loretta Rogers (~~Murray~~)			2. Date Of Birth (month) (day) (year): November 26 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kimberly Idaho Twin Falls	b. City or Town of Birth: Kimberly Idaho.
FATHER	6. Full Name of Father: Rufus Milan Rogers			7. State or Country of Father's Birth: Utah.
MOTHER	8. Full Maiden Name of Mother: Rowena Barney (Rogers			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Loretta (Rogers) Murray		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 15 1972	12. Signature of Notary: Elda Mayhew		13. Notary Commission expires: Feb 9 1976

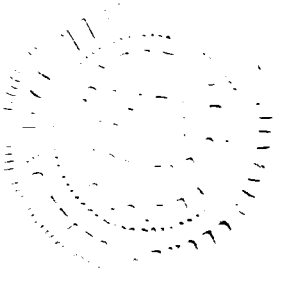
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certicate of blessing - duplicate	By whom issued and signed: LDS Church, Lindon Ward, Tyler Rogers, Bp.	Date Issued: Jan. 16, 1972	Date Orig. Entry: blessed Dec. 3, 1910
	Date of Birth: Nov. 26, 1910 / Birth Place: Kimberly, Idaho	Full Name of Mother: Rowena Barney	Name of Father: Rufus Rogers	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, F. Earl Case, Clerk	Date Issued: Aug. 3, 1919	Date Orig. Entry: Aug. 2, 1919 baptized
	Date of Birth: Nov. 26, 1910 / Birth Place: Kimberly, Idaho	Full Name of Mother: Rowena Barney	Name of Father: Rufus Rogers	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt who was present at time of birth	By whom issued and signed: Mary Barney Thomas Age: 86	Date Issued: July 22, 1972	Date Orig. Entry: ---
	Date of Birth: Nov. 26, 1910 / Birth Place: Kimberly, Idaho	Full Name of Mother: Rowena Barney Rogers	Name of Father: Rufus Milan Rogers	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D Wilson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 28, 1972

FORM BH 56067

JUL 28 1972



692-111-0242-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-496

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard Leonard Wiseman			2. Date Of Birth (month) Sept (day) 11 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Buhl Idaho Twin Falls	b. City or Town of Birth: Buhl, Idaho	
FATHER	6. Full Name of Father: Leonard Franklin Wiseman			7. State or Country of Father's Birth: State of Washington USA	
MOTHER	8. Full Maiden Name of Mother: Bessie E Rees			9. State or Country of Mother's Birth: State of Washington USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Howard L Wiseman	11. Present Address of Registrant: 231 Filmore Twin Falls Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 17 1972		12. Signature of Notary: Florence Cartright	13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #921-74-10	By whom issued and signed: Mutual Life Ins. Co. of New York, Roger Hull-Pres.	Date Issued: Aug.4,1966	Date Orig. Entry: -----	
	Date of Birth: Sept.11,1910	Birth Place: Buhl, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: United States Navy Discharge	By whom issued and signed: Alfred J. Toulon,Capt. USN	Date Issued: Discharged Sept 15,1945	Date Orig. Entry: Inducted Jan.27,1944	
	Date of Birth: Sept.11,1910	Birth Place: Buhl, Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father Age:86	By whom issued and signed: Leonard Franklin Wiseman	Date Issued: July26,1972	Date Orig. Entry: ---	
	Date of Birth: Sep.11,1910	Birth Place: Buhl, Idaho	Full Name of Mother: Bessie E. Rees	Name of Father: Leonard Franklin Wiseman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: sl Glenda Larson	Date Filed: July 28, 1972

FORM BH 56067

JUL 28 1972

DECEASED

795130-010-386 Bonnieville was Mock County in 1911

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-509

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ARTHOL THOMAS PRESTWICH
2. Date Of Birth: July 30, 1910
3. Color or Race: Caucasian
4. Sex: Male
5. Place of Birth a. County: now Bonnieville
b. City or Town of Birth: Lincoln, Idaho

FATHER

6. Full Name of Father: Wesley Marian Prestwich
7. State or Country of Father's Birth: USA

MOTHER

8. Full Maiden Name of Mother: Julia May Thomas
9. State or Country of Mother's Birth: USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arthol T. Prestwich ARTHOL T. PRESTWICH
11. Present Address of Registrant: 1060 Piedmont Drive Sacto; Calif. 95822

OFFICIAL SEAL — CAROLE WOOD — NOTARY PUBLIC — CALIFORNIA — PRINCIPAL OFFICE IN SACRAMENTO COUNTY — My Commission Expires Jan. 18, 1974

Subscribed and sworn to before me on May 31, 19 72

12. Signature of Notary: Carole Wood
13. Notary Commission expires: January 18, 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by maternal aunt	Ivy Thomas Francis Age:84	July 7,1972	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 30,1910 / Lincoln, Idaho	Julia May Thomas	Wesley Marion Prestwich	
SUPPORTING RECORD 2.	photocopy of Church Certificate of birth	Bingham Stake,Lincoln Ward pg.356,line 141 LDS Church	---	Oct.2,1910
	July 30,1910 / Lincoln, Idaho Bingham County	Julia May Thomas	Wesley Marion Prestwich	
SUPPORTING RECORD 3.	photocopy of U.S. Passport #669308	U.S.A. Dept. of State	May 26,1955	May 26,1955
	July 30,1910 / Lincoln, Idaho	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	August 2,1972

FORM BH 56067

AUG 2 1972

843-225-025-159

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilma Violet Hill			2. Date Of Birth (month) (day) (year): February 25, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Cottonwood
FATHER	6. Full Name of Father: William James Hill			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mabel Frances Jerome			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Boyer		11. Present Address of Registrant: Nezperce, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1972	12. Signature of Notary: Stella Merrill		13. Notary Commission expires: May 1 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by paternal uncle	By whom issued and signed: Wallace Hill Age:78		Date Issued: June 22,1972	Date Orig. Entry: ---
	Date of Birth: Feb.25,1910	Birth Place: Cottonwood, Idaho	Full Name of Mother: Mabel Frances Hill	Name of Father: William James Hill	
SUPPORTING RECORD 2.	Type of Document: Certified copy of county record of birth bk.1 pg.15	By whom issued and signed: reported by J.W.Turner,M.D. Idaho County,ID #451		Date Issued: Jan.21,1972	Date Orig. Entry: reported Apr.4,1910
	Date of Birth: Feb.25,1910	Birth Place: Cottonwood, Idaho	Full Name of Mother: Mabel Frances Hill (Jerome)	Name of Father: Wm. James Hill	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #405458		Date Issued: ---	Date Orig. Entry: Child born Apr.27,1945
	Date of Birth: Age: 35	Birth Place: Cottonwood, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	August 2, 1972

FORM BH 56067

H 7/11/72

AUG 2 1972

61-K-218100 6-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-512

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LILLIAN CLEMENTINE FAULKNER			2. Date Of Birth (month) NOV (day) 18 (year) 1910
	3. Color or Race: INDIAN	4. Sex: F	5. Place of Birth a. County: FORT HALL	b. City or Town of Birth: FORT HALL IDAHO
FATHER	6. Full Name of Father: HIRAM FAULKNER			7. State or Country of Father's Birth: WYOMING
MOTHER	8. Full Maiden Name of Mother: LILLIAN LESIEUR			9. State or Country of Mother's Birth: CALIFORNIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian Clementine Faulkner		11. Present Address of Registrant: 3120 Graceland SE
NOTARY (Seal)	Subscribed and sworn to before me on: July 10, 19 72	12. Signature of Notary: Sue Allen		13. Notary Commission expires: 2-28- 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Bingham County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date Issued: July 7,1972	Date Orig. Entry: Jan.1,1920	
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: Hiram Faulkner	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Lillian Le Sieur Faulkner Caire	Date Issued: July 28,1972	Date Orig. Entry: ---	
	Date of Birth: Nov.18,1910	Birth Place: Fort Hall, Idaho	Full Name of Mother: Lillian LeSieur Faulkner (Caire)	Name of Father: Hiram Faulkner	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license #15959	By whom issued and signed: Bernalillo County, New Mexico	Date Issued: May 26,1972	Date Orig. Entry: Dec.24,1939	
	Date of Birth: Nov.18,1910	Birth Place: Ft. Hall, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	August 2, 1972

FORM BH 56067

AUG 3 1972
SEP 0 1 2011

262-128-018-312

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-523

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Alva Koker			2. Date Of Birth (month) July (day) 28 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: ~~FRANKLIN~~ Clearwater	b. City or Town of Birth: Fraser
FATHER	6. Full Name of Father: Myrtle Lawrence Koker			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Sylvia Della Case			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl Alva Koker		11. Present Address of Registrant: 518 No. Lincoln, Taft, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 2 1972	12. Signature of Notary: Alma L. Watts		13. Notary Commission expires: Sept 25 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of honorable discharge	By whom issued and signed: U.S. Army, Lt.Col.Air Corps Wm. T. Mulligan	Date Issued: discharged Sep.21,1945	Date Orig. Entry: inducted May 6,1942
	Date of Birth: July 28,1910 / Birth Place: Fraser, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of employment record	By whom issued and signed: Kern County Employees Retirement Association	Date Issued: Jul.16,1946	Date Orig. Entry: Oct.4,1945
	Date of Birth: July 28,1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age:82	By whom issued and signed: Glen L. Koker	Date Issued: July 19,1972	Date Orig. Entry: ---
	Date of Birth: July 28,1910 / Birth Place: Fraser, Idaho	Full Name of Mother: Sylvia Della Koker (Case)	Name of Father: Myrtle Lawrence Koker	
QUALIFYING INFORMATION				

ALMA L. WATTS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
KERN COUNTY
MY COMMISSION EXPIRES SEPTEMBER 25, 1973

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 8, 1972

FORM BH 56067

AUG 9 1972

444-205 .01Y-961

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-524

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Gertrude Mumford		2. Date Of Birth (month) Sept (day) 5 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon County	b. City or Town of Birth: Caldwell, Idaho
FATHER	6. Full Name of Father: George W. Mumford		7. State or Country of Father's Birth: Wis.	
MOTHER	8. Full Maiden Name of Mother: Florence Gertrude Roatch Mumford		9. State or Country of Mother's Birth: Wis	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gertrude M. Peterson	11. Present Address of Registrant: 810 W 9th St. Hastings Minn.	
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 1972	12. Signature of Notary: Ruth Wittenbol	13. Notary Commission expires: RUTH WITTENBOL Notary Public - Dakota Co., Minn. My Commission Expires July 19 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of baptismal certificate		By whom issued and signed: St.Paul's Church, Nampa, ID Roman Catholic Church	Date Issued: ---	Date Orig. Entry: baptized Oct.16,1910
	Date of Birth: Sep.5,1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Florence Mumford	Name of Father: George Mumford	
SUPPORTING RECORD 2.	Type of Document: certified copy of County Register of births		By whom issued and signed: Canyon County, Idaho (reported by F.M.Cole,M.D.) #1467	Date Issued: Oct.7,1957	Date Orig. Entry: ----
	Date of Birth: Sep.5,1910	Birth Place: Caldwell	Full Name of Mother: Florence Routch Mumford	Name of Father: G. W. Mumford	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: George W. Mumford	Date Issued: Sep.30,1957	Date Orig. Entry: ---
	Date of Birth: Sep.5,1910	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Florence Roatch Mumford	Name of Father: George W. Mumford	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 8, 1972

FORM BH 56067

NM M 7/10/72 gmL

Pearson (via Mumford)

AUG 9 1972

546-21-0034 55

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-533

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Ruth Edwards
2. Date Of Birth (month) July (day) 11 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: McCammon

FATHER

6. Full Name of Father: Thomas Melancthon Edwards
7. State or Country of Father's Birth: So. Dakota

MOTHER

8. Full Maiden Name of Mother: Margaret Matilda Jenkins
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret R. (Edwards) Mosley
11. Present Address of Registrant: 2215 2nd Ave So Great Falls, Montana

NOTARY (Seal)

Subscribed and sworn to before me on August 4 1972

12. Signature of Notary: K. Sheila Stahl
13. Notary Public for the State of Montana
Residing at Great Falls, Montana
My Commission Expires May 24, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of own child's birth certificate #53955	State of Montana Cascade County Clerk	July 10,1972	child born Oct.10,1952
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 42 / Idaho	-----	-----	
SUPPORTING RECORD 2.	certified copy of marriage license & certificate	Bannock County Recorder's Office, Idaho	June 13,1972	Nov.24,1950
	AGE:40 / McCammon, Idaho	- ---	----	
SUPPORTING RECORD 3.	Affidavit by sister (bd.1898)	Lucille Edwards Gasser	June 5,1972	----
	July 11,1910 / McCammon, Idaho	Margaret Jenkins	T. M. Edwards	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 11,1972

FORM BH 56067

6-7-72

AUG 1 4 1972

551-225-038-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-537

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Bethel Neal
2. Date Of Birth (month) 12 (day) 25 (year) 1910
3. Color or Race: WHITE
4. Sex: Female
5. Place of Birth: a. County Canyon or Payette
b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: Isaac Harrison Neal
7. State or Country of Father's Birth: LITTLE Rock. Arkansas

MOTHER

8. Full Maiden Name of Mother: Sarah ANN Wilburn
9. State or Country of Mother's Birth: Sacramento California

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary B. Smith
11. Present Address of Registrant: 245 Sixth E Mountain Home Idaho 83647

NOTARY (Seal)

Subscribed and sworn to before me on July 28 1972

12. Signature of Notary: R.C. Wetherell
13. Notary Commission expires: December 9 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal census record Payette County, Idaho	Bureau of the Census U.S. Department of Commerce	July 21,1972	Jan.1,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 9 / Idaho	Sarah Neal	Isaac Neal	
SUPPORTING RECORD 2.	Affidavit by sister	Abbie I. Neal Kerr (bd.1/26/01)	July 15,1972	---
	Dec.25,1910 / Payette, Idaho	Sarah Ann Wilburn Neal	Isaac H. Neal	
SUPPORTING RECORD 3.	Statement regarding hospital records	St.Luke's Hospital,Boise,ID Nancy Carpenter, ART	Aug.8,1972	Apr.1,1966
	Dec.25,1910 / Idaho	---	---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 14,1972

FORM BH 56067

6

AUG 15 1972

165-204-041-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-539

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HILDA JOSEPHINE JONES			2. Date Of Birth (month) Aug (day) 4 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Teton	b. City or Town of Birth: Victor	
FATHER	6. Full Name of Father: IRA BARTLETT JONES			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: SARAH ALICE ALLEN			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hilda J. Peterson	11. Present Address of Registrant: Jackson, Wyoming	
NOTARY (Seal)	Subscribed and sworn to before me on: August 14, 19 72		12. Signature of Notary: R E Stewart	13. Notary Commission expires: June 22, 1975 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital records	By whom issued and signed: Mary Marceline, RRA, Teton Co. Wyoming Hosp.#25857	Date Issued: Aug.8,1972	Date Orig. Entry: Mar.24,1962	
	Date of Birth: Aug.4,1910	Birth Place: Victor, Idaho	Full Name of Mother: Sara Alice Allen	Name of Father: Ira B. Jones	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #LP 21986	By whom issued and signed: Standard Life & Accident Ins. Co., Oklahoma City, OK	Date Issued: ---	Date Orig. Entry: June 18,1956	
	Date of Birth: Aug.4,1910	Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age:75	By whom issued and signed: Thomas Cherry	Date Issued: Aug.11,1972	Date Orig. Entry: ---	
	Date of Birth: Aug.4,1910	Birth Place: Victor, Idaho	Full Name of Mother: Sarah Alice Allen Jones	Name of Father: Ira Bartlett Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 15, 1972

FORM BH 56067

8-3-72

Petersen

AUG 16 1972

419-221-063-9.8

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Lodema Marley			2. Date Of Birth (month) (day) (year): September 21 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Wilford Woodruff Marley			7. State or Country of Father's Birth: Robin, Idaho
MOTHER	8. Full Maiden Name of Mother: Clarinda Ione Raymond			9. State or Country of Mother's Birth: Smithfield, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lydia Lodema Bybee		11. Present Address of Registrant: 397 Warren Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 15 1972	12. Signature of Notary: K W Boring		13. Notary Commission expires: April 22 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Sept.21,1910	Birth Place: McCammon,Ida.	Full Name of Mother: Clarinda Ione Raymond	Name of Father: Wilford Woodruff Marley	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle age 83		By whom issued and signed: A. Owen Marley	Date Issued: Feb.9,1970	Date Orig. Entry: ----
	Date of Birth: Sept.21,1910	Birth Place: McCammon,Ida.	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 187778	Date Issued: ----	Date Orig. Entry: child born Jan.9,1931
	Date of Birth: Age 20	Birth Place: McCammon,Idaho	Full Name of Mother: ----	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	fc Glenda Larson	August 17,1972

FORM BH 56067

1 Cp Pd rec # 41687

7-20-72

AUG 17 1972

Marley

714-21-0003-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-563

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara Louise Gambles
2. Date of Birth (month) Oct. (day) 17 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Swan Lake

FATHER

6. Full Name of Father: Albert Ray Gambles
7. State or Country of Father's Birth: Boise, Idaho

MOTHER

8. Full Maiden Name of Mother: Harriet Hawes
9. State or Country of Mother's Birth: Swan Lake, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clara Louise Sims
11. Present Address of Registrant: Soda Springs, Ida

NOTARY (Seal)

Subscribed and sworn to before me on March 25 1971

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho File # 391113	-------	Child born May 11, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 33 yrs	Swan Lake, Idaho	-------	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle Age:76	Thomas D. Hawes	July 27,1972	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.17,1910	Swan Lake, Idaho Bannock County	Harriet Hawes	Albert Ray Gambles

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #H9 098 929	The Prudenital Ins. Co. of America	July 10,1958	July 10,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.17,1910	Swan Lake, Idaho	---	--

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	sl gml Glenda Larson	August 24, 1972

FORM BH 56067

AUG 25 1972

866-212008-366

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-567
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Maybelle Howard
2. Date Of Birth (month) Dec (day) 12 (year) 1910
3. Color or Race: White
4. Sex:
5. Place of Birth, a. County: Placerville Boise
b. City or Town of Birth: Placerville Idaho

FATHER

6. Full Name of Father: Guy Payne Howard
7. State or Country of Father's Birth: Illinois Fulton Co.

MOTHER

8. Full Maiden Name of Mother: Mary Kitrell Cooper
9. State or Country of Mother's Birth: Little Basin Idaho.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Howard Libby
11. Present Address of Registrant: Vancouver Wash

NOTARY (Seal)

Subscribed and sworn to before me on: May 31, 1950 19___
12. Signature of Notary: M. A. Luby
13. Notary Commission expires: May 9 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, S.W.Worthington, Elder, Boise 1st Ward	Apr.7,1929	Baptized April 7,1929
Class*_____	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.12,1910 / Placerville,Idaho	Mary Kitrell Cooper	Guy P. Howard	
SUPPORTING RECORD 2.	Pages from family Bible	Family Records in Bible	---	obviously old
Class_____	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.12,1910 / ---	Mary K. Cooper	Guy P. Howard	
SUPPORTING RECORD 3.	photocopy of marriage return	Malheur County, Oregon	---	Aug.16,1932
Class_____	**Date of Birth** / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 21 / Placerville, Idaho	---	---	

QUALIFYING INFORMATION

photocopy of Census Marshal's Report for SchoolDist.#13 Boise County, Idaho dated Sept. 1916 gives age as 6 and father as Guy Howard.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 28,1972

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AUG 2 8 1972

895-212-001-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-592

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Beatrice Eleen Hively		2. Date of Birth (month) (day) (year): August 12, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Charles David Hively		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Theresa Clara Brickell		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Beatrice E. Cooney	11. Present Address of Registrant: 12509 - 20th Ave. N.E. Seattle, Wash. 98125
NOTARY (Seal)	Subscribed and sworn to before me on: August 24 1972	12. Signature of Notary: Edith A. Starnes	13. Notary Commission expires: April 20, 1974 E.S.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Theresa Clara Hively	Date Issued: Sep.19,1967	Date Orig. Entry: ---
	Date of Birth: Aug.12,1910	Birth Place: Boise, Idaho	Full Name of Mother: Theresa Clara Hively	Name of Father: Charles David Hively	
SUPPORTING RECORD 2.	Type of Document: photocopy of signature card		By whom issued and signed: Washington Mutual Savings Bank,University Branch,J.Sutton	Date Issued: ---	Date Orig. Entry: Nov.30,1960
	Date of Birth: Aug.12,1910	Birth Place: Boise, Idaho	Full Name of Mother: Theresa C. Brickell	Name of Father: Charles D. Hively	
SUPPORTING RECORD 3.	Type of Document: Statement & application for employment		By whom issued and signed: Seattle Public Schools,WA James W.Mountjoy,Personnel Dept.	Date Issued: Aug.24,1972	Date Orig. Entry: Sept.7,1954
	Date of Birth: Aug.12,1910	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

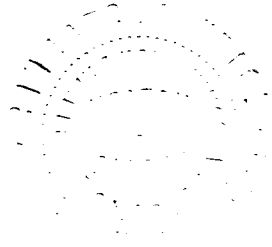
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept. 18, 1972

FORM BH 56067

Copy

SEP 1 8 1972



154-218036-62

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-595

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Ellen Anderson		2. Date Of Birth (month) Oct (day) 18 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Oneida Co	b. City or Town of Birth: St John (mail Malad)
FATHER	6. Full Name of Father: Andrew Lars Anderson		7. State or Country of Father's Birth: Anslore Sweden	
MOTHER	8. Full Maiden Name of Mother: Hannah E Josephson		9. State or Country of Mother's Birth: St John Oneida Co Ida	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. (formerly Myrtle Ellen Anderson)	10. Signature of Registrant: mrs myrtle Hubbard	11. Present Address of Registrant: Route 3 Twin Falls Ida	
NOTARY (Seal)	Subscribed and sworn to before me on 8/24 1972	12. Signature of Notary: Stanley E Snow	13. Notary Commission expires 12/23 1973	

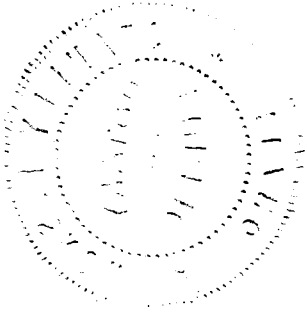
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #204298	Date Issued: ---	Date Orig. Entry: child born June 25,1932
	Date of Birth: Age: 21	Birth Place: St. John, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Marriage License & Certificate		By whom issued and signed: On file Idaho #59-4229	Date Issued: ---	Date Orig. Entry: July 17,1959
	Date of Birth: Age: 48	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Patriarchal Blessing		By whom issued and signed: Wm. B. Butler, Gooding Stake Patriarch #1554	Date Issued: Nov.13,1966	Date Orig. Entry: Nov.13,1966
	Date of Birth: Oct.18,1910	Birth Place: St.John, Idaho Oneida County	Full Name of Mother: Hannah E. Josephson	Name of Father: Andrew L. Anderson	
QUALIFYING INFORMATION	Typed from Family Group Record submitted by relative Lorys Olsen				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick		Evidence reviewed by: gml Glenda Larson		Date Filed: Sept. 18, 1972

FORM BH 56067

7-16-72

SEP 18 1972



622-204.014-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-612

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elizabeth Harriet Osburn
2. Date Of Birth (month) (day) (year): Jan. 4 1910
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Idaho Canyon
b. City or Town of Birth: Greenleaf

FATHER

6. Full Name of Father: William Cooper Osburn
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Zelma Dillon
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elizabeth O. Barrett
11. Present Address of Registrant: 503 MATHESON ST. Healdsburg Calif 95448

NOTARY (Seal)

Subscribed and sworn to before me on SEPTEMBER 11, 1972

OFFICIAL SEAL
DONALD A. RUE
NOTARY PUBLIC — CALIFORNIA
SONOMA COUNTY
My Commission Expires Apr. 11, 1974

12. Signature of Notary: Donald A. Rue
13. Notary Commission expires: April 1 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census Record	U.S.Department of Commerce Bureau of the Census	Jan.26,1953	Jan.1,1920
	Date of Birth / **Birth Place**: Age: 9 / Idaho	**Full Name of Mother**: Zelma Osburn	**Name of Father**: William Osburn	
SUPPORTING RECORD 2.	Insurance Policy #P1 4760-T	Southern Medical Hospital Service,Austin,TX	June 15,1947	June 10,1947
	Date of Birth / **Birth Place**: Jan.4,1910 / ---	**Full Name of Mother**: ---	**Name of Father**: ----	
SUPPORTING RECORD 3.	Affidavit by brother	Douglas Dillon Osburn (bd. 8/10/1897)	Sep.28,1972	---
	Date of Birth / **Birth Place**: Jan.4,1910 / Greenleaf, Idaho	**Full Name of Mother**: Zelma Dillon Osburn	**Name of Father**: William Cooper Osburn	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 3,1972

FORM BH 56067 3400 pd

8-25-72 gml

OCT 4 1972

336-216-037-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-622

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Grace Stone
2. Date Of Birth (month) (day) (year): Sept. 16 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: ~~Riddle~~ Owyhee
b. City or Town of Birth: Riddle

FATHER

6. Full Name of Father: Richard Bluford Stone
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Barbara Anna Portlock.
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Balstad
11. Present Address of Registrant: Cobalt Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 22 1972
12. Signature of Notary: Dixie Hunting
13. Notary Commission expires: 4/1/74 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census Record Lemhi County, Idaho = Leodore	U.S. Department of Commerce Bureau of the census	Aug.4,1972	April 1,1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 39 / Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of application for insurance policy	Gem State Mutual Life Assoc. Inc.,Pocatello, Idaho	---	Feb.20,1947
	Sep.16,1910 / ---	---	---	
SUPPORTING RECORD 3.	Affidavit by sister (more than 10 years older)	Agnes Bown	Aug.24,1972	---
	Sep.16,1910 / Riddle, Idaho	Barbara Anna Portlock	Richard Bluford Stone	

QUALIFYING INFORMATION

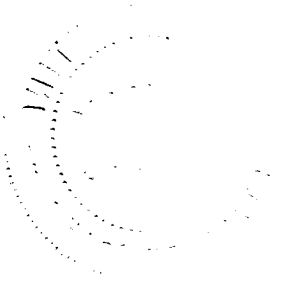
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 4,1972

FORM BH 56067

OCT 4 1972



551-241025-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-623

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gerald Lewis Evans		2. Date Of Birth (month) (day) (year): Oct. 24, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: White Bird,
FATHER	6. Full Name of Father: John David Evans		7. State or Country of Father's Birth: Kansas Mitchell County
MOTHER	8. Full Maiden Name of Mother: Ellen Virginia Lowther		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gerald Lewis Evans	11. Present Address of Registrant: 1705 Oak St La Grande, Ore. 97850
NOTARY (Seal)	Subscribed and sworn to before me on: September 19 1972	12. Signature of Notary: Glenda Mae Larson	13. Notary Commission expires: September 15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible		By whom issued and signed: Family	Date issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: Oct.24,1910	Birth Place: -----	Full Name of Mother: Ellen Virginia Lowther	Name of Father: John David Evans	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Cousin Age 77yrs		By whom issued and signed: Orval H. Evans	Date issued: Mar.16,1966	Date Orig. Entry: -----
	Date of Birth: Oct.24,1910	Birth Place: White bird, Idaho	Full Name of Mother: Ellen Virginia(Evans)Lowther	Name of Father: John David Evans	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #222		By whom issued and signed: State of Oregon Vital Statistics Section	Date issued: Sep.25,1972	Date Orig. Entry: child born Dec.1,1933
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

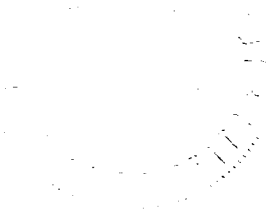
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Glenda Larson	October 4,1972

FORM BH 56067

In office - No Record

OCT 4 1972



344-119.038-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-627

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Verle Delmont Cumberland
2. Date of Birth (month) 4 (day) 19 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County
b. City or Town of Birth: Payette Idaho

FATHER

6. Full Name of Father: James Roy Cumberland
7. State or Country of Father's Birth: Faulton Jefferson Co. Missouri

MOTHER

8. Full Maiden Name of Mother: Carrie Blanche Stahn ~~Cumberland~~
9. State or Country of Mother's Birth: Ogden Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verle Delmont Cumberland
11. Present Address of Registrant: 1810 Isabella Ave. Monterey Park, Calif. 91754

NOTARY

Subscribed and sworn to before me on 23rd 1972

12. Signature of Notary: Robert L. Thompson
13. Notary Commission expires: February 25 1972

NOTARY SEAL — ROBERT L. THOMPSON — NOTARY PUBLIC — OFFICIAL SEAL — CALIFORNIA — PRINCIPAL OFFICE IN LOS ANGELES COUNTY — My Commission Expires February 25, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of Notice of Separation
By whom issued and signed: U.S. Naval Service
Date Issued: separated Feb.6,1946
Date Orig. Entry: enlisted July 24,1942
Date of Birth: Apr.19,1910
Birth Place: Payette, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 2.

Type of Document: Statement regarding personnel records
By whom issued and signed: Bergen Brunswig Corp., Vernon, CA Leonard R. Gardner, Emp. Rel. Mgr.
Date Issued: May 23, 1972
Date Orig. Entry: Aug.27,1928
Date of Birth: Apr.19,1910
Birth Place: ---
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Photocopy of application for Social Security #564-12-772
By whom issued and signed: Social Security Administration
Date Issued: ----
Date Orig. Entry: Dec. 1,1936
Date of Birth: Apr.19,1910
Birth Place: Payette, Idaho
Full Name of Mother: Carrie Blanche Stahn
Name of Father: James Roy Cumberland

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: October 5,1972

FORM BH 56067

5-7-72

OCT 5 1972

653-216-022-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-639

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Edith Brooks Wells		2. Date Of Birth (month) May (day) 16 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Salem-Fremont Idaho	b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: Harry Macfarlane Wells		7. State or Country of Father's Birth: Finnsbury London England	
MOTHER	8. Full Maiden Name of Mother: Edith May Mary Brooks		9. State or Country of Mother's Birth: Norfolk Formett St. Mary Norwich Eng.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Edith Wells	11. Present Address of Registrant: 667 Eighth Ave S.F.	
NOTARY (Seal)	Subscribed and sworn to before me on Oct. 4, 1972	12. Signature of Notary: Wm P. Davis	13. Notary Commission expires: Sept. 5, 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Salem Ward, Gottlob Bohi, Clerk	Date Issued: July 3, 1910	Date Orig. Entry: blessed July 3, 1910
	Date of Birth: May 16, 1910 / Birth Place: Salem, Idaho Fremont County	Full Name of Mother: Edith May Mary Brooks	Name of Father: Harry M. Wells	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Alfred Ricks, Bishop	Date Issued: May 4, 1919	Date Orig. Entry: May 3 Baptized
	Date of Birth: May 16, 1910 / Birth Place: Salem, Idaho	Full Name of Mother: Edith May Mary Brooks	Name of Father: Harry M. Wells	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family at time of birth	By whom issued and signed: Raymond John Peck (bd. 10/27 1898)	Date Issued: Oct. 3, 1972	Date Orig. Entry: ----
	Date of Birth: May 16, 1910 / Birth Place: Salem, Fremont County, Idaho	Full Name of Mother: Edith May Mary Brooks Wells	Name of Father: Harry Macfarlane Wells	
QUALIFYING INFORMATION				

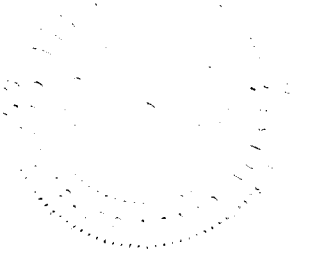
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 12, 1972

FORM BH 56067

OCT 13 1972



713-22-4022-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-645

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Radie Elizabeth Palmer		2. Date Of Birth (month) (day) (year): Dec. 24, 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Egin, Fremont	b. City or Town of Birth: Egin, Idaho
FATHER	6. Full Name of Father: John W. Palmer		7. State or Country of Father's Birth: Salt Lake County, Utah	
MOTHER	8. Full Maiden Name of Mother: Etna May Wardle		9. State or Country of Mother's Birth: Slat Lake County, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Radie E Palmer Rydalch	11. Present Address of Registrant: Route #2 Rexburg, Idaho 83440	
NOTARY (Seal)	Subscribed and sworn to before me on: September 11, 1972	12. Signature of Notary: Lynda Hamberlin Radie E Palmer Rydalch	13. Notary Commission expires: 11-15-75	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: Idaho State File No. 279143	Date Issued: ------	Date Orig. Entry: Child born March 17, 1939
	Date of Birth: Age 28 yrs	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Heman, Idaho	Date Issued: Jul.6,1919	Date Orig. Entry: Baptized July 2,1919
	Date of Birth: Dec.24,1910	Birth Place: Egin, Idaho	Full Name of Mother: May Wardle	Name of Father: John W. Palmer
SUPPORTING RECORD 3.	Type of Document: certified copy of school census marshal's report	By whom issued and signed: Fremont County, Idaho #457 in Micro film card	Date Issued: Sep.22,1972	Date Orig. Entry: Sep.1921
	Date of Birth: Dec.24,1910	Birth Place: ----	Full Name of Mother: ---	Name of Father: J. W. Palmer
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sl Glenda Larson	Date Filed: October 16, 1972

FORM BH 56067

rec. # 42438 1 copy pd. 8-3-72

Rydalch

OCT 20 1972

413-203-014-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-653

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Kathleen Mathis
2. Date of Birth: (month) July (day) 3 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Payette

FATHER

6. Full Name of Father: Albert Lewis Mathis
7. State or Country of Father's Birth: Alsace Lorain, France

MOTHER

8. Full Maiden Name of Mother: Hattie May Van Riper
9. State or Country of Mother's Birth: Monticello, Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice M. Chaney
11. Present Address of Registrant: 6161 Northview, Boise

NOTARY (Seal)

Subscribed and sworn to before me on October 4 1972

12. Signature of Notary: Glenda MacLarson
13. Notary Commission expires: September 15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother Age 67yrs	Hattie May Mathis	Jan. 31, 1942	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 3, 1910	Payette, Idaho	Hattie May Van Riper	Albert Lewis Mathis

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho File # 49-11888 -----		Child born Oct. 26, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 39 yrs	Payette, Idaho	------	------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment record (Ada County 2nd Cong. Dist)	Oath by Alice Mathis for employment as Stenographer, Caf-3	Aug. 7, 1935	Aug. 7, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 3, 1910	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Glenda Larson	October 20, 1972

FORM BH 56067

OCT 20 1972

DECEASED

243-127-004-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-659

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Edmund Buckley		2. Date Of Birth (month) (day) (year): February 27, 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Montpelier, Bear Lake; b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Christian Buckley		7. State or Country of Father's Birth: Draper, Utah
MOTHER	8. Full Maiden Name of Mother: Mary Cristina Hunter		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Edmund Buckley	11. Present Address of Registrant: 5100 South 1050 West Ogden, Utah 84403
NOTARY (Seal)	Subscribed and sworn to before me on: August 2 19 72	12. Signature of Notary: Louie A. Carmichael	13. Notary Commission expires: July 21 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #200348	Date Issued: ---	Date Orig. Entry: child born Mar.30,1932
	Date of Birth: Age: 22	Birth Place: Montpelier, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Union Book - Local 1498 of Provo, Utah		By whom issued and signed: United Brotherhood of Carpenters and Joiners of America	Date Issued: Feb.5,1943	Date Orig. Entry: Feb.5,1943
	Date of Birth: Feb.27,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Bear Lake County, Idaho		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct.17,1972	Date Orig. Entry: April 15,1910
	Date of Birth: Age: 1 mo.	Birth Place: Idaho	Full Name of Mother: Mary M. Buckley	Name of Father: Christian Buckley	
QUALIFYING INFORMATION					

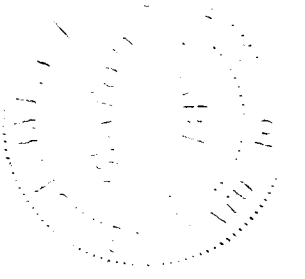
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda M. Larson	October 26,1972

FORM BH 56067

OCT 27 1972



B62-209044-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-663

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Estella Isabelle Cossitt			2. Date of Birth (month) Dec (day) 9 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Washington	b. City or Town of Birth: Council	
FATHER	6. Full Name of Father: Lyman Morgan Cossitt			7. State or Country of Father's Birth: South Dakota	
MOTHER	8. Full Maiden Name of Mother: Edna Belle Seavey			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Estella Isabelle Earle		11. Present Address of Registrant: 3175 Texas St. Oakland, Ca.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 19 1972	12. Signature of Notary: Charmayne R. Smith		13. Notary Commission expires: March 14 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth record	By whom issued and signed: child born in Mineral County, Colorado	Date Issued: ---	Date Orig. Entry: child born Aug.13,1940	
	Date of Birth: Age: 29	Birth Place: Council, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: John Hancock Mutual Life Ins Co., Boston, Massachusetts	Date Issued: ---	Date Orig. Entry: Sept.6,1946	
	Date of Birth: Dec.9,1910	Birth Place: Council, IDAHO	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of county birth record for self #635 pg 21	By whom issued and signed: Washington County, Idaho reported by Frank E.Brown,MD	Date Issued: orig.copy June 12 1972	Date Orig. Entry: Jan.18,1911	
	Date of Birth: Dec.9,1910	Birth Place: Council, Idaho	Full Name of Mother: Isabelle Cossitt (nee Seavey)	Name of Father: Lyman Cossitt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 27,1972

FORM BH 56067

OCT 3 0 1972

STATE OF CALIFORNIA
COUNTY OF Alameda } ss. (INDIVIDUAL)

On this 19 day of October, 1972, before me, the undersigned, a Notary Public in and for said County, personally appeared Estella Isabelle Cosatt Earle

known to me to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument, and acknowledged to me that ~~she~~ executed the same.
Witness my hand and official seal.

Charmayne R. Smith
Notary Public in and for said County and State

Name (Typed or Printed)

OFFICIAL SEAL
Charmayne R. Smith
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
ALAMEDA COUNTY
My Commission Expires March 14, 1976

(This area for official notarial seal)

STAPLE HERE

3403(1/72)

619-210-201-618

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-667

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Garver, Ruth Frances
2. Date Of Birth: (month) April (day) 10 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Idaho, Boise

FATHER

6. Full Name of Father: Garver, Frank Jacob
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Wayte, Winnie Estelle
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Garver Swindaman
11. Present Address of Registrant: 1275 N. Lwr. Sacto Rd Lodi, Calif 95240

NOTARY (Seal)

Subscribed and sworn to before me on: October 17 1972

12. Signature of Notary: Virginia Ann Kirkle
Virginia Ann Kirkle

13. Notary Commission expires: June 3 1973

VIRGINIA ANN KIRKLE NOTARY PUBLIC - CALIFORNIA Principal Office in San Joaquin County My Commission Expires JUNE 3, 1973

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript of university record	University of Idaho	Sep.22,1949	Sept.16,1927
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.10,1910 / Boise, Idaho	Mrs. W. E. Garver	---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 11-827-923	By whom issued and signed: New York Life Ins. Co.	Date Issued: June 18,1932	Date Orig. Entry: June 18,1932
	Apr.10,1910 / Boise, Idaho	Winnie E. Garver	---	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Records	Date issued: ----	Date Orig. Entry: appears old
	Apr.10,1910 / ---	---	Frank Jacob Garver	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 27,1972

FORM BH 56067

10-11-72

OCT 30 1972

866-230-003-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-696

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Howell
2. Date of Birth (month) (day) (year): Oct. 30 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Robin Idaho. Bannock
b. City or Town of Birth:

FATHER

6. Full Name of Father: John Elmer Howell
7. State or Country of Father's Birth: Idaho U.S.A.

MOTHER

8. Full Maiden Name of Mother: Maude Henderson
9. State or Country of Mother's Birth: Idaho U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda M. Barquette
11. Present Address of Registrant: 13621 - 4th N.E. Seattle Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 30 1972
12. Signature of Notary: Dan [illegible]
13. Notary Commission expires: 9-25 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Duplicate of Certificate of Baptism and Confirmation
By whom issued and signed: LDS Church, 8th Ward, North Seattle Stake, Wallace Skidmore, Bp.
Date Issued: Feb. 10, 1959
Date Orig. Entry: baptized July 5, 1919
Date of Birth: Oct. 30, 1910
Birth Place: Robin, Idaho
Full Name of Mother: Maude Henderson
Name of Father: John Elmer Howell

SUPPORTING RECORD 2.

Type of Document: Page 10 from family record book
By whom issued and signed: Family Records
Date Issued: ---
Date Orig. Entry: obviously old
Date of Birth: Oct. 30, 1910
Birth Place: Robin, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: #8207 Application for mother's membership - Camp Dorian
By whom issued and signed: Daughters of the Utah Pioneers Pocatello, Idaho
Date Issued:
Date Orig. Entry:
Date of Birth: Oct. 30, 1910
Birth Place: Robin, Idaho
Full Name of Mother: Maude Henderson Howell
Name of Father: John Elmer Howell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: November 9, 1972

FORM BH 56067

1-3-7

NOV 1 0 1972

693-218-006-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-700

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ann Elliott Williams		2. Date Of Birth (month) August (day) 18 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Adolph (Bill) F. Williams		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Emma Littlewood Elliott		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ann Webb	11. Present Address of Registrant: Bliss Idaho Box #18
NOTARY (Seal)	Subscribed and sworn to before me on: 11/1 1972	12. Signature of Notary: Thomas Prescott	13. Notary Commission expires: Sept 17 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Emma Williams	Date issued: Nov.1,1972	Date Orig. Entry: ---
	Date of Birth: Aug.18,1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Emma Littlewood Elliott Williams	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records		By whom issued and signed: Gooding County, Idaho	Date issued: Sep.18,1970	Date Orig. Entry: Sept. 1923
	Date of Birth: Aug.18,1910	Birth Place: ---	Full Name of Mother: Emma Williams	Name of Father: Bill Williams	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage register		By whom issued and signed: Jerome County, Idaho	Date issued: ---	Date Orig. Entry: Dec.31,1927
	Date of Birth: Age: 17	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	November 9,1972

FORM BH 56067 1 Cert 1 Pd Rec # 01115 8-31-70

NOV 1 0 1972

413-20-1007-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-707

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dora Maud Matthews		2. Date Of Birth (month) (day) (year): March 7, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Blaine; b. City or Town of Birth: Arco
FATHER	6. Full Name of Father: William P. Matthews		7. State or Country of Father's Birth: Diamond, Utah.
MOTHER	8. Full Maiden Name of Mother: Alice V. (W) Woodbridge		9. State or Country of Mother's Birth: Miller, Buffalo Co. Nebraska.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nora M. Cudteason	11. Present Address of Registrant: Arco, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 12 1972	12. Signature of Notary: Bernice E. Pate	13. Notary Commission expires: April 12 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record of birth		By whom issued and signed: L.D.S.Church Arco Ward Clk.	Date Issued: Nov.1972	Date Orig. Entry: Baptized Aug 5,1944
	Date of Birth: Mar.7,1910	Birth Place: Arco,Idaho	Full Name of Mother: Alice Woodbridge	Name of Father: William P. Matthews	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Butte County High School	Date Issued: ---	Date Orig. Entry: Entered Sept. 1925
	Date of Birth: Age 15	Birth Place: Arco,Idaho	Full Name of Mother: ----	Name of Father: William P. Matthews	
SUPPORTING RECORD 3.	Type of Document: Employment Record		By whom issued and signed: Lost Rivers Hospital	Date Issued: Oct.23,1972	Date Orig. Entry: Employed July 4,1962
	Date of Birth: Mar.7,1910	Birth Place: Arco,Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: Nov. 14, 1972

FORM BH 56067

3-22-72

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NOV 14 1972

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613-226-009-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-723

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Emma Fall			2. Date Of Birth (month) July (day) 26 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: John C. Fall			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Bertha Lambert			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence E. Fall / Florence E. Rafer		11. Present Address of Registrant: 1000 Superior St Sandpoint Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 16 1972	12. Signature of Notary: Madeline E. Williams		13. Notary Commission expires: Aug 17 1973

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 191790	Date issued: ----	Date Orig. Entry: child born June 7, 1931
	Date of Birth: Age 20	Birth Place: Sandpoint, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidaivt by mother		By whom issued and signed: Berta Fall	Date issued: Nov.10,1972	Date Orig. Entry: -----
	Date of Birth: Jul.26,1910	Birth Place: Sandpoint, Idaho	Full Name of Mother: Bertha Lambert	Name of Father: John C. Fall	
SUPPORTING RECORD 3.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Jul.26,1910	Birth Place: ----	Full Name of Mother: Berta Lambert	Name of Father: John Calvin Fall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

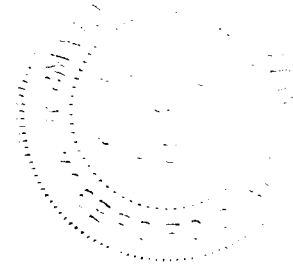
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	November 21,1972

FORM BH 56067

11-14-72

Rawls

NOV 21 1972
NOV 22 1972



3694151014-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-726

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clark Marden Cornell		2. Date of Birth (month) (day) (year): October 15 1910
	3. Color or Race: Caucassion	4. Sex: M	5. Place of Birth: a. County: Idaho Canyon; b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: Adelbert Cornell		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Bessie Viola Matthews		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clark M. Cornell	11. Present Address of Registrant: Rt 1, box 283 Caldwell,
NOTARY (Seal)	Subscribed and sworn to before me on: NOVEMBER 21 1972	12. Signature of Notary: Jack V. Mills	13. Notary Commission expires: Ida. April 15 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible	By whom issued and signed: FAMILY	Date Issued: -----	Date Orig. Entry: Obviously Old
	Date of Birth: Oct. 15, 1910 / Birth Place: -----	Full Name of Mother: Bessie Viola Matthews	Name of Father: Adelbert Cornell	
SUPPORTING RECORD 2.	Type of Document: Photocpy of Hospital Record	By whom issued and signed: Caldwell, Idaho Caldwell Memorial Hospital	Date Issued: Nov. 20, 1972	Date Orig. Entry: Aug. 5, 1965
	Date of Birth: Oct. 15, 1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend & neighbor since before birth Age 82 yr	By whom issued and signed: Hazel G. Robinson	Date Issued: Nov. 22, 1972	Date Orig. Entry: -----
	Date of Birth: Oct. 15, 1910 / Birth Place: Middleton, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

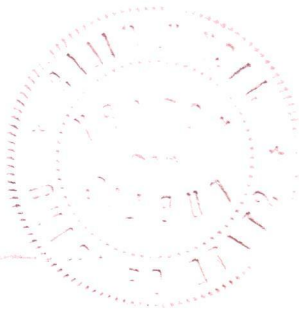
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	sl Sue Lowe	Nov. 22, 1972

FORM BH 56067

NOV 2 2 1972

Cornell



239-221-037-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-738

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Susie Katherine Strickland		2. Date Of Birth (month) August (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Grasmere Owyhee; b. City or Town of Birth: Grasmere, Idaho
FATHER	6. Full Name of Father: Burton Edward Strickland		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Susie Taylor		9. State or Country of Mother's Birth: Nevada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Susie Katherine Hallowby	11. Present Address of Registrant: Oxnard Calif. 3170 So. L. Street
NOTARY (Seal)	Subscribed and sworn to before me on: October 12 1972	12. Signature of Notary: Glenn H. Strong	13. Notary Commission expires: January 24 1973

OFFICIAL SEAL
GLENN H. STRONG
NOTARY PUBLIC - CALIFORNIA
VENTURA COUNTY
My Commission Expires Jan. 24, 1973

P. O. Box 2337, Oxnard, Calif. 93030

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of insurance record #1 132 653		By whom issued and signed: Kansas City Life Ins. Co.	Date issued: --	Date Orig. Entry: Jan.22,1948
	Date of Birth: Aug.21,1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #50-293006		By whom issued and signed: State of Utah	Date issued: ---	Date Orig. Entry: child born Dec.8,1950
	Date of Birth: Age: 40	Birth Place: Grasmere, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by close friend of family at time of birth		By whom issued and signed: Elsie J. Ray (bd.7/1/1899)	Date issued: Nov.29,1972	Date Orig. Entry: ---
	Date of Birth: Aug.21,1910	Birth Place: Grasmere, Idaho Owyhee County	Full Name of Mother: Susie Taylor Strickland	Name of Father: Burton Edward Strickland	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 29, 1972

FORM BH 56067

10-6-72

Holloway

NOV 3 0 1972

413207-010-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-747

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA MACE		2. Date Of Birth (month) DEC, (day) 7 (year) 1910	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BONNEVILLE IDAHO	b. City or Town of Birth: IDAHO FALLS
FATHER	6. Full Name of Father: WILLAM ALONZO MACE		7. State or Country of Father's Birth: IOWA U.S.A.	
MOTHER	8. Full Maiden Name of Mother: VERNA LYNN FLETCHER		9. State or Country of Mother's Birth: IOWA U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Coughlan EVA COUGHLAN	11. Present Address of Registrant: 310 E 15th St.	
NOTARY (Seal)	Subscribed and sworn to before me on: November 3 1972	12. Signature of Notary: Phillegen Rawright	13. Notary Commission expires: 9-24 - 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #298820	Date Issued: ----	Date Orig. Entry: child born Aug. 12, 1940	
	Date of Birth: Age: 29	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of affidavit by sister (bd. 3/6/1900)	By whom issued and signed: Sylvia Iola Mace Pickett	Date Issued: orig. signed Nov. 17, 1972	Date Orig. Entry: ----	
	Date of Birth: Dec. 7, 1910	Birth Place: Idaho Falls, Idaho Bingham County	Full Name of Mother: Verna Lynn Mace	Name of Father: William Alonzo Mace	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage license affidavit	By whom issued and signed: Bonneville County, Idaho	Date Issued: July 26, 1930	Date Orig. Entry: Nov. 14, 1972	
	Date of Birth: Age: 19	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Nov. 30, 1972

FORM BH 56067

10-30-72

Coughlan

DEC 1 1972

253-211-021-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-756

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillis May ~~Rigby~~ Keller			2. Date Of Birth (month) May (day) 11, (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Mink Creek
FATHER	6. Full Name of Father: Uriss Keller			7. State or Country of Father's Birth: Utah - United States
MOTHER	8. Full Maiden Name of Mother: Ida Irene Smith			9. State or Country of Mother's Birth: Idaho - United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillis May Rigby		11. Present Address of Registrant: Box 158 Montpelier, Idaho 83254
NOTARY (Seal)	Subscribed and sworn to before me on 11/30/ 19 72	12. Signature of Notary: Ronald O. Stevens		13. Notary Commission expires 8/23/ 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #422312	Date Issued: ----	Date Orig. Entry: child born July 29,1946
	Date of Birth: Age: 36	Birth Place: Mink Creek, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, Harold E. Hess, Montpelier 1st Ward Clerk	Date Issued: Nov.29,1972	Date Orig. Entry: blessed July 3,1910
	Date of Birth: May 11,1910	Birth Place: ----	Full Name of Mother: Ida Irene Smith	Name of Father: Uriss Keller	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #02903023		By whom issued and signed: American National Ins. Co.	Date Issued: Nov.10,1961	Date Orig. Entry:
	Date of Birth: May 11,1910	Birth Place: Mink Creek, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Glenda Larson	December 1,1972

FORM BH 56067

DEC 1 1972

453-103-010 -796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE72-778

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verd George Metcalf		2. Date Of Birth (month) (day) (year): September 3 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Ucon
FATHER	6. Full Name of Father: George Stanley Metcalf		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Mabel Groom		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Verd George Metcalf	11. Present Address of Registrant: X 235 Hancock, Blackfoot, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: 6th Dec. 1972	12. Signature of Notary: Orson Packham	13. Notary Commission expires: 30 January 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 82	By whom issued and signed: Mabel Groom Metcalf	Date Issued: Nov.21,1972	Date Orig. Entry: -----
	Date of Birth: Sept.3,1910 / Birth Place: Ucon,Idaho	Full Name of Mother: Mabel Groom	Name of Father: George Stanley Metcalf	
SUPPORTING RECORD 2.	Type of Document: Notorized copy of Family Rec.	By whom issued and signed: Family	Date Issued: Nov.21,1972	Date Orig. Entry: Original obviously old
	Date of Birth: Sept.3,1910 / Birth Place: Ucon,Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own childs Hospital Certificate of birth	By whom issued and signed: St. Mary's Hospital San Francisco, California	Date Issued: ----	Date Orig. Entry: Child born May 20, 1939
	Date of Birth: Sept 3,1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: Dec.14, 1972

FORM BH 56067

DEC 1 4 1972

916-109-022-891

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-784

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Merrill Rawson			2. Date Of Birth (month) (day) (year): November 9, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Egin
FATHER	6. Full Name of Father: Samuel Rawson			7. State or Country of Father's Birth: Swanwick, Derbyshire, England
MOTHER	8. Full Maiden Name of Mother: Amanda Ellen Hiatt			9. State or Country of Mother's Birth: Weber County, Utah - U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Merrill Rawson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 16 1972	12. Signature of Notary: [signature]		13. Notary Commission expires: 9-22 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #3193710		By whom issued and signed: The Northwestern Mutual Life Ins. Co. of Milwaukee, WI	Date issued: Sep.14,1942	Date Orig. Entry: Aug.20,1942
	Date of Birth: Nov.9,1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Rupert Ward, John H. Bowen, Clerk bk.B ln.501	Date issued: Jan.28,1920	Date Orig. Entry: baptized Oct.4,1919
	Date of Birth: Nov.9,1910	Birth Place: Egin, Idaho Fremont County	Full Name of Mother: Amanda Hiatt	Name of Father: Samuel Rawson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #432701	Date issued: ---	Date Orig. Entry: child born Feb.6,1947
	Date of Birth: Age: 36	Birth Place: Egin, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

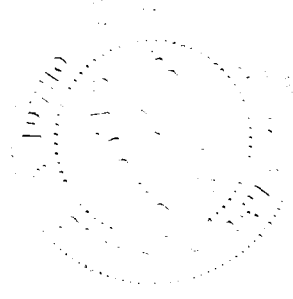
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	gml Glenda Larson	Dec. 21, 1972

FORM BH 56067

DEC 21 1972



515-126-019-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-792

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Merritt VanCamp
2. Date Of Birth (month) 12 (day) 26 (year) 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Custer; b. City or Town of Birth: Challis

FATHER

6. Full Name of Father: Stanton Merritt VanCamp
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lona Webb
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Merritt VanCamp
11. Present Address of Registrant: Roseburg, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on 4 Dec 1972

12. Signature of Notary: Kenneth J. Dress
13. Notary Commission expires: My Commission expires June 25, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of hospital record	Douglas Community Hospital, Inc., Roseburg, OR	Jan. 21, 1954	Jan. 21, 1954
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec. 26, 1910 / Challis, Idaho	---	---	
SUPPORTING RECORD 2.	Statement regarding school records	May Quigley, Clerk, Joint School Dist. #181, Challis, Idaho	Dec. 19, 1972	Sept. 1, 1917
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 6 / ---	Lona Van Camp	Stanton Van Camp	
SUPPORTING RECORD 3.	Own child's birth certificate	On file Idaho #255175	---	child born May 29, 1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 26 / Challis, Idaho	----	----	

QUALIFYING INFORMATION

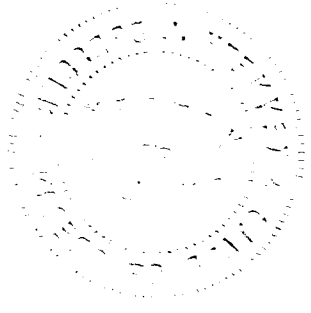
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	gml Glenda Larson	Dec. 29, 1972

FORM BH 56067

DEC 29 1972



249-118-023-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-004

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elmer Blaine Smith
2. Date Of Birth (month) 1 (day) 18 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Emmett Gem
b. City or Town of Birth: Emmett Idaho

FATHER

6. Full Name of Father: Elisha Smith
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mattie Harsine
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmer Smith
11. Present Address of Registrant: Mountain Home Ida

NOTARY (Seal)

Subscribed and sworn to before me on January 2 1973

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt Age 86	Annie Marker	Oct.31,1972	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1910	Emmett,Idaho	Mattie Horine	Elisha Smith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital Record	St. Lukes Hospital	Jan.2,1973	Patient Jan.11, 1968

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.18,1910	Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S. Dept. of Commerce	Dec.19,1972	Apr.15 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 3 mo.	Idaho	Mattie Horine Smith	-------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Jan.3,1973

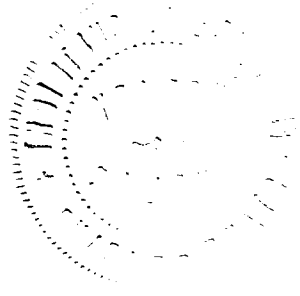
FORM BH 56067

, corrd rec # 7899

11-20-72

Smith

JAN 4 1973



73-004

643-107035-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-006

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Elsworth Wicks			2. Date Of Birth (month) (day) (year): April 7, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Gifford
FATHER	6. Full Name of Father: Streeter John Wicks			7. State or Country of Father's Birth: Topeka, Kansas
MOTHER	8. Full Maiden Name of Mother: Minnie Alice Marshall			9. State or Country of Mother's Birth: Cornwall, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: W. E. Wicks		11. Present Address of Registrant: 314 Deisol Lane
NOTARY (Seal)	Subscribed and sworn to before me on: 2 Jan 19 73	12. Signature of Notary: [signature]		13. Notary Commission expires: 12 Feb 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie Alice Wicks	Date Issued: Dec.19,1941	Date Orig. Entry: ---
	Date of Birth: Apr.7,1910 / Birth Place: Gifford, Idaho Nez Perce County	Full Name of Mother: Minnie Alice Marshall	Name of Father: Streeter John Wicks	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Joseph's Hospital,Ruthe D. Black,Asst.Med.Rec.Adm.,Lewiston,ID	Date Issued: Dec.29,1972	Date Orig. Entry: Aug. 1936
	Date of Birth: Apr.7,1910 / Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding lodge records - I.O.O.F.	By whom issued and signed: Crystal Lodge #103,Clearwater, ID, Harry Farris, Sec.	Date Issued: Dec.30,1972	Date Orig. Entry: Dec.4,1936
	Date of Birth: Apr.7,1910 / Birth Place: Gifford, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson		Date Filed: January 5, 1973

FORM BH 56067

Reg. No. #7426

JAN 5 1973

666-110-003-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-025

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DEAN ARTHUR FOWLER		2. Date Of Birth (month) (day) (year): DEC 10 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: NITER, BANNOCK
			b. City or Town of Birth: NITER (mail Grace)
FATHER	6. Full Name of Father: WILLIAM TURNER FOWLER		7. State or Country of Father's Birth: MURRAY, UTAH
MOTHER	8. Full Maiden Name of Mother: MAIRGARET EMERETT PECK		9. State or Country of Mother's Birth: THATCHER IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dean Fowler	11. Present Address of Registrant: 180 S Main Smithfield UT
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 5 1973	12. Signature of Notary: Elliott Crowley	13. Notary Commission expires: March 17, 1974

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #27982	By whom issued and signed: Pacific National Life Assurance Co., Salt Lake City, UT	Date Issued: May 15, 1939	Date Orig. Entry: Apr. 28, 1939
	Date of Birth: Dec. 10, 1910 / Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #311686	Date Issued: ---	Date Orig. Entry: child born Oct. 25, 1937
	Date of Birth: Age: 26 / Birth Place: Grace, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Bannock Stake, Grace Ward, Record of Members #18238, entry 1041	Date Issued: Sep. 27, 1972	Date Orig. Entry: Feb. 5, 1911
	Date of Birth: Dec. 10, 1910 / Birth Place: Niter, Bannock County, Idaho	Full Name of Mother: Margaret Peck	Name of Father: Wm. T. Fowler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: January 16, 1973

FORM BH 56067

10-5-66

Fowler

JAN 16 1973

819-122-036-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-033

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LELAND WILMER HARRIS
2. Date Of Birth (month) (day) (year): Sept. 22 1910
3. Color or Race: White
4. Sex: MALE
5. Place of Birth: a. County: ONEIDA; b. City or Town of Birth: FAIRVIEW IDAHO

FATHER

6. Full Name of Father: WILLIAM LEWIS HARRIS
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: CHARLOTTE LAVISA BRONSON
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leland Wilmer Harris
11. Present Address of Registrant: Pingree, Idaho 83262

NOTARY (Seal)

Subscribed and sworn to before me on: January 5th, 19 73
12. Signature of Notary: Madine T. Cushman
13. Notary Commission expires: August 15 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #423617	----	child born Aug. 7, 1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Fairview, Idaho	---	---	
SUPPORTING RECORD 2.	photocopy of Certificate of Baptism and Confirmation	LDS Church, Elijah Gilbert, Clerk	July 6, 1919	baptized 3 July 1919
	Sep. 22, 1910 / Fairview, Idaho Franklin County	Charlotte Bronson	William L. Harris	
SUPPORTING RECORD 3.	photocopy of first page only of insurance policy #20P-121322 M	National Public Service Ins. Co.	effective date Jan. 10, 1968	--
	Age at issue 57 / ---	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Jan. 17, 1973

FORM BH 56067

1 cc pd.

2-16-70

Harris

JAN 18 1973

114-206-025-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-040

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dora Mildred James
2. Date Of Birth (month) (day) (year): July 6 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Idaho
b. City or Town of Birth: Grangeville

FATHER

6. Full Name of Father: Charles Walter James
7. State or Country of Father's Birth: Vienna, Mo

MOTHER

8. Full Maiden Name of Mother: Minnie Florence Wright
9. State or Country of Mother's Birth: Vienna, Mo

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dora J. Manning
11. Present Address of Registrant: 911 E. Wabash

NOTARY (Seal)

Subscribed and sworn to before me on: January 16 1973
12. Signature of Notary: Miles P. Leech
13. Notary Commission expires: Aug 30 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy #434314	Equitable Life Insurance Co. of Iowa	Aug. 28, 1929	Aug. 21, 1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 6, 1910 / Grangeville, Idaho	----	----	
SUPPORTING RECORD 2.	Federal Census Record Idaho County, Idaho	U.S. Department of Commerce Bureau of the Census	Jan. 19, 1971	Jan. 1, 1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 9 / Idaho	Mary A. James	Charley W. James	
SUPPORTING RECORD 3.	photocopy of page from family Bible	Family records in Bible	---	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 6, 1910 / ----	Minnie L. Wright	Charley W. James	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Jan. 19, 1973

FORM BH 56067

1-12-73

Manning

JAN 19 1973

445-105-004-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-041

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Crandell Dunn			2. Date Of Birth (month) June (day) 5 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bennington	
FATHER	6. Full Name of Father: Crandell Dunn			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ida Jane Wright Lloyd C. Dunn			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant: Box 104 Georgetown, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1973	12. Signature of Notary: Florence Cutright		13. Notary Commission expires: 4-20 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church		Date Issued: Jan 15, 1973	Date Orig. Entry: Blessed August 7,1910
	Date of Birth: Jun.5,1910	Birth Place: Bennington,Idaho	Full Name of Mother: Ida Jane Wright	Name of Father: Crandell Dunn	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 286777		Date Issued: -----	Date Orig. Entry: child born Nov.10, 1939
	Date of Birth: Age 29	Birth Place: Bennington,Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Birth Record- Bear Lake County Recorder	By whom issued and signed: Amos B. Hulme- Bear Lake County Recorder		Date Issued: Jan.15,1973	Date Orig. Entry: Born June 5,1910
	Date of Birth: June 5,1910	Birth Place: Bennington,Idaho	Full Name of ~~Mother~~ Father: Crandell Dunn	Name of ~~Father~~ Mother: Ida J. Dunn	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Sue Lowe	Jan. 19, 1973

FORM BH 56067

JAN 19 1973

963216-029-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-050

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Clare Roth		2. Date Of Birth (month) (day) (year): Oct. 16 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Near Genesee, Idaho
FATHER	6. Full Name of Father: Joesph Roth		7. State or Country of Father's Birth: Botkins, Ohio
MOTHER	8. Full Maiden Name of Mother: Bertha Baldus		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irene C Agost	11. Present Address of Registrant: W. 1120 Mansfield Spokane Wa
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1973	12. Signature of Notary: Ermal L Hubbard	13. Notary Commission expires: October 15 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #281753	Date issued: ---	Date Orig. Entry: child born June 16,1939
	Date of Birth: Age: 28	Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of baptism		By whom issued and signed: Church of St. Marys, Genesee, ID, Rev. J.B. Kunkel	Date issued: orig. issued May 26,1945	Date Orig. Entry: baptized Nov.28,1910
	Date of Birth: Oct.16,1910	Birth Place: Genesee, Idaho	Full Name of Mother: Bertha Baldus	Name of Father: Joseph Roth	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Preferred Equity Insurance Co.	Date issued: ---	Date Orig. Entry: May 11,1965
	Date of Birth: Oct.16,1910	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 22,1973

FORM BH 56067

NM (A) 5-15-63 gml

Agost

JAN 23 1973

689-101-002-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-051

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: ARLEST LOCKE WHITELEY
2. Date of Birth (month) 1 (day) 1 (year) 1910
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: Council Adams
b. City or Town of Birth: COUNCIL IDAHO

FATHER

6. Full Name of Father: SAMUEL JOSEPH WHITELEY
7. State or Country of Father's Birth: ARKANSAS

MOTHER

8. Full Maiden Name of Mother: MYRTLE EMMA LOCKE
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Arlest L Whiteley
11. Present Address of Registrant: 2505 N.E. EVERETT PORTLAND ORE. 97232

NOTARY (Seal)

Subscribed and sworn to before me on January 17 1973

12. Signature of Notary: Helen E. Williams
13. Notary Commission expires: Aug 17 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census record Multnomah County, Oregon	U.S. Department of Commerce Bureau of the Census	Sep.7,1972	Apr.1,1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 20 / Idaho	Myrtle Whitley	Samuel J. Whiteley	
SUPPORTING RECORD 2.	photocopy of application for insurance policy	Oregon Mutual Life Ins. Co. of Portland, OR	----	Feb.28,1941
	Jan.1,1910 / Council, Idaho	---	----	
SUPPORTING RECORD 3.	Certified copy of own child's birth certificate #579	State of Oregon	Apr.20,1972	child born Feb.7,1940
	Age: 30 / Council, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	January 23,1973

FORM BH 56067

Whiteley

JAN 23 1973

719-219-022-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-054

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Louise Parsons		2. Date Of Birth (month) Sept (day) 19 (year) 1910	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Victor, Idaho Fremont	b. City or Town of Birth: Victor
FATHER	6. Full Name of Father: Hyrum James Parsons		7. State or Country of Father's Birth: U tah	
MOTHER	8. Full Maiden Name of Mother: Sarah Grace Thompson		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Louise Parsons	11. Present Address of Registrant: 644 J St. Idaho Falls Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 4th 19 73	12. Signature of Notary: E. H. Thornton	13. Notary Commission expires: December 31 19 73	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Teton Stake, Victor Ward Rec. Members #16230, blessed line 356	Date Issued: May 26, 1971	Date Orig. Entry: Nov. 6, 1910	
	Date of Birth: Sep. 19, 1910	Birth Place: Victor, Fremont County, Idaho	Full Name of Mother: Sarah Thompson	Name of Father: Hyrum J. Parsons	
SUPPORTING RECORD 2.	Type of Document: Certified copy of affidavit for marriage license	By whom issued and signed: Fremont County, Idaho	Date Issued: Apr. 29, 1971	Date Orig. Entry: July 14, 1928	
	Date of Birth: Age: 17	Birth Place: ---	Full Name of Mother: Grace Beltz	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Wisconsin	Date Issued: Jan. 19, 1973	Date Orig. Entry: child born June 2, 1930	
	Date of Birth: Age: 19	Birth Place: Victor, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 24, 1973

FORM BH 56067

Taylor

JAN 26 1973

296-21-1003 -168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-067

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bertha Lucile Brown
2. Date Of Birth (month) (day) (year): Nov. 19 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Pocatello Idaho Bannock
b. City or Town of Birth:

FATHER

6. Full Name of Father: Reuben A. Brown
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Anna Sophia Johnson
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Bertha Lucile Erkins
11. Present Address of Registrant: 2228 Highland Vista Avenue Pasadena Calif.

(NOTARIAL SEAL) ROBERT S. BACHARDY NOTARY PUBLIC — CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires May 24, 1974

Subscribed and sworn to before me on Jan 19 1973

12. Signature of Notary: R S Bachardy
13. Notary Commission expires: May 24 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of marriage record #11931	Age: 21	Idaho	Los Angeles County, CA	A. Johnson	Apr.10,1970	R. Brown	Oct.3,1932
SUPPORTING RECORD 2.	Application for insurance policy photocopy #135068	Nov.19,1910	Pocatello, Idaho	Beneficial Life Ins. Co.	---	Feb.25,1934	---	Feb.1,1934
SUPPORTING RECORD 3.	Statement regarding hospital records	Nov.19,1910	---	Centinela Valley Community Hospital, Inglewood, CA	---	Apr.30,1970	---	Feb. 1938

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	January 31,1973

K FORM BH 56067

E-14-68

Chris

FEB 14 1973

993-118-016-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Richardson			2. Date Of Birth (month) (day) (year): September 18 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Almo
FATHER	6. Full Name of Father: Thomas Richardson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Brackenbury			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard Richardson		11. Present Address of Registrant: Box 3269 - Florence, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: January 31 1973	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

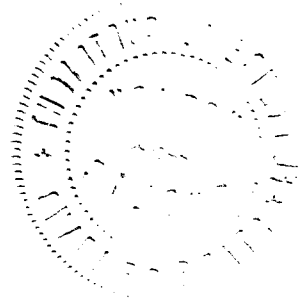
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Army Discharge	By whom issued and signed: Army of the United States	Date Issued: Nov.17,1945	Date Orig. Entry: Entered Mar.20,1943
	Date of Birth: Sept.18,1910 Birth Place: Almo, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt Age 87	By whom issued and signed: Jessie Cahoon	Date Issued: Jan.31,1973	Date Orig. Entry: ------
	Date of Birth: Sept.18,1910 Birth Place: Almo,Idaho	Full Name of Mother: Emma Brackenbury	Name of Father: Thomas Richardson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: Oregon Medical Center - Florence,	Date Issued: Sept.30,1950	Date Orig. Entry: Child born Sept. 30,1950
	Date of Birth: Sept.18,1910 Birth Place: Almo,Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Florence Curtright	Date Filed: Feb.1,1973

FORM BH 56067

- No Corresp. -



635229-009-487

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-082

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sadie Geneva Fleming		2. Date Of Birth (month) (day) (year): December 29 1910
	3. Color or Race: Cauc.	4. Sex: F	5. Place of Birth a. County: Sandpoint, Ida. Bonner; b. City or Town of Birth: Sandpoint, Idaho
FATHER	6. Full Name of Father: Glen H. Fleming		7. State or Country of Father's Birth: Pittsburg, Penn.
MOTHER	8. Full Maiden Name of Mother: Tillie Rose Zygo		9. State or Country of Mother's Birth: Wells, Minn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sadie Geneva Sanders	11. Present Address of Registrant: E 2311 First Ave. Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: 6 May 19 71	12. Signature of Notary: Jerry VanDorp	13. Notary Commission expires: 4 April 19 71

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:77	By whom issued and signed: Hattie Marie Ridley	Date Issued: May 6,1971	Date Orig. Entry: ----
	Date of Birth: Dec.29,1910 / Birth Place: Sandpoint,Idaho	Full Name of Mother: Tillie Rose Fleming	Name of Father: Glen H. Fleming	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records- Sandpoint,ID	By whom issued and signed: Mike Lamanna, Asst.Supt. Bonner Co.,ID Dist. #82	Date Issued: Apr.23,1971	Date Orig. Entry: Sept.1917
	Date of Birth: Dec.29,1910 / Birth Place: ----	Full Name of Mother: ---	Name of Father: Glen Fleming	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #3522	By whom issued and signed: Spokane County Health Dist., WA	Date Issued: Jan.26,1973	Date Orig. Entry: child born Nov.21,1943
	Date of Birth: Age: 32 / Birth Place: Sandpoint, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	February 6,1973

FORM BH 56067

FEB 7 1973

229-122-004-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-090

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lester Skinner
2. Date Of Birth (month) (day) (year): Aug. 22 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Home; a. County: Bear Lake; b. City or Town of Birth: Nounan Idaho

FATHER

6. Full Name of Father: Nephi Aarom Skinner
7. State or Country of Father's Birth: Idaho Nouman

MOTHER

8. Full Maiden Name of Mother: Etta May Morgam
9. State or Country of Mother's Birth: Georgia Fish Creek

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Skinner
11. Present Address of Registrant: Star Route 2, Montpelier, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on January 27 19 73

12. Signature of Notary: Joan N. Crane
13. Notary Commission expires: 8/22 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy #346672	Aug.22,1910	Nounan, Idaho	Kansas City Life Ins. Co., Home office Kansas City, Mo.	Etta Mae Morgan Skinner	June 12,1926	Nephi A. Skinner	June 7, 1926
SUPPORTING RECORD 2.	Certified copy of application for license to marry #33417	Aug.22,1910	Nounan, Idaho	Bear Lake County, Idaho	Etta May Morgan	Jan.26,1973	Nephi A. Skinner	Aug.22,1929
SUPPORTING RECORD 3.	Affidavit by cousin who lived nearby at time of birth	Aug.22.1910	Nounan, Idaho	Brigham Owen Bacon (bd.9-14-1898)	Etta May Morgan Skinner	Jan.27,1973	Nephi A. Skinner	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hick	Glenda Larson	Feb. 8, 1973

FORM BH 56067

FEB 9 1973

656-22-016-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-092

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLADYS FEWKES
2. Date Of Birth: (month) 12 (day) 21 (year) 1910
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County BURLEY IDAHO CASHA; b. City or Town of Birth: BURLEY

FATHER

6. Full Name of Father: IVAN FEWKES
7. State or Country of Father's Birth: Utah — Summit

MOTHER

8. Full Maiden Name of Mother: ESSIE IDA STALLINGS
9. State or Country of Mother's Birth: Michigan Allgn

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Gladys Brewer
11. Present Address of Registrant: Box 26 BAKER NEVADA 89311

NOTARY (Seal)

Subscribed and sworn to before me on JANUARY 24 1973

12. Signature of Notary: Carol K. Fletcher
13. Notary Commission expires: Residing at Salt Lake City. My Commission Expires August 15, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage license and certificate	By whom issued and signed: Alameda County, California	Date Issued: Apr.18,1930	Date Orig. Entry: Apr.20,1930	
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of temple recommend	By whom issued and signed: LDS Church, Logan Temple from Palo Alto Ward	Date Issued: ---	Date Orig. Entry: June 18,1942	
	Date of Birth: Dec.21,1910	Birth Place: Burley, Idaho	Full Name of Mother: Effie Stallings	Name of Father: Ivan Fewkes	
SUPPORTING RECORD 3.	Type of Document: photocopy of portion of insurance policy #99127 M1	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Nov.1,1930	Date Orig. Entry: ----	
	Date of Birth: next bd. Age: 20	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	February 8,1973

FORM BH 56067

12-4-72

FEB 9 1973

Brush

469-104-033-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-128

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Preston Ricks Mortimer	2. Date Of Birth (month) Feb. (day) 4 (year) 1910
	3. Color or Race: W; 4. Sex: M; 5. Place of Birth a. County: Madison	b. City or Town of Birth
FATHER	6. Full Name of Father: George Mortimer	7. State or Country of Father's Birth: Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Edith Ricks	9. State or Country of Mother's Birth: Utah, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Preston R. Mortimer; 11. Present Address of Registrant: 2610 N. 28th Boise, Idaho 83703
NOTARY (Seal)	Subscribed and sworn to before me on: February 1, 1973	12. Signature of Notary: B G Denman; 13. Notary Commission expires: June 16, 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 55-092	Date Issued: -----	Date Orig. Entry: child born Jan. 18,1955
	Date of Birth: Age 44	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: Army of the United States	Date Issued: Mar.26,1946	Date Orig. Entry: Entered Jan.20,1943
	Date of Birth: Feb.4,1910	Birth Place: Rexburg,Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Application for Employment		By whom issued and signed: Idaho Power Company	Date Issued: Nov.1,1963	Date Orig. Entry: Applied July 7,1937
	Date of Birth: Feb.4,1910	Birth Place: Rexburg,Idaho	Full Name of Mother: Edith Ricks	Name of Father: George Mortimer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

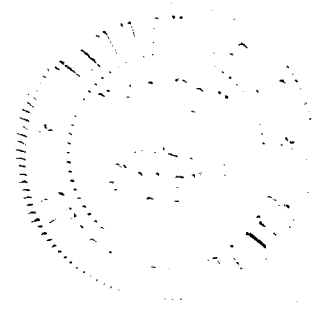
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Feb.23,1973

FORM BH 56067 NM

W. 1-26-73 gml

FEB 23 1973



619-104022-98b

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-129

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Isaac John Wardle			2. Date Of Birth (month) (day) (year): November 4, 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Egin (mail St. Anthony)	
FATHER	6. Full Name of Father: Charles Myers Wardle			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Harriet Rhodehouse			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: I. J. Wardle		11. Present Address of Registrant: Boise Idaho 5325 Pinepoint Lane	
NOTARY (Seal)	Subscribed and sworn to before me on: February 22, 1973	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: September 15, 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Thomas Ball, Clerk	Date Issued: Feb.13,1911	Date Orig. Entry: blessed Jan.1,1911
	Date of Birth: Nov.4,1910	Birth Place: Egin, Idaho Fremont County	Full Name of Mother: Hattie Rhodehouse	Name of Father: Charles M. Wardle	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #435018	Date Issued: ---	Date Orig. Entry: child born Apr.17,1947
	Date of Birth: Age: 36	Birth Place: St. Anthony, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older brother (6 yrs. older)		By whom issued and signed: Laurence O. Wardle	Date Issued: Jan.21,1955	Date Orig. Entry: ---
	Date of Birth: Nov.4,1910	Birth Place: St.Anthony, Idaho	Full Name of Mother: Harriet Rhodehouse Wardle	Name of Father: Charles Myers Wardle	

QUALIFYING INFORMATION

LDS Church Certificate of ordination as a Deacon in the Heman Ward, Thomas Ball, Clerk. Ordained March 5, 1923 gives birthdate November 4, 1910 in Egin to Harriet Rhodehouse and Chas, M. Wardle.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	gml Glenda Larson	Feb. 26, 1973

FORM BH 56067

JUL 23 1974

Hardie

BOTH DELAYED

Dup of 1910-DSS-57

962-103-029-544

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-133

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Harold Roberts			2. Date Of Birth (month) (day) (year): December 3, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow
FATHER	6. Full Name of Father: Robert Roberts			7. State or Country of Father's Birth: Alabama
MOTHER	8. Full Maiden Name of Mother: Myrtle Emmons			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James Harold Roberts	11. Present Address of Registrant: 706-F-St-Apt-A-21-E Chula Vista - Cal. 92010
NOTARY (Seal)	Subscribed and sworn to before me on 2-10 1973		12. Signature of Notary: Eugene H Kramp	13. Notary Commission expires _____ 19__

OFFICIAL SEAL
EUGENE H. KRAMP
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires Nov. 12, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Myrtle Kelly	Date Issued: Sep.9,1940	Date Orig. Entry: ----
	Date of Birth: Dec.3,1910	Birth Place: Moscow, Latah County, Idaho	Full Name of Mother: Myrtle Emma Emmons	Name of Father: Robert Roberts	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records		By whom issued and signed: San Diego City Schools, CA Robert C. George, Sr. Acct.	Date Issued: Oct.15,1971	Date Orig. Entry: Jan.2,1924
	Date of Birth: Dec.3,1910	Birth Place: U.S. A.	Full Name of Mother: Myrtle (Roberts)	Name of Father: Robert (Roberts)	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Mutual Life Ins. Co. of New York	Date Issued: Feb.5,1958	Date Orig. Entry: Feb.5,1958
	Date of Birth: Dec.3,1910	Birth Place: Moscow, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Feb. 28,1973

FORM BH 56067

2-6-73 [illegible]

MAR 1 1973

618-103-031-352

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-144

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Andrew Ray Fay
2. Date Of Birth (month) 7 (day) 3 (year) 10
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Forest, Idaho, Lewis
b. City or Town of Birth: Forest Idaho

FATHER

6. Full Name of Father: Andrew Jackson Fay
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Mary Florence Lessar
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Andrew Ray Fay
11. Present Address of Registrant: Rt 2 Box 415 Orofino, Idaho 83544

NOTARY (Seal)

Subscribed and sworn to before me on February 7 1973

12. Signature of Notary: Dorothy Hunter
13. Notary Commission expires: Dec. 7 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital record	By whom issued and signed: Clearwater Valley Hospital Orofino, Idaho	Date Issued: ---	Date Orig. Entry: July 13,1966	
	Date of Birth: July 3,1910	Birth Place: Forest, Idaho	Full Name of Mother: Mary Lesser	Name of Father: Andrew Fay	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy 640365038	By whom issued and signed: Bankers Life and Casualty Co.	Date Issued: Nov.1,1964	Date Orig. Entry: ---	
	Date of Birth: July 3,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #54-12100	Date Issued: ---	Date Orig. Entry: child born Sept.25,1954	
	Date of Birth: Age: 44	Birth Place: Forest, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

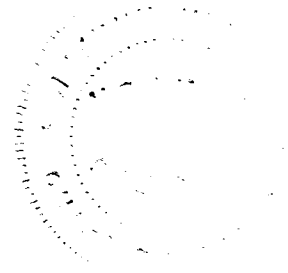
State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	Glenda Larson	March 2, 1973

FORM BH 56067

7-28-76

MAR 2 1973

MAR 2 6 1975



619-203-007-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-152

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SARAH FARNWORTH			2. Date Of Birth (month) FEB. (day) 3 (year) 1910
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BLAINE	b. City or Town of Birth: CAREY
FATHER	6. Full Name of Father: ALFRED LORENZO FARNWORTH			7. State or Country of Father's Birth: UTAH SANPETE Co.
MOTHER	8. Full Maiden Name of Mother: MARY AGNES BRAITHWAITE			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Sarah (Farnworth) Rhodes	11. Present Address of Registrant: RT3 MERIDIAN IDA
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 8 1973		12. Signature of Notary: G. Jay Thurgood	13. Notary Commission expires: Oct 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person living in home at time of birth	By whom issued and signed: George Farnworth (Age79)		Date Issued: Feb.14,1973	Date Orig. Entry: ---
	Date of Birth: Feb.3,1910	Birth Place: Carey, Idaho	Full Name of Mother: Mary Agnes Braithwaite	Name of Father: Alfred Lorenzo Farnworth	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Baptism & Confirmation	By whom issued and signed: LDS Church, Meridian 2nd Ward Val D. Rasmussen, Clerk		Date Issued: Feb.8,1973	Date Orig. Entry: baptized Aug.24,1919
	Date of Birth: Feb.3,1910	Birth Place: Carey, Idaho Blaine County	Full Name of Mother: Mary Agnes Braithwaite	Name of Father: Alfred Lorenzo Farnworth	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #212445		Date Issued: ----	Date Orig. Entry: child born Apr.1,1933
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 6,1973

FORM BH 56067

MAR 6 1973

Childs birth certificate 212445

265-211-016-638

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-160

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Ruth Sweet		2. Date Of Birth (month) 11 (day) 11 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Cassia b. City or Town of Birth: Declo
FATHER	6. Full Name of Father: Isaac Uriah Sweet		7. State or Country of Father's Birth: Chicago, Illinois
MOTHER	8. Full Maiden Name of Mother: Viola Ruth Flynn		9. State or Country of Mother's Birth: Boulder, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola R. Pollard	11. Present Address of Registrant: 3600 14th Ave., Oakland, California, 94602
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 15 1973	12. Signature of Notary: [signature]	13. Notary Commission expires: 12/5 1975.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by paternal aunt	By whom issued and signed: Clara Sweet Johnson Age:72	Date issued: Feb.9,1973	Date Orig. Entry: ------
	Date of Birth: Nov.11,1910	Birth Place: Cassia Co, Idaho 3 mi.N.Declo, Idaho	Full Name of Mother: Viola Ruth Flynn	Name of Father: Isaac Uriah Sweet
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #299300	Date issued: ---	Date Orig. Entry: child born June 25,1940
	Date of Birth: Age: 29	Birth Place: Declo, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of family record	By whom issued and signed: Family Records	Date issued: ----	Date Orig. Entry: appears old
	Date of Birth: Nov.11,1910	Birth Place: Declo, Idaho	Full Name of Mother: Viola Ruth Flynn	Name of Father: Isaac U. Sweet
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: March 7, 1973

FORM BH 56067

MAR 8 1973

613-1C4:C38-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73=162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Walker			2. Date Of Birth (month) June (day) 4 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: William H Walker			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Emma Barrick			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Walker	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: 5 March 1973		12. Signature of Notary: Joan Hughes	13. Notary Commission expires: 3/21 1973

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Application	By whom issued and signed: Washington County, Idaho	Date Issued: Jan. 12, 1973	Date Orig. Entry: Applied Dec. 28, 1936
	Date of Birth: Jun 4, 1910 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Jun 4, 1910 / Birth Place: Payette, Idaho	Full Name of Mother: Emma Barrick	Name of Father: William Huston Walker	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 295501	Date Issued: ----	Date Orig. Entry: child born June 4, 1940
	Date of Birth: Age 30 / Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright fc	Date Filed: March 7, 1973

FORM BH 56067

in office - no corresp. 1-15-73

MAR 7 1973

191

913-206-021-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-177

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Rallison
2. Date Of Birth: (month) October (day) 6th (year) 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Franklin (was Oneida then) b. City or Town of Birth: Whitney

FATHER

6. Full Name of Father: Herbert Rallison
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Ellen Elizabeth Bishop
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Dorothy Rallison Rogers
11. Present Address of Registrant: 3619 Calif. Ave. Longbeach, California

NOTARY (Seal)

Subscribed and sworn to before me on: March 2, 1973
12. Signature of Notary: Michael D. Kerr
13. Notary Commission expires: April 1, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of birth	By whom issued and signed: Oneida Stake, Whitney Ward, Rec of Members #19022 entry 456	Date Issued: ---	Date Orig. Entry: Dec.3,1910	
	Date of Birth: Oct.6,1910	Birth Place: Whitney, Idaho Oneida County	Full Name of Mother: Nellie Bishop	Name of Father: Herbert Rallison	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, James Bodily, Clk.	Date Issued: ---	Date Orig. Entry: baptized Aug.29,1920	
	Date of Birth: Oct.6,1910	Birth Place: Whitney, Idaho Oneida County	Full Name of Mother: Ellen Bishop	Name of Father: Herbert Rallison	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Grace Carter from personal knowledge	By whom issued and signed: Grace Carter (Age:74)	Date Issued: Oct.11,1972	Date Orig. Entry: ---	
	Date of Birth: Oct.6,1910	Birth Place: Whitney, Idaho	Full Name of Mother: Ellen Elizabeth Bishop Rallison	Name of Father: Herbert Rallison	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 13, 1973

FORM BH 56067 NM

10-22-22 gml

MAR 1 4 1973

253731-029-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-186

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell Martin Kellberg			2. Date Of Birth (month) (day) (year): Dec 31 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Troy Idaho Latah	b. City or Town of Birth: Troy Idaho
FATHER	6. Full Name of Father: Alfred Kellberg			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Gerda Eugenia Svahn Kellberg			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Russell Martin Kellberg		11. Present Address of Registrant: 902 E. A. St. Moscow Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 29 1973	12. Signature of Notary: V M Smith		13. Notary Commission expires: 6-15 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of church record	By whom issued and signed: S. D. Hawkins, Ev. Luth. Pastor		Date Issued: ---	Date Orig. Entry: Feb.21,1911
	Date of Birth: Dec.31,1910	Birth Place: Troy, Idaho	Full Name of Mother: Gerda Kellberg	Name of Father: Alfred Kellberg	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #255161		Date Issued: ---	Date Orig. Entry: child born May 4,1937
	Date of Birth: Age: 26	Birth Place: Troy, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age:77	By whom issued and signed: Alvar G. Kellberg		Date Issued: Feb.28,1973	Date Orig. Entry: ---
	Date of Birth: Dec.31,1910	Birth Place: Troy, Idaho Latah County	Full Name of Mother: Gerda Eugenia Svahn Kellberg	Name of Father: Alfred Kellberg	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 16,1973

FORM BH 56067

11-9-69 gml

~~MAR 19 1973~~
SEP 12 1973

849-108-029-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-193

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harold Earl Hurt
2. Date Of Birth (month) (day) (year): January 8, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Latah
b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Earl Othello Hurt
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Laura Theresa Bachman
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Earl Hurt
11. Present Address of Registrant: 3403 N. Addison Spokane, Wa.

NOTARY (Seal)

Subscribed and sworn to before me on: March 8 1973
12. Signature of Notary: W. J. Gilbert
13. Notary Commission expires: 2-1 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of family record	Family Records	----	writing appears old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.8,1910	----	Laura Theresa Bachman	Earl O. Hurt

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of employment record	War Dept. Spokane Army Air Depot, WA	Nov.27,1943	Nov.27,1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.8,1910	Moscow, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of baptismal certificate	John P.Moulton,Diocese of Spokane	----	baptized Mar.28,1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.8,1910	Moscow, Idaho	Laura Bachman Hurt	Earl Othello Hurt

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 19, 1973

FORM BH 56067

3-2-73 gml

MAR 1 9 1973

485-12-7003-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-196

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Freeman Dye
2. Date Of Birth (month) (day) (year): Nov. 27 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho Bannock
b. City or Town of Birth: Soda Springs

FATHER

6. Full Name of Father: William Kemp Dye
7. State or Country of Father's Birth: Marowi Utah

MOTHER

8. Full Maiden Name of Mother: Mavia Cloward
9. State or Country of Mother's Birth: Chester, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Freeman Dye
11. Present Address of Registrant: Rt 1-Box 56 Roosevelt, Ut.

NOTARY (Seal)

Subscribed and sworn to before me on: 5th March 1973
12. Signature of Notary: Lionel C Jensen
13. Notary Commission expires: 28 August 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Airman ID Card, U.S. Dept. of Commerce, Civil Aeronautics ADM.	Rolph C. Olsen, Aviation Safety Agent	Aug. 28, 1951	Aug. 28, 1951
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 27, 1910 / Soda Springs, Ida.	----	----	
SUPPORTING RECORD 2.	Certificate of Ordination as a Teacher	LDS Church, Neola Ward, Nephi Smithson, Ward Clerk	Dec. 8, 1935	ordained Dec. 8, 1935
	Nov. 27, 1910 / Soda Springs, Ida.	Mavia Cloward	William K. Dye	
SUPPORTING RECORD 3.	Insurance Policy #31401266	Continental Casualty Co.,	Sep. 18, 1963	Sept. 18, 1963
	Nov. 27, 1910 / Soda Springs, Ida.	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ellis	Glenda Larson	March 19, 1973

FORM BH 56067

MAR 1 9 1973

586-113-023-457

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-201

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAURICE JAMES THORNOCK
2. Date Of Birth (month) MAY (day) 13 (year) 1910
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: EMMETT IDAHO GEM
b. City or Town of Birth: EMMETT

FATHER

6. Full Name of Father: DAVID ALMA THORNOCK
7. State or Country of Father's Birth: Idaho, Bear Lake County

MOTHER

8. Full Maiden Name of Mother: MARY ANNRETTA DEGRAW
9. State or Country of Mother's Birth: UTAH, KANE County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maurice J. Thornock
11. Present Address of Registrant: 445 E Jennie Hermiston Ore.

NOTARY (Seal)

Subscribed and sworn to before me on January 18 1973

12. Signature of Notary: Barbara G. Smith
13. Notary Commission expires: October 7 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #217817	---	child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Emmett, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	The Mutual Life Insurance Co. of New York	----	Mar.27,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13, 1910	Emmett, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for social security #519-30-5216	Social Security Adm.	Feb.28,1973	Apr.28,1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 13,1910	Emmett, Idaho Gem County	Mary Aretta DeGraw	David A. Thornock

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrick	gml Glenda Larson	March 20, 1973

FORM BH 56067

MAR 2 1 1973

562-1241028-625

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-204

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Edward Noble ~~Hootenai~~		2. Date Of Birth (month) 1 (day) 24 (year) 10
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Coeur d'Alene a. County: Hootenai ~~Idaho~~ b. City or Town of Birth: Coeur d'Alene Idaho
FATHER	6. Full Name of Father: Edward Grant Noble		7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Anna Louise Oscarson		9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John E. Noble	11. Present Address of Registrant: 714 csh Coeur d'Alene Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 8 1973	12. Signature of Notary: Andrew Callahan	13. Notary Commission expires: August 10 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #235443	Date issued: ---	Date Orig. Entry: child born July 6,1935
	Date of Birth: Age: 25 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Lincoln National Life Ins.Co.	Date issued: ---	Date Orig. Entry: Dec.12,1958
	Date of Birth: Jan.24,1910 / Birth Place: CDA, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding lodge records	By whom issued and signed: Coeur d'Alene,Aerie #486, Frat.Order of Eagles,A.Callahan,Sec.	Date issued: Mar.5,1973	Date Orig. Entry: Oct. 13, 1954
	Date of Birth: Jan.24,1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Affidavit by person living next door, Gunnar G. Nelsen Age:72, gives John E. Noble born January 24,1910 at Coeur d'Alene, Idaho to Anna Louise Oscarson and Edward Grant Noble. signed March 8,1973.

REGISTRAR'S CERTIFICATION (seal)

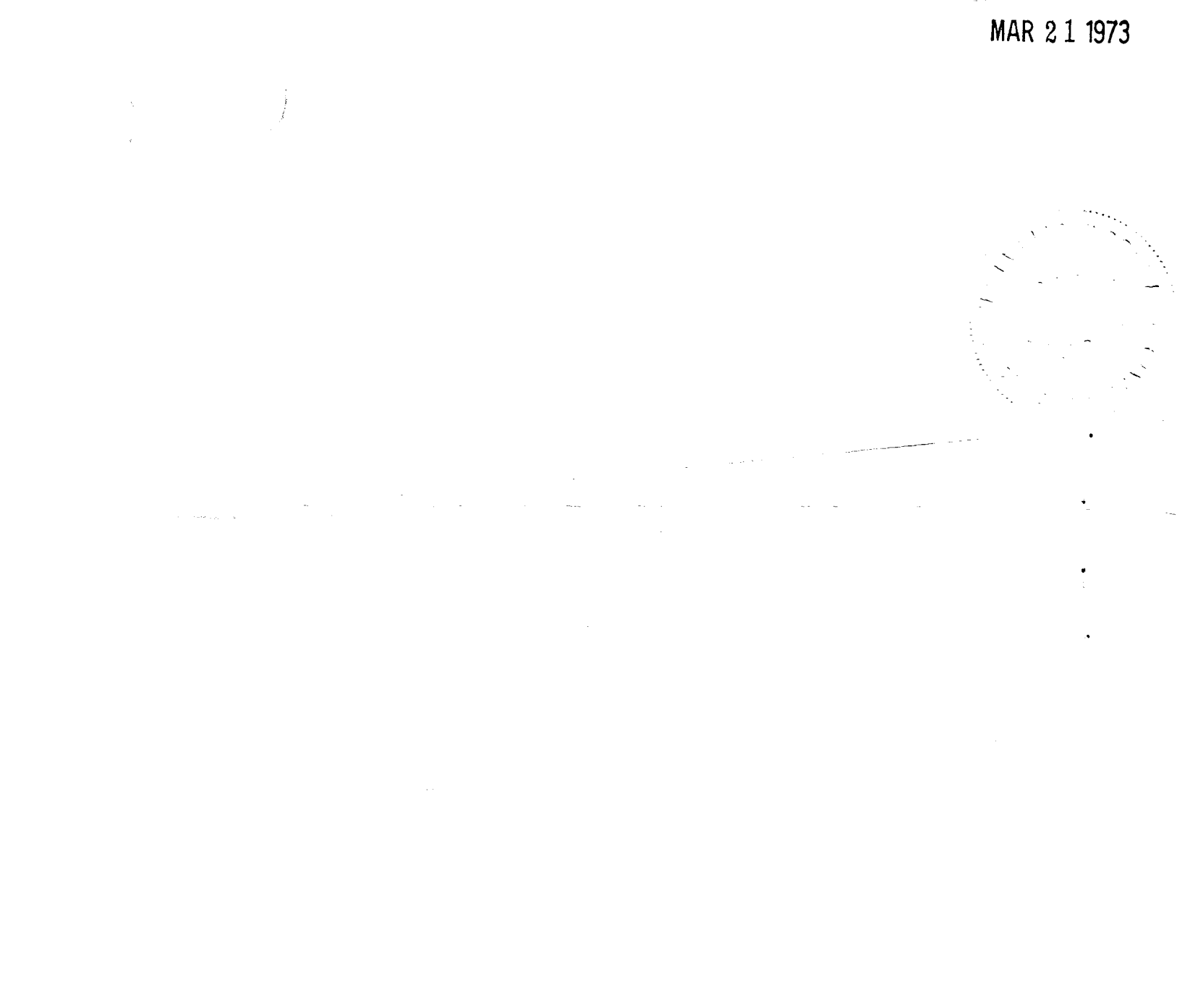
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 20, 1973

FORM BH 56067

1 cp Pd Rec # 4773 2-28-73

MAR 2 1 1973



266-213-022-519

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-209

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve Avilla Bowen			2. Date Of Birth (month) (day) (year): August 13, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Casey Lavon Bowen			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ethel Louise Earl			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Genevieve A. (Bowen) Clarke	11. Present Address of Registrant: 676 Garland Ave. #1 Sunnyvale, Calif. 94086
	Subscribed and sworn to before me on: 3/no 1973		12. Signature of Notary: John W. Mauck	13. Notary Commission expires: Oct. 19, 1973 19

OFFICIAL SEAL
JOHN W. MAUCK
NOTARY PUBLIC-CALIFORNIA
SANTA CLARA COUNTY
My Commission Expires Oct. 19, 1973

(Notary Seal)

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life Company, Des Moines, Iowa	Date Issued: ---	Date Orig. Entry: Nov. 23, 1940
	Date of Birth: Aug. 13, 1910 / Birth Place: Parker, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: Jan. 30, 1945	Date Orig. Entry: child born Sept. 20, 1944
	Date of Birth: Age: 34 / Birth Place: Parker, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Fremont Stake, Lyman Ward Rec. bir. & bless. 1910, pg 778, line 133	Date Issued: Mar. 15, 1973	Date Orig. Entry: Aug. 21, 1910
	Date of Birth: Aug. 13, 1910 / Birth Place: Parker, Idaho Fremont County	Full Name of Mother: Ethel Earl	Name of Father: Cacey L. Bowen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: March 26, 1973

FORM BH 56067 1 copy paid rec. 11039 3 1 73 gml

MAR 2 7 1973

039-118-04-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-212

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Edmer Stith		2. Date Of Birth (month) (day) (year): Apr. 18th 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Canyon	b. City or Town of Birth: Wilder Ida
FATHER	6. Full Name of Father: Amos Clayton Stith		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Lillie Luella Wilson		9. State or Country of Mother's Birth: Georgia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Edmer Stith	11. Present Address of Registrant: Hazelton Idaho 83621	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 25 1972	12. Signature of Notary: Kent W. Lest	13. Notary Commission expires: 8-6 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Luke's Hospital - Boise	Date Issued: Mar.28,1973	Date Orig. Entry: Patient Dec.7,1961
	Date of Birth: Apr.18,1910 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: At time of birth Affidavit by Neighbor Age 85	By whom issued and signed: Lulu Tackett	Date Issued: Oct.25,1972	Date Orig. Entry: -
	Date of Birth: Apr 18,1910 / Birth Place: Wilder, Idaho	Full Name of Mother: Lillie Luella Wilson	Name of Father: Amos Clayton Stith	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 17 081 132	By whom issued and signed: New York Life Ins. Co.	Date Issued: May 10,1938	Date Orig. Entry: Apr.26,1938
	Date of Birth: Apr.18,1910 / Birth Place: Wilder,Idaho	Full Name of Mother: Lillie L. Stith	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Mar.28,1973

FORM BH 56067

2-18-71

MAR 2 8 1973

SS320501 4-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-228

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Anna Bengotta Nelson
2. Date Of Birth (month) July (day) 5 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Parma

FATHER

6. Full Name of Father: Andrew Nelson
7. State or Country of Father's Birth: Malma, Sweden

MOTHER

8. Full Maiden Name of Mother: Mollie Caroline Kirkland
9. State or Country of Mother's Birth: Robinsville, North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Anna B. Wilson
11. Present Address of Registrant: 2325 E. 3rd No. Mountain Home, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 2 1973
12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother Age 60 yrs	Mollie Nelson	Mar.17,1942	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.5,1910	Parma, Idaho	Mollie Caroline Kirkland	Andrew Nelson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Family	------	Obviously Old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.5,1910	--------	Mollie Nelson(Kirkland)	Andrew Nelson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 54238	Idaho Mutual Benefit Assoc.	FEB.20,1958	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 5,1910	Parma, Idaho	--------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

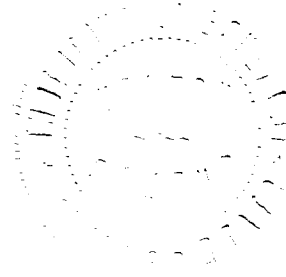
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	April 2, 1973

FORM BH 56067

APR 2 1973

OCT 5 1973



231-123-001-712

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-236

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernest Eugene Staley			2. Date Of Birth (month) February (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Ernest M. Staley			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Emma Alice Paschal			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernest E Staley		11. Present Address of Registrant: 4208 Lincoln Caldwell
NOTARY (Seal)	Subscribed and sworn to before me on April 9 1973	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 90	By whom issued and signed: Emma Staley	Date Issued: Apr.9,1973	Date Orig. Entry: ----
	Date of Birth: Feb.23,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Emma Alice Paschal	Name of Father: Ernest M. Staley	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 247677	Date Issued: -----	Date Orig. Entry: child born Aug.1,1936
	Date of Birth: Age 26 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Feb.23,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Emma Alice Paschal	Name of Father: Ernest M. Staley	
QUALIFYING INFORMATION				

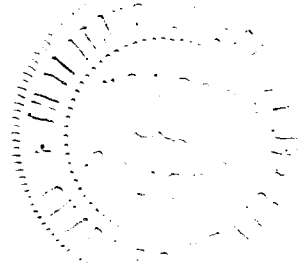
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wick	Florence Curtright	Apr.9,1973

FORM BH 56067

APR 9 1973



318-120-040-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-309

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Arthur Taylor			2. Date Of Birth (month) (day) (year): August 20 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kellogg Idaho Shoshone	b. City or Town of Birth: Kellogg
FATHER	6. Full Name of Father: Wesley B. Taylor			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Mary E. Cavanaugh			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Arthur Taylor		11. Present Address of Registrant: 111 S Elm Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4-20 19 73	12. Signature of Notary: M K Dresser		13. Notary Commission expires: 5-1 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #236575		Date Issued: ---	Date Orig. Entry: child born Sept.16,1935
	Date of Birth: Age: 25	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church, baptized by Rev. Thomas J. Purcell		Date Issued: July 20,1968	Date Orig. Entry: baptized Aug.17,1917
	Date of Birth: Aug.20,1910	Birth Place: Kellogg, Idaho	Full Name of Mother: M. E. Cavanaugh	Name of Father: Wesley B. Taylor	
SUPPORTING RECORD 3.	Type of Document: certified copy of affidavit for marriage license	By whom issued and signed: Shoshone County, Idaho Book 12, page 169		Date Issued: Apr.11,1973	Date Orig. Entry: Sept.8,1934
	Date of Birth: Age: 24	Birth Place: ----	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

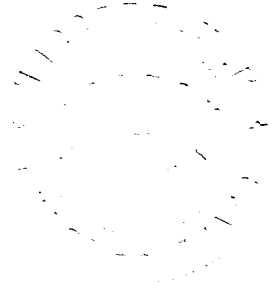
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Glenda Larson	May 18, 1973

FORM BH 56067

7-3-68

Taylor

MAY 21 1973



119-226-042-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-314

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: VIRGINIA BELLE AARON
2. Date Of Birth: (month) 3 (day) 26 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: TWIN FALLS; b. City or Town of Birth: TWIN FALLS

FATHER

6. Full Name of Father: WILLIAM EDGAR AARON
7. State or Country of Father's Birth: SPRINGFIELD, KANSAS OR MISSOURI

MOTHER

8. Full Maiden Name of Mother: EDYTHE SAVILLA WORTHINGTON
9. State or Country of Mother's Birth: GRANTSVILLE, UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Virginia Worth Daly
11. Present Address of Registrant: 810 GONZALEZ DRIVE, SAN FRANCISCO, CA 94132

NOTARY (Seal)

Subscribed and sworn to before me on: March 22, 1973

12. Signature of Notary: Irene Horn IRENE HORN
13. Notary Commission expires: 7-7 19 75

IRENE HORN NOTARY PUBLIC CALIFORNIA SAN FRANCISCO COUNTY My commission expires July 5, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of federal census record/Twin Falls County, ID	U.S. Department of Commerce Bureau of the Census	Mar.22,1973	Apr.15,1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	less than 1 mo. old / Idaho	Edythe S. Aaron	William E. Aaron	
SUPPORTING RECORD 2.	Statement regarding school records	San Francisco Unified School Dist., Howard C. Clay, Supv.	Aug.31,1972	Oct.1,1927
	Mar.26,1910 / U.S.	Edythe Aaron	William Aaron	
SUPPORTING RECORD 3.	Affidavit by relative-neice of mother, Edythe Aaron.	Marion Ramsey Wells Age:84	Apr.27,1973	---
	Mar.26,1910 / Twin Falls, Idaho	Edythe Savilla Worthington Aaron	Dr. William Edgar Aaron	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	May 21, 1973

FORM BH 56067

3-16-23 V

MAY 22 1973

464-123-014-812

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Ivan Douglass			2. Date Of Birth (month) December (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: E. Lee Douglass			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Grace Haskins			9. State or Country of Mother's Birth: Vermont
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Ivan Douglass		11. Present Address of Registrant: Rt #8 Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 11, 1973	12. Signature of Notary: [illegible]		13. Notary Commission expires: Jan. 30 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County Record of birth	By whom issued and signed: Canyon County-Caldwell, Ida.	Date Issued: Apr.8,1952	Date Orig. Entry: Dec.23,1910
	Date of Birth: Dec.23,1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Grace Haskins	Name of Father: E. Lee Douglass	
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor (at time of birth)	By whom issued and signed: Mrs. Viola Krezek	Date Issued: Mar.11,1952	Date Orig. Entry: --------
	Date of Birth: Dec.23,1910 / Birth Place: Caldwell, Idaho	Full Name of Mother: Mrs. Espy Lee Douglass	Name of Father: Mr. Espy Lee Douglass	
SUPPORTING RECORD 3.	Type of Document: Notorized Statement by Attending Physician	By whom issued and signed: Dr. Clifford M. Kaley, M.D.	Date Issued: Feb.21,1952	Date Orig. Entry: ----
	Date of Birth: Dec.23,1910 / Birth Place: , Caldwell, Idaho	Full Name of Mother: Grace Haskins Douglass	Name of Father: Espy Lee Douglass	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: May 22,1973

FORM BH 56067

MAY 2 2 1973

799/29.040-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-327

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GARNET-OLIVER GRIFFITHS
2. Date of Birth (month) (day) (year): Jan. 29 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: WARDNER - Shoshone
b. City or Town of Birth: WARDNER IDAHO

FATHER

6. Full Name of Father: LIONEL-CAVANDISH GRIFFITHS
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: MARY-RUBY-LANGDON
9. State or Country of Mother's Birth: MONTANA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Garnet O. Griffith
11. Present Address of Registrant: 717 So 116th

NOTARY (Seal)

Subscribed and sworn to before me on April 17 1973
12. Signature of Notary: Marilyn Johnson
13. Notary Commission expires: 5-4 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	copy of membership record	Parkland Lodge, #299, F.& A.M. Edward L. Bennett, Grand Sec'ty	----	Dec.9,1964
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.29,1910 / ----	----	---	
SUPPORTING RECORD 2.	Affidavit by maternal aunt (24 years older)	Martha Gilpin	Apr.17,1973	---
	Jan.29,1910 / Wardner, Idaho Shoshone County	Mary Ruby Langdon Griffiths	Lionel Cavandish Griffiths	
SUPPORTING RECORD 3.	photocopy of honorable military discharge	U.S. Navy, F.N.Maas, Cmdr.(S), U.S.N.R.	discharged Sep.10,1945	enlisted Aug.24,1942
	Jan.29,1910 / Wardner, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	May 23, 1973

FORM BH 56067

1-4-73

MAY 25 1973

912-226-025-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-347

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MONYA RASHKOV
2. Date Of Birth (month) (day) (year): JULY 26 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: ~~GRANGEVILLE~~, IDAHO
b. City or Town of Birth: GRANGEVILLE

FATHER

6. Full Name of Father: SAMUEL MANUEL RASHKOV
7. State or Country of Father's Birth: LITHUANIA

MOTHER

8. Full Maiden Name of Mother: HANNAH METZGER
9. State or Country of Mother's Birth: AUSTRIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mona Helgus
11. Present Address of Registrant: 2214 VINING ST. BELLINGHAM, WASH

NOTARY (Seal)

Subscribed and sworn to before me on: MARCH 27 1972
12. Signature of Notary: Richard Pleeson
13. Notary Commission expires: JUNE 4 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding school records-Census Dist.#81	Spokane Public Schools,WA Dr.Eleanor M.Peterson,Asst.Supt.	Apr. 26, 1972	May.1,1916
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 26,1910 / ---	Mrs. Rashkov	---	
SUPPORTING RECORD 2.	Federal Census record Spokane County, WA	U.S. Department of Commerce Bureau of the Census	Oct.13,1972	Jan.1,1920
	Age:9 / Idaho	Anna Rashkov	S. Rashkov	
SUPPORTING RECORD 3.	Affidavit by relative(father was brother of Monya's grandfather)	Rose Isbin (bd.6/14/1898)	May 1,1973	---
	July 26,1910 / Grangeville,Idaho	Hannah Metzger	Samuel Manuel Rashkov	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	June 5, 1973

FORM BH 56067

JUN. 6 1973

752-102-032-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DB 73-354**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANDERSON, GESTER E.			2. Date Of Birth: (month) 5 (day) 2 (year) 1910	
	3. Color or Race: white	4. Sex: M	5. Place of Birth: a. County: Lincoln	b. City or Town of Birth: Richfield, Idaho	
FATHER	6. Full Name of Father: Herman Anderson			7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Anna Louise Norlund			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gester E. Anderson		11. Present Address of Registrant: 686 W. 34th, SanBernardino, CA 92405	
NOTARY (Seal)	Subscribed and sworn to before me on: February 15 19 73	12. Signature of Notary: Dorothy H. Geiger		My Commission expires: DOROTHY H. GEIGER NOTARY PUBLIC SAN BERNARDINO COUNTY CALIFORNIA My Commission Expires Sept. 28, 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt		By whom issued and signed: Olga (Norlund) Landsborough (bd. 19 July 1900)	Date Issued: Aug.26,1972	Date Orig. Entry
	Date of Birth: May 2,1910	Birth Place: Richfield, Idaho Lincoln County	Full Name of Mother: Anna (Norlund) Anderson	Name of Father: Herman Anderson	
SUPPORTING RECORD 2.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Navy, Personnel separation center NOB, TI San Pedro,	Date Issued: discharged CA 11/7/45	Date Orig. Entry: inducted Aug.18,1943
	Date of Birth: May 2,1910	Birth Place: Lincoln County Richfield, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: carbon copy of statement of personal history-employment		By whom issued and signed: Virgil R.West, Supv.clk., Edwards AFB Project (CE)	Date Issued: Apr.4,1955	Date Orig. Entry: Apr.4,1955
	Date of Birth: May 2,1910	Birth Place: Richfield, Idaho Lincoln County	Full Name of Mother: Anna Rosine Anderson	Name of Father: Herman Anderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: June 6, 1973

FORM BH 56067

JUN 6 1973

141-23-033-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-356

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MAXINE ~~MILLER~~ Adams
2. Date Of Birth (month) (day) (year): December 31 1910
3. Color or Race: Caucasian
4. Sex: Female
5. Place of Birth: a. County: Madison; b. City or Town of Birth: REXBURG

FATHER

6. Full Name of Father: William Lloyd Adams
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Belva May Bird
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maxine Adams Miller
11. Present Address of Registrant: 32592 Sea Island Dr. Laguna Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: FEBRUARY 14 1973

12. Signature of Notary: Lillian E. Rizzolo
13. Notary Commission expires: July 16 1976

LILIAN E. RIZZOLO NOTARY PUBLIC CALIFORNIA ORANGE COUNTY My Commission Expires July 16, 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
U.S. Passport F 1009254	U.S. Dept. of State	Nov.10,1965	Nov.10,1965

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.31,1910	Idaho, U.S.A.	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of certificate of marriage	State of California, Los Angeles County	---	Oct.12,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	----	----	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
LDS Church Certificate of birth	Fremont Stake, Rexburg 2nd Ward Bir.& Bless.1911,pg.254,line 325	May 4, 1973	Mar.5,1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.31,1910	Rexburg, Idaho Fremont County*	Belva Bird	W. Lloyd Adams

QUALIFYING INFORMATION

*Madison county was formed from Fremont County in 1913.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Welch	gml Glenda Larson	June 8,1973

FORM BH 56067

JUN 11 1973

313-109-003-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-378

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Maurice Cathey			2. Date Of Birth (month) (day) (year): January 9 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Pocatello a. County: Bannock	b. City or Town of Birth: Pocatello, Idaho
FATHER	6. Full Name of Father: Joseph Webster Cathey			7. State or Country of Father's Birth: Waynesville, Haywood, No. Carolina
MOTHER	8. Full Maiden Name of Mother: Anna Evodia Erickson Cathey			9. State or Country of Mother's Birth: Goteborg, Bohus, Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Maurice Cathey		11. Present Address of Registrant: Route #2 - Box 38 Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1973	12. Signature of Notary: Robert C. Brown		13. Notary Commission expires: Notary Public Residing at Blackfoot My Commission Expires October 5, 1974 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination as a Priest		By whom issued and signed: LDS Church, Pocatello Ward, P.M.Larsen, Ward Clerk	Date issued: Feb.19,1928	Date Orig. Entry: ordained Feb.19,1928
	Date of Birth: Jan.9,1910	Birth Place: Pocatello, Idaho	Full Name of ~~Mother~~ father: Joseph W. Cathey	Name of ~~Father~~ mother: Annie Erickson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age:77		By whom issued and signed: Ruth Hilma Erickson Tolman	Date issued: Jan.19,1973	Date Orig. Entry: ---
	Date of Birth: Jan.9,1910	Birth Place: Pocatello, Idaho Bannock County	Full Name of ~~Mother~~ father: Joseph Webster Cathey	Name of ~~Father~~ mother: Anna Evodia Erickson Cathey	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #213796	Date issued: ---	Date Orig. Entry: child born July 29,1933
	Date of Birth: Age: 23	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	June 15, 1973

FORM BH 56067 (C) 5-8-62 NM

NR

JUN 15 1973
FEB 25 1977

DECEASED

469407-32-317

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-389
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lee Roy Dorman
2. Date Of Birth: (month) November (day) 7 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Lincoln; b. City or Town of Birth: Wendell, Idaho

FATHER

6. Full Name of Father: Francis Lynn Dorman
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Mabel Adath Holliday Tague
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lee Roy Dorman
11. Present Address of Registrant: 2035 Harrison Blvd. Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 19 1973
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs birth certificate	on file - Idaho # 218704	----	child born Jan.13,1934
Class*	Date of Birth: Age 23	Birth Place: Wendell,Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 2.	Affidavit by mother Age 66	Mabel Adath Dorman	Jun.23,1952	-----
Class	Date of Birth: Nov.7,1910	Birth Place: Wendell	Full Name of Mother: Mabel Adath Holliday Tague	Name of Father: Francis Lynn Dorman
SUPPORTING RECORD 3.	Insurance Policy	Hartford Accident Co.	Oct.1939	Date of Membership Oct. 1939
Class	Date of Birth: Nov.7,1910	Birth Place: ----	Full Name of Mother: ---	Name of Father: ------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	June 19, 1973

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 22 1973

284

652-218-003-897

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-394

REGISTRANT (Person whose Birth is being Registered)

1. Registrant's Full Name at Birth: Ruth Regina Jane West
2. Date of Birth (month) (day) (year): August 18 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Pocatello, Ida. Bannock
b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Aaron Tovey West
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Jane Hine Higginbottom
9. State or Country of Mother's Birth: Pennsylvania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth West Ware
11. Present Address of Registrant: 2-2720 E. Cliff Santa Cruz, Calif.

Subscribed and sworn to before me on: May 25, 1973

12. Signature of Notary: Debra Gent
13. Notary Commission expires: February 20, 1977

NOTARY SEAL — DEBRA GENT — NOTARY PUBLIC - CALIFORNIA — SANTA CRUZ COUNTY — My Commission Expires Feb. 20, 1977

OFFICIAL SEAL

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	U.S. Passport #394954	U.S.A. Department of State	Apr.21,1937	Apr.21,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.18,1910 / Pocatello,Idaho	---	---	
SUPPORTING RECORD 2.	Type of Document * Certified copy of County Record of birth #1102 page 26	By whom issued and signed: Bannock County. Idaho Reported by C.B.Steely	Date Issued: Jan.15,1973	Date Orig. Entry: 1910 birth register
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.18,1910 / Pocatello	Jennie West (Higgenbottom)	Aaron T. West	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Kathryn Ann Hatcher Age:78	Date Issued: May 29,1973	Date Orig. Entry: ---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.18,1910 / Pocatello, Idaho Bannock County	Jennie Hine West	Aaron Tovey West	

QUALIFYING INFORMATION

*birth is for unnamed female West.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	June 20, 1973

FORM BH 56067 NM

5-22-73 gmd

JUN 2 0 1973

299405 002-316

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-425

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edmond Adulphus Briggs		2. Date Of Birth (month) (day) (year): October 5, 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Adams; b. City or Town of Birth: Meadows
FATHER	6. Full Name of Father: Warren Ivan Briggs		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Jessie La Fountaine ~~Edmond A Briggs~~		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edmond A. Briggs	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1973	12. Signature of Notary: Catherine Whytal	13. Notary Commission expires: Nov 15 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school records	By whom issued and signed: Gladys Lyon, Registrar Marshfield Schools	Date issued: Aug.31,1965	Date Orig. Entry: Sept.6,1925
	Date of Birth: Oct.5,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: W. I. Briggs
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #59-244409	By whom issued and signed: State of California Bureau of Vital Statistics	Date issued: Jan.17,1973	Date Orig. Entry: child born Sept.15,1959
	Date of Birth: AGE: 48	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Affidavit by father Warren I Briggs Age 84	By whom issued and signed: Warren I. Briggs	Date issued: Jun.28,1973	Date Orig. Entry: ------
	Date of Birth: Oct.5,1910	Birth Place: Meadows, Idaho	Full Name of Mother: Jessie Belle LaFountaine	Name of Father: Warren Ivan Briggs
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Florence Curtright	July 3, 1973

FORM BH 56067 1 copy paid rec. 17808 (1965) (B) 5/17/73 gml

JUL 5 1973

set

691-110-022-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-452

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Larue Charles Fransen			2. Date Of Birth (month) (day) (year): September 10, 1910
	3. Color or Race	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Lars Peter Fransen			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Florence Kimball			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Larue Charles Fransen		11. Present Address of Registrant: Ashton Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 5 1973	12. Signature of Notary: Mrs. Larsen		13. Notary Commission expires: July 31 1973

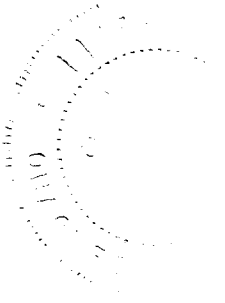
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized statement by attending physician at birth	By whom issued and signed: Dr. E. L. Hargis	Date Issued: June 14,1973	Date Orig. Entry: Sept.10,1910
	Date of Birth: Sep.10,1910 / Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Florence Kimball Fransen	Name of Father: Lars Peter Fransen	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school Census report-Vernon School	By whom issued and signed: Fremont County, Idaho #427 Micro Card File	Date Issued: Sep.18,1972	Date Orig. Entry: first Monday Sept. 1920
	Date of Birth: Age: 9 / Birth Place: ---	Full Name of Mother: Florence Fransen	Name of Father: Lars Fransen	
SUPPORTING RECORD 3.	Type of Document: Affidavit of personal knowledge	By whom issued and signed: Willard Bonneru (20 years older)	Date Issued: June 14,1973	Date Orig. Entry: ---
	Date of Birth: Sep.10,1910 / Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Florence Kimball Fransen	Name of Father: Lars Peter Fransen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hicks	Evidence reviewed by: gml Glenda Larson	Date Filed: July 23, 1973

FORM BH 56067

JUL 2 4 1973



366-206-044-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-501

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Lois Cooprider
2. Date of Birth (month) 12 (day) 6 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho
   a. County: Washington
   b. City or Town of Birth: Weiser

FATHER

6. Full Name of Father: George Elisha Cooprider
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Alice Kemp
9. State or Country of Mother's Birth: (Nebr or) Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred Moretz
11. Present Address of Registrant: Dayton, Washington

NOTARY (Seal)

Subscribed and sworn to before me on May 19 1969

12. Signature of Notary: Louise Nilsson
13. Notary Commission expires Columbia County Clerk 19

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital record	Myron E. Morten, Adm., Dayton General Hospital	----	Apr. 5, 1960

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 6, 1910	Idaho	Alice Kemp	George Cooprider

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's	State of Washington	Mar. 1, 1960	child born Nov. 4, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records (Bellingham School)	Whatcom County, Frederick D. Chesterley, Co. Supt. Schools	Apr. 16, 1969	May 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 6, 1910	----	---	George E. Cooprider

QUALIFYING INFORMATION

Affidavit by sister, Mrs. Bonnie Arnold (bd. 3/15/1898), issued April 22, 1969 gives born December 6th, 1910 in Weiser, Washington County, Idaho.

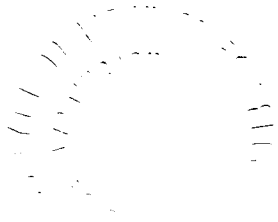
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 21, 1973

FORM BH 56067

AUG 2 2 1973



753-203-014-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-504

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma May Peterson			2. Date Of Birth (month) (day) (year): September 3, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Sweet
FATHER	6. Full Name of Father: Lorenzo Peterson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: May A. Kidman			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma Cornwall		11. Present Address of Registrant: Emmett Idaho Rt 2
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1973	12. Signature of Notary: Thelma R. Kolodzej		13. Notary Commission expires: Clerk of District Court Gem County, Idaho

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Elizabeth Cornwall Age:75	Date Issued: June 1,1973	Date Orig. Entry: ---
	Date of Birth: Sept.3,1910 / Birth Place: Sweet, Idaho Canyon County	Full Name of Mother: May A. Kidman Peterson	Name of Father: Lorenzo Peterson	
SUPPORTING RECORD 2.	Type of Document: Statement and copy of hospital records	By whom issued and signed: Walter Knox Memorial Hospital Emmett, Idaho, Charlene Vining, Med.Rec.Tech.	Date Issued: 7/23/73	Date Orig. Entry: Aug.13,1964
	Date of Birth: Sept.3,1910 / Birth Place: Sweet, Idaho	Full Name of Mother: May Peterson	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #A-28419 Intensive Care Hospital Policy	By whom issued and signed: Olympic National Life Ins.Co. Seattle,WA	Date Issued: June 3,1964	Date Orig. Entry: June 3,1964
	Date of Birth: Sept.3,1910 / Birth Place: Sweet, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	August 21, 1973

FORM BH 56067

AUG 2 2 1973

269-120-043-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-505

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Army Henry Korvola		2. Date Of Birth (month) (day) (year): July 20, 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Roseberry, Idaho Valley; b. City or Town of Birth: Roseberry, Idaho
FATHER	6. Full Name of Father: John Korvola		7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Ida Marie Harala		9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Army Henry Korvola	11. Present Address of Registrant: Athena, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1973	12. Signature of Notary: B. D. Hamming	13. Notary Commission expires: Feb. 1 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: Henry W. Harala (bd.11/3/80)	Date issued: July 23,1973	Date Orig. Entry: ----
	Date of Birth: July 20.1910	Birth Place: Roseberry, Idaho Valley County	Full Name of Mother: Ida Marie Harala Korvola	Name of Father: John Korvola
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #1127741-0	By whom issued and signed: The independent Order of Foresters	Date issued: June 24,1952	Date Orig. Entry: Apr.2,1952
	Date of Birth: July 20,1910	Birth Place: Roseberry, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Marriage records - Certified copies	By whom issued and signed: Umatilla County, Oregon	Date issued: July 18,1973	Date Orig. Entry: July 3,1937
	Date of Birth: Age: 26	Birth Place: Roseberry, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: August 22, 1973

FORM BH 56067

SEP 5 1973

296-202-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-507

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ZOLA BROWER
2. Date Of Birth (month) (day) (year): Sept. 2 1910
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: ~~Parker~~ Home Fremont
b. City or Town of Birth: Parker

FATHER

6. Full Name of Father: Ormus Earl Brower
7. State or Country of Father's Birth: Utah Cache Co.

MOTHER

8. Full Maiden Name of Mother: Sarah Robinson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zola Utley
11. Present Address of Registrant: Tooele Ut. Box 83 8/10/74

NOTARY (Seal)

Subscribed and sworn to before me on July 22 1973

12. Signature of Notary: Dyke L. Anderson
13. Notary Commission expires: June 17 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Parker Ward, Geo. F. Rudd, Clerk	---	blessed Jan.1,1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.2,1910	Parker, Idaho Fremont County	Sarah L. Robinson	Ormas E. Brower

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Sarah Robinson Brower	July 22,1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept.2,1910	Parker, Idaho	Sarah Robinson Brower	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license #679	State of Utah, Millard County	Jul.12,1973	Apr.2,1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 17	---	---	----

QUALIFYING INFORMATION

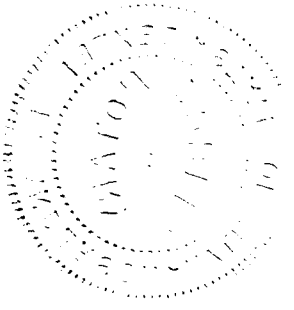
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 22,1973

FORM BH 56067

AUG 2 3 1973



813701001-744

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-522

REGISTRANT

1. Registrant's Full Name at Birth: Stanton Gudman Hale
2. Date of Birth: (month) July (day) 1, (year) 1910
3. Color or Race: Caucasian
4. Sex: Male
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Boise (908 Pueblo Street)

FATHER

6. Full Name of Father: Heber Quincy Hale
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Bessie Gudmundson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stanton G Hale
11. Present Address of Registrant: 523 West Sixth Street, Los Angeles, CA 90014

NOTARY (Seal)

Subscribed and sworn to before me on Aug 17, 1973

12. Signature of Notary: Edward B Ruzzin
13. Notary Commission expires: Mar. 30 1976

EDWARD B. RUZZIN
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Mar. 30, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of Certificate of Ordination as an elder	LDS Church, Boise First Ward, (ordained by Heber Q.Hale,H.P.)	----	ordained Sep.10,1931
	Date of Birth: July 1,1910 / Birth Place: Boise, Idaho	Full Name of Mother: Bessie Gudmundson	Name of Father: Heber Q. Hale	
SUPPORTING RECORD 2.	Insurance Policy #5,213,586	The Mutual Life Insurance Co. of New York	Dec.31,1936	Dec.30,1936
	July 1,1910 / Boise, Idaho	-----	----	
SUPPORTING RECORD 3.	photocopy of own child's birth certificate	child born in Salt Lake City, Utah	----	child born June 3,1941
	Age: 30 / Boise, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 30, 1973

FORM BH 56067

AUG 3 0 1973

653-110-006-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-530

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dallas Tyler Wells		2. Date of Birth (month) (day) (year): October 10, 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Aberdeen Ida. b. City or Town of Birth: Aberdeen
FATHER	6. Full Name of Father: Hugh Nelson Wells		7. State or Country of Father's Birth: Woodruff, Idaho
MOTHER	8. Full Maiden Name of Mother: Cleopha Shellman		9. State or Country of Mother's Birth: Cunningham, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dallas Tyler Wells	11. Present Address of Registrant: Route #1, Shelley, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: July 20th 19 73	12. Signature of Notary: [signature]	13. Notary Commission expires: November 11th 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Hugh Nelson Wells	Date issued: July 18,1973	Date Orig. Entry: ---
	Date of Birth: Oct.10,1910	Birth Place: Aberdeen, Idaho Bingham County	Full Name of Mother: Cleopha Shellman Wells	Name of Father: Hugh Nelson Wells	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a Deacon		By whom issued and signed: LDS Church, Sterling, Idaho Ward, John Wright, Clerk	Date issued: ----	Date Orig. Entry: ordained Jan.7,1923
	Date of Birth: Oct.10,1910	Birth Place: Aberdeen, Idaho Bingham County	Full Name of Mother: Cleopha Shellman	Name of Father: Hugh N. Wells	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #252692	Date issued: ---	Date Orig. Entry: child born Mar.16,1937
	Date of Birth: Age: 26	Birth Place: Aberdeen, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept. 6, 1973

FORM BH 56067

SEP 14 1973

855-22-043-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-537

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Una Malinda Henrie		2. Date Of Birth (month) July (day) 21 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clawson Idaho; b. City or Town of Birth: Teton County
FATHER	6. Full Name of Father: Paul Hansen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Chestina Henrie		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Linda Haldrum	11. Present Address of Registrant: 801 A St. Coeur d'Alene, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 5 1973	12. Signature of Notary: Agnes Gordon	13. Notary Commission expires: June 22 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #226499	Date Issued: ----	Date Orig. Entry: child born Sept.24,1934
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Driggs, Ward, B.J. Fullmer, Clerk	Date Issued: ----	Date Orig. Entry: baptized Mar.31,1940
	Date of Birth: July 21,1910	Birth Place: Clawson, Idaho Teton County	Full Name of Mother: Chestina Henrie	Name of Father: Paul A. Hansen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle		By whom issued and signed: Walter W. Henrie (bd.3/4/1895)	Date Issued: Aug.7,1973	Date Orig. Entry: ---
	Date of Birth: July 21,1910	Birth Place: Clawson, Idaho Teton County	Full Name of Mother: Chestina Henrie	Name of Father: Paul A. Hansen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept. 7, 1973

FORM BH 56067

2-18-66

SEP 10 1973

995-025-025-843

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-557

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Magdalena Teresa RIENER
2. Date Of Birth: (month) June (day) 25 (year) 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Greencreek

FATHER

6. Full Name of Father: Joseph Riener
7. State or Country of Father's Birth: Austria

MOTHER

8. Full Maiden Name of Mother: Mary Hutfles
9. State or Country of Mother's Birth: Austria

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sister M. Celestine Riener
11. Present Address of Registrant: St. Gertrude's Convent Cottonwood Idaho 83522

NOTARY (Seal)

Subscribed and sworn to before me on: August 23rd 1973
12. Signature of Notary: Sister M. Nachtsheim, OSB
13. Notary Commission expires: Dec. 11th 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding hospital records	St.Mary's Hosp.,Cottonwood,ID Sr.Mary Mildred Lustig,RRA	Aug.15,1973	June 13,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 25,1910	Greencreek, Idaho	Mary Hutfles	Joseph Riener

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism & Confirmation	Rev.Martin Baerlockher,St. Anthony's Church,Greencreek,ID	---	baptized June 26,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 25,1910	Greencreek,Idaho	Mary Hutfles	Joseph Riener

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Transcript of school record	College of St. Gertrude, Cottonwood,Idaho	Aug.20,1973	June 19,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 25,1910	Greencreek,Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

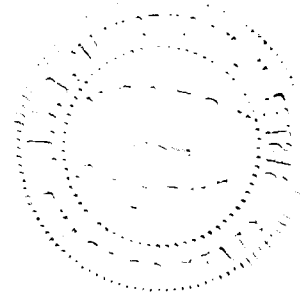
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	September 14,1973

FORM BH 56067

8-13-73

SEP 17 1973



255407104Y-552

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-563

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Richard Bennett			2. Date Of Birth (month) Sept (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Cambridge	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: James Albert Bennett			7. State or Country of Father's Birth: Spokane Washington
MOTHER	8. Full Maiden Name of Mother: Catherine Ensign			9. State or Country of Mother's Birth: ? ? Unknown
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James R. Bennett		11. Present Address of Registrant: 7300 N 51st Ave Apt 126 G Glendale Ariz 85302
NOTARY (Seal)	Subscribed and sworn to before me on: August 2 1973	12. Signature of Notary: Christy Harris		13. Notary Commission expires: My Commission Expires May 22, 1977 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of statement by father	By whom issued and signed: James A. Bennett		Date Issued: Nov. 5, 1970	Date Orig. Entry: ---
	Date of Birth: Sept. 7, 1910	Birth Place: Cambridge, Idaho	Full Name of Mother: ----	Name of Father: James A. Bennett	
SUPPORTING RECORD 2.	Type of Document: carbon copy of federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: May 10, 1972	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family genealogy book- page 28	By whom issued and signed: Genealogy of John & Mary Markley compiled by Alonzo Markley Johnson		Date Issued: ----	Date Orig. Entry: published LaJunta CA 1924
	Date of Birth: Sep. 7, 1910	Birth Place: ----	Full Name of Mother: Catherine Ensign	Name of Father: James Albert Bennett	
QUALIFYING INFORMATION					

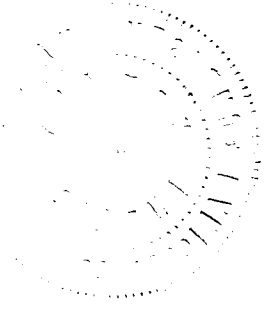
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	Sept. 18, 1973

FORM BH 56067

SEP 19 1973



012-101-020-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-564

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alvin Carlson Baker
2. Date Of Birth: March 1 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Mountain Home

FATHER

6. Full Name of Father: James E. Baker
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: Anna E. Carlson
9. State or Country of Mother's Birth: Sweden

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alvin C. Baker
11. Present Address of Registrant: 2315 Broadway-Boise

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 18 1973
12. Signature of Notary: Florence Gutright
13. Notary Commission expires: 4-20 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by Aunt Age 84
By whom issued and signed: Selma Lander
Date Issued: Sept.18,1973
Date Orig. Entry: ----
Date of Birth: Mar.1,1910
Birth Place: Mountain Home
Full Name of Mother: Anna E. Carlson
Name of Father: James E. Baker

SUPPORTING RECORD 2.

Type of Document: Own childs birth certificate
By whom issued and signed: on file -Idaho # 261605
Date Issued: -----
Date Orig. Entry: child born Nov. 27,1937
Date of Birth: Age 27
Birth Place: Mountain Home
Full Name of Mother: -----
Name of Father: -------

SUPPORTING RECORD 3.

Type of Document: Insurance Policy # 1 404 780
By whom issued and signed: Kansas City Life Ins. Co.
Date Issued: Apri 17,1947
Date Orig. Entry: ----------
Date of Birth: Mar.1,1910
Birth Place: Idaho
Full Name of Mother: ------
Name of Father: -------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

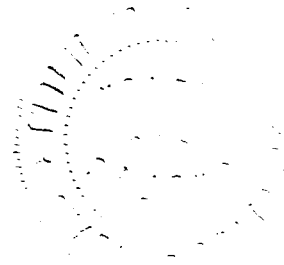
State Registrar: Janet M. Wick
Evidence reviewed by: fc Sue Lowe
Date Filed: Sept. 18, 1973

FORM BH 56067

Baker

SEP 18 1973

Own childs cert # 261605



DECEASED

355-115-016-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-573

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loyd Alma Lee			2. Date Of Birth (month) May (day) 15 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho - Cassia	b. City or Town of Birth: Oakley, Idaho	
FATHER	6. Full Name of Father: Alma Shields Lee			7. State or Country of Father's Birth: Milton, Tooele Co., Utah	
MOTHER	8. Full Maiden Name of Mother: Bertha May Craner			9. State or Country of Mother's Birth: Oakley, Cassia Co., Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Loyd Alma Lee	11. Present Address of Registrant: RH1-Richfield Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1973		12. Signature of Notary: Mary King	13. Notary Commission expires: 6-30 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: St. Benedict's Hospital, Inc. Jerome, ID Sr. Ann Patrice, Med. Rec. Clerk	Date Issued: Aug. 18, 1973	Date Orig. Entry: Feb. 2, 1962
	Date of Birth: May 15, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: Bertha Craner	Name of Father: Alma Lee	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #L 375732		By whom issued and signed: Business Men's Assurance Co. of America, Kansas City, MO	Date Issued: July 20, 1946	Date Orig. Entry: July 20, 1946
	Date of Birth: May 15, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of baptism and confirmation		By whom issued and signed: LDS Church, Robt. E. Corless, Clerk	Date Issued: ----	Date Orig. Entry: baptized Aug. 30, 1919
	Date of Birth: May 15, 1910	Birth Place: Oakley, Idaho Cassia County	Full Name of Mother: Bertha Craner	Name of Father: Alma Lee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept. 19, 1973

FORM BH 56067

Left Hd Rec. # 32241

8-2-72

SEP 2 0 1973

962-105-036-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-589

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DALE FACER ROBBINS			2. Date Of Birth (month) (day) (year): DECEMBER 5 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: ONEIDA	b. City or Town of Birth: SAMARIA
FATHER	6. Full Name of Father: JOHN ROBBINS			7. State or Country of Father's Birth: UTAH.
MOTHER	8. Full Maiden Name of Mother: MARY ELIZA FACER			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dale F. Robbins	11. Present Address of Registrant: 590-12TH ST. OGDEN UTAH. 84404
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 10 19 73		12. Signature of Notary: Barbara J. Rustad	13. Notary Commission expires: Oct 22 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: U.S. Passport #169049	By whom issued and signed: U.S.A. Department of State	Date Issued: Mar.1,1930	Date Orig. Entry: Mar.1,1930	
	Date of Birth: Dec.5,1910	Birth Place: Samaria, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination as a teacher	By whom issued and signed: LDS Church, Brigham 2nd Ward Raymond H. Olson,Clerk	Date Issued: ---	Date Orig. Entry: baptized Dec.5,1918	
	Date of Birth: Dec.5,1910	Birth Place: Samaria, Idaho Oneida County	Full Name of Mother: Mary E. Facer	Name of Father: John Robbins	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.19,1941	Date Orig. Entry: Jan.1,1920	
	Date of Birth: AGE: 9	Birth Place: Idaho	Full Name of Mother: Mary E. Robins	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: October 10,1973

FORM BH 56067

OCT 1 0 1973

866-117-006-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-595

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Leroy Howell
2. Date Of Birth: (month) April (day) 17 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Pingree Idaho (Rich Co.) *

FATHER

6. Full Name of Father: Leroy Howell
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Hannah Sariah John
9. State or Country of Mother's Birth: Utah

AFFISAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas Leroy Howell
11. Present Address of Registrant: 315 N. 12 Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 24th July 1973

12. Signature of Notary: Joyce W. Morrocks
13. Notary Commission expires: March 15 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Rich Ward Lorena Caldwell, Clerk	Nov.20,1910	blessed Nov.20,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.17,1910	Rich, Idaho Bingham County	Sarah H. John	Leroy Howell

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #295141	----	child born May 30,1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 30	Pingree, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Great Northwest Life Ins. Co. Spokane, WA	---	Aug.1,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.17,1910	Idaho	---	---

QUALIFYING INFORMATION

*Registrant stated that at the time of his birth the place was called Rich, but was changed shortly thereafter to Pingree.

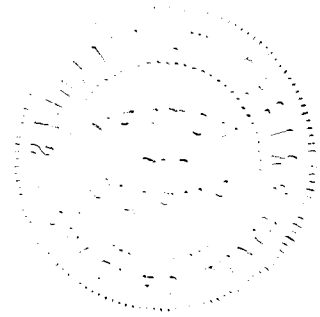
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	October 10,1973

FORM BH 56067

OCT 11 1973



.295-116-004-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-609

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Harold Brewer		2. Date Of Birth (month) Sept (day) 16 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: St Charles, Bear Lake; b. City or Town of Birth: St Charles Ida
FATHER	6. Full Name of Father: John Wilhelmsen Brewer		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Bertha Alice Arnell		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Harold Brewer	11. Present Address of Registrant: St. Charles Ida
NOTARY (Seal)	Subscribed and sworn to before me on: September 22 1973	12. Signature of Notary: Fern K. Galloway	13. Notary Commission expires: June 1 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records		By whom issued and signed: LDS Church, LeRoy Hirschi, Ward Clerk	Date issued: ---	Date Orig. Entry: blessed Dec.4,1910
	Date of Birth: Sep.16,1910	Birth Place: St.Charles,Idaho	Full Name of Mother: Bertha Alice Arnell	Name of Father: John Wilhelmsen Brewer	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: U.S. Army, Ralph L.Gutke,Maj. Inf. Ft.Douglas,UT	Date issued: discharged 16 NOV 45	Date Orig. Entry: enlisted 28 JULY 42
	Date of Birth: 16 SEP 10	Birth Place: St.Charles,Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Business Men's Assurance Co. of America	Date issued: ----	Date Orig. Entry: June 13,1952
	Date of Birth: Sep.16,1910	Birth Place: St.Charles,Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 17,1973

FORM BH 56067

OCT 1 8 1973

613-119-014-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-623

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MELVIN A. WATKINS
2. Date Of Birth (month) (day) (year): 12 19 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: CANYON
b. City or Town of Birth: MIDDLETON, IDAHO

FATHER

6. Full Name of Father: PETER A. WATKINS
7. State or Country of Father's Birth: ENGLAND

MOTHER

8. Full Maiden Name of Mother: ELIZABETH BALLANTYNE WATKINS
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: M.A. Watkins
11. Present Address of Registrant: ROUTE# 1 BOX 275 CALDELL, IDAHO

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 24 1973
12. Signature of Notary: Rita A. Zabala
Rita A. Zabala
13. Notary Commission expires: Sept. 13 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible	Family Records in Bible	----	appears old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.19,1910	----	Elizabeth Ballantyne	Peter A. Watkins

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Canyon County Clerk's Office, ID, School Dist.#16	July 29,1970	Sept.2,1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6	---	----	P. A. Watkins

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license & certificate #520	Canyon County Clerk's Office, ID, Book #27 page 512	July 24,1970	May 11,1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 37	Middleton, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	October 17,1973

FORM BH 56067

OCT 1 8 1973

993231-026-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-669

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Telia Zitlau
2. Date Of Birth: (month) July (day) 31 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Jefferson; b. City or Town of Birth: Labelle (near Rigby) Idaho

FATHER

6. Full Name of Father: Peter Zitlau
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Amelia Bloom
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Telia Zitlau
11. Present Address of Registrant: Box 216, Ririe, Idaho 83443

NOTARY (Seal)

Subscribed and sworn to before me on October 25 19 73

12. Signature of Notary: Velma Bush
13. Notary Commission expires: September 21 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time of birth	John W. Moss Age:80	July 16,1973	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 31,1910	Route 2 Rigby, Idaho	Amelia Bloom	Peter Zitlau

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license affidavit	Jefferson County, Idaho	Oct.25,1973	June 24,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	---	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of insurance policy #4119637	Modern Woodmen of America	Mar.17,1942	Mar.12,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 31,1910	Rigby, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	NOV 20 1973

FORM BH 56067 1 Cp. pd rec. #24021

8-21-73 gml

Miller (nee Butler)

NOV 21 1973
NOV 28 1973

319-120-028-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-679

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Edwin Larson
2. Date Of Birth (month) (day) (year): November 20, 1910
3. Color or Race: Cauc.
4. Sex: Male
5. Place of Birth: a. County: Idaho. Kootenai
b. City or Town of Birth: Onaroach

FATHER

6. Full Name of Father: Louis Olai Larson
7. State or Country of Father's Birth: Norway

MOTHER

8. Full Maiden Name of Mother: Clara Matilda LARSEN Larson (maiden name)
9. State or Country of Mother's Birth: Wash. Spokane County IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd Edwin Larson
11. Present Address of Registrant: Box 12 Little Lake Cal 93542

NOTARY (Seal)

Subscribed and sworn to before me on JUNE 19 1973

12. Signature of Notary: John L Murray
13. Notary Commission expires: May 22 1977

OFFICIAL SEAL JOHN L. MURRAY NOTARY PUBLIC - CALIFORNIA PRINCIPAL OFFICE IN KERN COUNTY My Comm. Expires May 22, 1977

P. O. Box 65, Ridgecrest, CA 93555

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of church record	I. Bläkkau, Trefoldigheds, Mgh.	----	Mar.12,1911
	Date of Birth: Nov.20,1910 / Birth Place: ----	Full Name of Mother: Clara O. Larsen	Name of Father: Louis O. Larson	
SUPPORTING RECORD 2.	Affidavit by mother	Clara M. Larson	Aug.20,1973	---
	Date of Birth: Nov.20,1910 / Birth Place: Kootenai County, Idaho	Full Name of Mother: Clara M. Larson	Name of Father: Louis O. Larson	
SUPPORTING RECORD 3.	Certified copy of Certificate of marriage #54676 A	Spokane County, Washington	Oct.2,1973	June 30,1937
	Date of Birth: Age: 26 / Birth Place: Idaho	Full Name of Mother: Clara Larson	Name of Father: Louis Larson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: NOV 29 1973

FORM BH 56067 CP pd rec #8151

6-6-73 gml

NOV 30 1973

38404:022-745

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-692

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Farren James Chandler			2. Date Of Birth (month) Nov. (day) 4 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Independence	
FATHER	6. Full Name of Father: James Chandler			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Jeannett Gunnell			9. State or Country of Mother's Birth: Wellsville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Farren James Chandler	11. Present Address of Registrant: Wendell Idaho B634	
NOTARY (Seal)	Subscribed and sworn to before me on: December 4 1973		12. Signature of Notary: Glenda Mae Larson	13. Notary Commission expires: Sept. 15 1976	

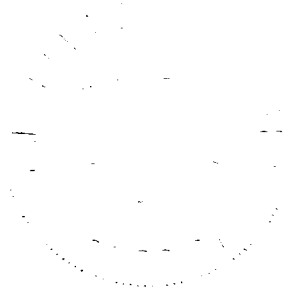
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Fremont County, Idaho Register of births		By whom issued and signed: Edna Burns = Deputy Recorder Fremont County, Idaho	Date Issued: Nov.6,1973	Date Orig. Entry: Dec.30, 1910
	Date of Birth: Nov.4,1910	Birth Place: Independence, Idaho	Full Name of Mother: Jennette Gunnell	Name of Father: James Chandler	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho File #217039	Date Issued: -----	Date Orig. Entry: Child born Nov. 26, 1933
	Date of Birth: Age 23 yrs	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Copy of Marriage License Application		By whom issued and signed: State of Utah -Box Elder County	Date Issued: May 19,1931	Date Orig. Entry: May 19,1931
	Date of Birth: Nov.4,1910	Birth Place: Idaho	Full Name of Mother: Jeannett Gunnell	Name of Father: J. S. Chandler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: Dec. 4, 1973

FORM BH 56067

DEC 4 1973



613-230-042-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-699

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jenny Wren Walter			2. Date Of Birth (month) (day) (year): November 30, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Hubbard Brown Walter			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Nannie Lee McCullough			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jenny Wren Walter Wilder		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 9 1973	12. Signature of Notary: Frances Flynn Notary Public		13. Notary Commission expires: Dec. 5 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Gertrude Walter Johnson (bd.5/22/1896)	Date issued: Apr.30,1973	Date Orig. Entry: ---
	Date of Birth: Nov.30,1910	Birth Place: Filer, Idaho	Full Name of Mother: Nannie Lee Ella McCullough Walter	Name of Father: Hubbard Brown Walter	
SUPPORTING RECORD 2.	Type of Document: Statement regarding voter's registration records		By whom issued and signed: Twin Falls, Idaho, Twin Falls County recorder's office	Date issued: Apr.18,1973	Date Orig. Entry: 1942
	Date of Birth: Nov.30,1910	Birth Place: --	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #288067	Date issued: ----	Date Orig. Entry: child born Dec.11,1939
	Date of Birth: Age: 29	Birth Place: Filer, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 6 1973

FORM BH 56067

DEC 7 1973
JAN 11 1974

45622-C1-752

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-721

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Martin Mewes			2. Date Of Birth (month) July (day) 22 (year) 1910
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bonners Ferry, Idaho, Boundary	City or Town of Birth: Bonners Ferry
FATHER	6. Full Name of Father: Hermann Mewes			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Maria Gebel			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter Martin Mewes		11. Present Address of Registrant: 303 W Mullan Kellogg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 28 July 1973	12. Signature of Notary: Raye J. Cook		13. Notary Commission expires: 1 May 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Anna McLean (16 years older)	Date Issued: Sep.22,1972	Date Orig. Entry: ---	
	Date of Birth: Jul.22,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of baptism	By whom issued and signed: Trinity Lutheran Church, Bonners Ferry, ID, Donald L. Hipps, Pastor	Date Issued: ---	Date Orig. Entry: Baptized Apr. 29,1923	
	Date of Birth: Jul.22,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Marie Mewes	Name of Father: Herman Mewes	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of naturalization #233674	By whom issued and signed: Dept. of Commerce & Labor, Bonner County, Idaho Dist.Ct. Bonners Ferry.	Date Issued: ---	Date Orig. Entry: Oct.4,1913	
	Date of Birth: Age: 3	Birth Place: ----	Full Name of Mother: Maria	Name of Father: Herman Mewes	
QUALIFYING INFORMATION					

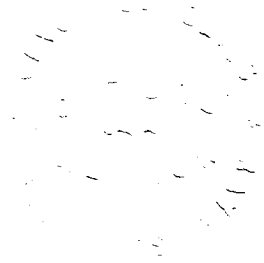
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 10 1973

FORM BH 56067

DEC 19 1973



297-15-011-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-735

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KENNETH WILFRED BIGGAR		2. Date Of Birth (month) (day) (year): 10 - 15 - 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: BONNERS FERRY-BOUNDARY Co. - IDAHO. b. City or Town of Birth
FATHER	6. Full Name of Father: SAMUEL WALKER BIGGAR		7. State or Country of Father's Birth: IOWA
MOTHER	8. Full Maiden Name of Mother: ANNA BLOOMBERG		9. State or Country of Mother's Birth: MINNESOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: K W Biggar	11. Present Address of Registrant: 605 MALLARD-LAS VEGAS, NEVADA
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1973	12. Signature of Notary: Patricia Morse	13. Notary Commission expires: Feb. 22 1976

NOTARY PUBLIC – STATE OF NEVADA
CLARK COUNTY
PATRICIA MORSE
My Commission Expires Feb. 22, 1976

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible Record		By whom issued and signed: Family records in Bible	Date issued: ---	Date Orig. Entry: appears old
	Date of Birth: Oct.15,1910	Birth Place: ---	Full Name of Mother: Mrs. S. W. Biggar	Name of Father: Mr. S. W. Biggar	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Massachusetts Protective Association, Inc.	Date issued: ---	Date Orig. Entry: Sep.22,1949
	Date of Birth: Oct.15,1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of petition for the Degrees of Masonry		By whom issued and signed: Yakima Lodge #24	Date issued: ----	Date Orig. Entry: Sep.19,1935
	Date of Birth: Oct.15,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml gml Glenda Larson	DEC 18 1973

FORM BH 56067 rep pd rec #19405 5-6-64

DEC 14 1973

433-212-044-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-758

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Regenia Esther McCrea			2. Date Of Birth (month) May (day) 12 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: John James McCrea			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Regenia Esther Harris			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Regenia Esther Watson		11. Present Address of Registrant: 2615-168th S.E. Bellevue, Wn 98008
NOTARY (Seal)	Subscribed and sworn to before me on: December 18 1973	12. Signature of Notary: Jerri Lawton		13. Notary Commission expires: 4-23- 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: physician's certificate of birth		By whom issued and signed: Joseph R. Numbers, M.D. Weiser, Idaho	Date issued: -----	Date Orig. Entry: obviously old
	Date of Birth: May 12,1910	Birth Place: Weiser, Idaho Washington County	Full Name of Mother: Regenia Esther Harris	Name of Father: John James McCrea	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #211158	Date issued: ---	Date Orig. Entry: child born Jan.9,1933
	Date of Birth: Age: 22	Birth Place: Weiser, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #730017		By whom issued and signed: Woodmen of the World, Weiser Valley Camp #353, Idaho	Date issued: June 1,1939	Date Orig. Entry: June 1,1939
	Date of Birth: Age: 29	Birth Place: ----	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 26 1973

FORM BH 56067 1 cp pd rec. #3090 (W) 11-11-66 gml

DEC 2 7 1973

689-118020-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-021

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Ardyce Whipple
2. Date of Birth (month) (day) (year): June 18 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Elmore
b. City or Town of Birth: Mountain Home, Idaho

FATHER

6. Full Name of Father: Fred Alpine Whipple
7. State or Country of Father's Birth: Colorado

MOTHER

8. Full Maiden Name of Mother: Lucinda Annis Geerhart
9. State or Country of Mother's Birth: Florida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ardyce W. Yount
11. Present Address of Registrant: 1808 N. 11 St

NOTARY (Seal)

Subscribed and sworn to before me on: September 19 73
12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 19 74

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle Age 83	Charles J. Geerhart	Sept. 14, 1973	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.18,1910	Mountain Home	Lucinda Annis Geerhart	Fred Alpine Whipple

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of Application for marriage License	Kitsap County, Washington	Nov.12,1973	Sept 10,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19 yrs	--------	-------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
#200539 Application for Insurance	American Republic Ins. Co. Des Moines, Iowa	April 24,1967	---------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 18,1910	--------	---------	----------

QUALIFYING INFORMATION

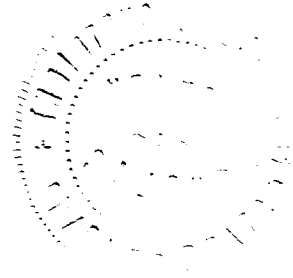
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Jan. 16, 1974

FORM BH 56067

JAN 1 6 1974



813-106-003-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-031

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Ward Halford			2. Date Of Birth (month) (day) (year): February 6, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: William Oliver Halford			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Eliza A. Ward			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph Ward Halford		11. Present Address of Registrant: 1010 So 18th Ave Yakima Wn
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 21 1974	12. Signature of Notary: [illegible]		13. Notary Commission expires: 3/25 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of Birth (photo-copy) with LDS Church	By whom issued and signed: Pocatello Stake, McCammon Ward, births & bless. 1910, pg. 328	Date Issued: ---	Date Orig. Entry: Oct. 2, 1910	
	Date of Birth: Feb. 6, 1910	Birth Place: McCammon, Idaho Bannock County	Full Name of Mother: Eliza A. Ward	Name of Father: William O. Halford	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Nina A. H. Rawson (b.d. 9/30/00)	Date Issued: Dec. 27, 1973	Date Orig. Entry: ----	
	Date of Birth: Feb. 6, 1910	Birth Place: McCammon, Idaho Bannock County	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate #36529	By whom issued and signed: child born in Yakima, Wash.	Date Issued: ---	Date Orig. Entry: child born Aug. 23, 1950	
	Date of Birth: Age: 40	Birth Place: McCammon, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

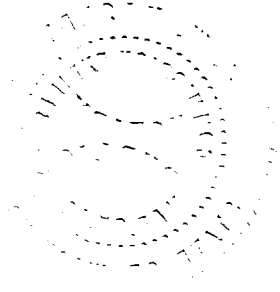
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	JAN 23 1974

FORM BH 56067

JAN 2 3 1974



915-118-202-958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hamor Reynolds Manning			2. Date Of Birth: (month) June (day) 18 (year) 1910	
	3. Color or Race: Caucasion	4. Sex: Male	5. Place of Birth a. County: Fremont County	b. City or Town of Birth: Ashton	
FATHER	6. Full Name of Father: Rodney Henry Manning			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Laura Elizabeth Reynolds			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hamor Reynolds Manning		11. Present Address of Registrant: 6308 S. Southwind Dr., Whittier, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 16, 1974	12. Signature of Notary: Violet L. Johnston		13. Notary Commission expires: 19	

OFFICIAL SEAL
VIOLET L. JOHNSTON
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Oct. 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Paul Revere Life Ins.Co.		Date Issued: ---	Date Orig. Entry: Mar.12,1932
	Date of Birth: June 18,1910	Birth Place: Ashton, Idaho	Full Name of Mother: ---	Name of Father: Rodney H. Manning	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Wilshire Hospital, Los Angeles, CA, U.S.A., Emma Keefe, RN, Supt.		Date Issued: ---	Date Orig. Entry: child born July 8,1911
	Date of Birth: June 18,1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record Fremont County, Ashton, Idaho	By whom issued and signed: U. S. Department of Commerce Bureau of the census		Date Issued: Jan.25,1974	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 9	Birth Place: Idaho	Full Name of Mother: Laura E. Manning	Name of Father: Rodney H. Manning	

QUALIFYING INFORMATION

Baby Record Book which is obviously old gives, "Hamor Reynolds Manning born June 18, 1910 in Ashton, Idaho to Rodney and Laura E. Manning, Dr. Edwin Hargis, attending physician.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	FEB 4 1974

FORM BH 56067

FEB 6 1974

OFFICIAL SEAL
VIOLET L. JOHNSTON
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Oct. 8, 1977

753-205-010-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-060

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Erma Peterson
2. Date Of Birth: June 5 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Milo Idaho

FATHER

6. Full Name of Father: Otto Hacken Peterson
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Mary Rachel Coles
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Erma Peterson
11. Present Address of Registrant: Rt. 2, Rigby, Id Bx 217A

NOTARY (Seal)

Subscribed and sworn to before me on January 16 1974

12. Signature of Notary: Heather M. Gentry
13. Notary Commission expires: 6-12 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #173767	---	child born July 13,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 19	Milo, Idaho	----	--

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Blessing	LDS Church, Milo Ward, Book 3 No.252, Elder M.E. Brown	orig.dated Aug.7,1910	blessed Aug.7,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 5,1910	Milo, Idaho Bingham Idaho*	Rachel Coles	Otto Peterson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of Certificate of Baptism and Confirmation	LDS Church, Milo Ward, Lorenzo B. Harmon, Clerk	orig.dated July 6,1919	baptized July 5,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 5,1910	Milo, Idaho Bonneville County	Rachel Coles	Otto Peterson

QUALIFYING INFORMATION

*Bonneville County was formed from part of Bingham County in 1911.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	FEB 12 1974

FORM BH 56067

1-11-74

FEB 1 3 1974

245-119-025-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-158

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George John Kress
2. Date Of Birth: (month) June (day) 19, (year) 1910
3. Color or Race: white
4. Sex: Male
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Myrtle

FATHER

6. Full Name of Father: Benjamin F. Kress
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Bessie Beatrice Walker
9. State or Country of Mother's Birth: Idaho, Kendrick

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George John Kress
11. Present Address of Registrant: Kalama, Washington 98625

NOTARY (Seal)

Subscribed and sworn to before me on 5th day of March 1974

12. Signature of Notary: Hope E. Brown
13. Notary Commission expires: 9/2 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt living next door at time of birth	June 19, 1910	Myrtle, Idaho	Daisy Wynona Spivy (Age:80)	Bessie Beatrice Walker	Feb. 26, 1974	Benjamin F. Kress	---
SUPPORTING RECORD 2.	certified photocopy of affidavit for marriage license & certificate	Age: 36	Myrtle, Idaho	Skamania County, Washington #13506 Book 16, page 723	---	Feb. 28, 1974	---	Sept. 7, 1946
SUPPORTING RECORD 3.	Certified copy of own child's birth certificate	Age: 32	Idaho	State of Washington	---	Mar. 14, 1956	---	child born Jan. 21, 1943

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: APR 2 1974

FORM BH 56067

APR 3 1974

312-224-042-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zaida Josephine Tash		2. Date Of Birth (month) (day) (year): March 24 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Twin Falls; b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Hiram Fred Tash		7. State or Country of Father's Birth: Decatur, Iowa
MOTHER	8. Full Maiden Name of Mother: Una Pearl Stanley		9. State or Country of Mother's Birth: Decatur, Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zaida J. McClard	11. Present Address of Registrant: 1413 View Court, The Dalles, Oregon 97058
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 1974	12. Signature of Notary: [signature]	13. Notary Commission expires: 4-1 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of statement regarding school records	By whom issued and signed: Morrow County Schools, Heppner, OR, Gordon Pratt, Principal	Date Issued: Mar.16,1960	Date Orig. Entry: Sept., 1924
	Date of Birth: Age: 14 / Birth Place: ----	Full Name of Mother: ---	Name of Father: H. F. Tash	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #543 42 2976	By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: approx.1955 was 45 yrs.old.
	Date of Birth: Mar.24,1910 / Birth Place: Buhl, Idaho	Full Name of Mother: Una Pearl Stanley	Name of Father: Hiram Fred Tash	
SUPPORTING RECORD 3.	Type of Document: photocopy of statement regarding hospital records	By whom issued and signed: St. Vincent's Hospital, Portland, OR, Miss Mary Arnold, RRL	Date Issued: Mar.17,1960	Date Orig. Entry: June 17,1936
	Date of Birth: Age: 26 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

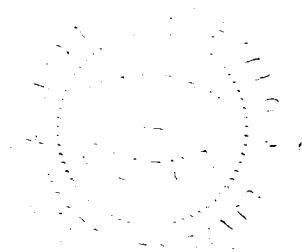
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	APR 9 1974

FORM BH 56067 3-10-60

APR 1 5 1974



632216.022-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-218

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anona Olsen			2. Date Of Birth (month) Dec. (day) 16 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton	
FATHER	6. Full Name of Father: James Randolph Olsen			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Laura C Ramsay			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anona O Belisle		11. Present Address of Registrant: 506 Fremont Ave	
NOTARY (Seal)	Subscribed and sworn to before me on: March 25 1974	12. Signature of Notary: Ethel J Renko		13. Notary Commission expires: June 15 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #186052		Date Issued: -----	Date Orig. Entry: child born Nov.16,1930
	Date of Birth: Age: 19	Birth Place: Ashton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Richard P. Gibbs, Bishop, Billings 2nd Ward, MT		Date Issued: Mar.17,1974	Date Orig. Entry: baptized July 5,1919
	Date of Birth: Dec.16,1910	Birth Place: Ashton, Idaho Fremont County	Full Name of Mother: Laura Ramsey	Name of Father: Randolph Olsen	
SUPPORTING RECORD 3.	Type of Document: photocopy of insurance policy #536848	By whom issued and signed: Farmers New World Life Ins. Company		Date Issued: June 5,1959	Date Orig. Entry: May, 1959
	Date of Birth: Dec.16,1910	Birth Place: Ashton, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	APR 24 1974

FORM BH 56067

2-11-74

APR 24 1974

914-117-007-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-245

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John Lindsey Ramsey
2. Date Of Birth (month) July (day) 17 (year) 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Muldoon. Idaho. U.S.A
b. City or Town of Birth: Muldoon Idaho

FATHER

6. Full Name of Father: Walter Brydon Ramsey
7. State or Country of Father's Birth: Lander, Scotland

MOTHER

8. Full Maiden Name of Mother: Lillias Lindsey
9. State or Country of Mother's Birth: Peebles. Scotland.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John Lindsey Ramsay
11. Present Address of Registrant: Carey, Idaho.

NOTARY (Seal)

Subscribed and sworn to before me on March 22 1974

12. Signature of Notary: Pearl Johnson
13. Notary Commission expires: April 22 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family At time of birth	By whom issued and signed: D. E. Adamson Age 82	Date Issued: Mar.22,1974	Date Orig. Entry: -------
	Date of Birth: July 17,1910 Birth Place: Muldoon,Idaho	Full Name of Mother: Lillis Ramsay (Lindsey)	Name of Father: Walter Brydon Ramsey	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Dec.22,1945	Date Orig. Entry: Inducted July 17, 1942
	Date of Birth: July 17,1910 Birth Place: Muldoon, Idaho	Full Name of Mother: ----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital record	By whom issued and signed: Blaine County Hospital,Hailey, Idaho	Date Issued: ---	Date Orig. Entry: admitted Sept.1,1962
	Date of Birth: July 17,1910 Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

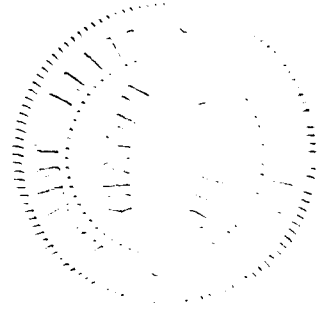
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Glenda Larson	May 16,1974

K

FORM BH 56067

2-21-74

MAY 17 1974



DECEASED

753-103-004-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erastus John Peterson			2. Date Of Birth (month) (day) (year): November 3, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: X Nounan Rural
FATHER	6. Full Name of Father: Erastus Peterson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Alice Amilia Skinner			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Erastus John Peterson	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: April 30, 1974		12. Signature of Notary	13. Notary Commission expires: 12/20/ 1976

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Magic Valley Memorial Hosp., Twin Falls, ID-Mary Lou England, Med.Rec.	Date Issued: 3/11/74	Date Orig. Entry: March 4, 1952
	Date of Birth: Nov.3,1910 / Birth Place: Idaho	Full Name of Mother: Alice Skinner	Name of Father: Erastus Peterson	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Nounan Ward, Nephi Skinner, Clerk	Date Issued: ---	Date Orig. Entry: blessed Dec.10,1910
	Date of Birth: Nov.3,1910 / Birth Place: Nounan, Idaho Bear Lake County	Full Name of Mother: Alice Skinner	Name of Father: Erastus Peterson, Jr.	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #236626	Date Issued: ----	Date Orig. Entry: child born Sep.6,1935
	Date of Birth: Age: 24 / Birth Place: Nounan, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: MAY 28 1974

FORM BH 56067 rm

4-25-74 gml

MAY 31 1974

689-213-030-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorna Vivian White			2. Date Of Birth (month) (day) (year): December 13, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Harry White			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Charlotte Etta Gould			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorna V. Christeson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19___	12. Signature of Notary: Ken J. Thuesen		13. Notary Commission expires: Mar 19th 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records		By whom issued and signed: Lemhi County recorder's office School Dist. #1	Date Issued: Apr.4,1974	Date Orig. Entry: Sept.2,1918
	Date of Birth: Age: 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: Harry White	
SUPPORTING RECORD 2.	Type of Document: Certified copy of birth record recorded in Lemhi County #245		By whom issued and signed: County Recorder's office Page 11 Register of Births	Date Issued: Apr.4,1974	Date Orig. Entry: shortly after birth
	Date of Birth: Dec.13,1910	Birth Place: Salmon	Full Name of Mother: Charlotte White	Name of Father: Harry White	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: Ethel Harmon-Age:81	Date Issued: June 7,1974	Date Orig. Entry: ----
	Date of Birth: Dec.13,1910	Birth Place: Salmon, Idaho Lemhi County	Full Name of Mother: Charlotte Etta Gould White	Name of Father: Harry White	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson gml	Date Filed: JUN 17 1974

FORM BH 56067

White

JUN 18 1974

419-22-0116-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-373

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rachel Venice Martin
2. Date Of Birth (month) (day) (year): December 22 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Oakley, Ida
   b. City or Town of Birth: Oakley, Idaho

FATHER

6. Full Name of Father: Joseph H. Martin
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Edith E. Worthington
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rachel Venice Martin
11. Present Address of Registrant: Oakley, Idaho - 83346

NOTARY (Seal)

Subscribed and sworn to before me on May 7, 19 74

12. Signature of Notary: [illegible] E. Haigler
13. Notary Commission expires
Notary Public of Idaho
Residing at Burley, Idaho 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	L. D. S. Church	Sept.9,1973	Baptized Aug. 5,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1910	Oakley, Idaho	Edith Emmaline Worthington	Jos. Hackison Martin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt & Attendant	Sarah L. Clark Age 86	Jun.26,1974	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1910	Oakley, Idaho	Edith E. Worthington	Joseph H. Martin

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # L001 448	Perpetual Security Life Ins.	Nov.11,1959	Oct. 14, 1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1910	Oakley, Idaho	-----	- -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	July 23, 1974

FORM BH 56067

JUL 24 1974

095-103-014-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-377

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell Francis Dines			2. Date of Birth (month) Oct. (day) 3 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Greenleaf
FATHER	6. Full Name of Father: Sarah Pippinger			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Francis Marion Dines			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Russell Francis Dines		11. Present Address of Registrant: Nyssa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1974	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho # 247030	Date Issued: -------	Date Orig. Entry: Child born Sept. 22, 1936
	Date of Birth: Age 25 yrs	Birth Place: Greenleaf, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister Age 81Yrs		By whom issued and signed: Mrs. Nora Stark	Date Issued: July 12, 1974	Date Orig. Entry: --------
	Date of Birth: Oct. 3, 1910	Birth Place: Greenleaf, Idaho	Full Name of Mother: Sarah Pippinger	Name of Father: Francis Marion Dines	
SUPPORTING RECORD 3.	Type of Document: Certified copy Register of Birth-Canyon County, Idaho		By whom issued and signed: Canyon County, Idaho Martha Weymouth, Deputy Recorder	Date Issued: July 10, 1974	Date Orig. Entry: Child born Oct. 3, 1910
	Date of Birth: Oct. 3, 1910	Birth Place: Greenleaf, Idaho	Full Name of Mother: Sarah Pippinger	Name of Father: Frances M. Dines	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	sl "Sue" Nora Lowe	July 23, 1974

FORM BH 56067

JUL 24 1974

155-21-022-867

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-390

6:30 PM

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma May Jensen			2. Date Of Birth (month) April (day) 11 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rexburg Ida Fremont	b. City or Town of Birth: Rexburg Idaho	
FATHER	6. Full Name of Father: David Lehi Jensen			7. State or Country of Father's Birth: Utah (Ogden)	
MOTHER	8. Full Maiden Name of Mother: Sarah May Hopkins			9. State or Country of Mother's Birth: Idaho (Rexburg)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma J Macfarlane		11. Present Address of Registrant: Cedar City Utah 84720	
NOTARY (Seal)	Subscribed and sworn to before me on 9th of May 1974	12. Signature of Notary: Vauna Matheson		13. Notary Commission expires: Feb. 16 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of Birth	By whom issued and signed: Fremont Stake, Rexburg 1st Ward bir.&Bless.1910,pg.768 line 251	Date Issued: ---	Date Orig. Entry: June 5,1910
	Date of Birth: Apr.11,1910 / Birth Place: Rexburg, Idaho Fremont County	Full Name of Mother: May Hopkins	Name of Father: David Jensen	
SUPPORTING RECORD 2.	Type of Document: Statement of Employment	By whom issued and signed: Stevens Co.	Date Issued: Aug.14,1963	Date Orig. Entry: --------
	Date of Birth: Apri.11,1910 / Birth Place: --------	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Utah File No.77	Date Issued: ------	Date Orig. Entry: Child born April 28, 1931
	Date of Birth: Age 21 yrs / Birth Place: Rexburg, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Sue Lowe		Date Filed: July 26, 1974

FORM BH 56067

JUL 26 1974

692-207-011-666

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-394
Local Reg. No.
Reg. Dist. No.

Bremerton, Wash.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Jessye Fischer		2. Date Of Birth (month) May (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonners Ferry, Idaho; b. City or Town of Birth: Bonners Ferry, Idaho
FATHER	6. Full Name of Father: Harry Fischer (deceased)		7. State or Country of Father's Birth: Roulette Pennsylvania U.S.A.
MOTHER	8. Full Maiden Name of Mother: Irene Ophelia Wood (living)		9. State or Country of Mother's Birth: Mina Pennsylvania U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera Hembury / Vera Fischer Hembury	11. Present Address of Registrant: 2704 Hefner Ave
NOTARY (Seal)	Subscribed and sworn to before me on: July 23 1974	12. Signature of Notary: [illegible]	13. Notary Commission expires: 1-8 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of affidavit by mother		By whom issued and signed: Irene Hembury	Date Issued: ----	Date Orig. Entry: Mar.22,1972
Class*_____	Date of Birth: May 7,1910	Birth Place: Bonners Ferry,Idaho	Full Name of Mother: Irene Wood	Name of Father: Harry James Fischer	
SUPPORTING RECORD 2.	Type of Document: photocopy of first page of insurance policy #30707627		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: Sep.22,1913	Date Orig. Entry: ---
Class_____	Date of Birth: Age next bd. 4 yrs.	Birth Place: ---	Full Name of Mother: Irene O. Fischer	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of front page of U.S. Passport		By whom issued and signed: U.S. Dept. of State	Date Issued: ---	Date Orig. Entry: May 28,1957
Class_____	Date of Birth: May 7,1910	Birth Place: Bonners Ferry,Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	JUL 30 1974

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 31 1974

155-28-0073-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-426

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Barbara May Jensen
2. Date Of Birth (month) Jan (day) 28 (year) 1910
3. Color or Race: W.
4. Sex: F
5. Place of Birth a. County: Marsh Center. Bannock
b. City or Town of Birth:

FATHER

6. Full Name of Father: Joseph Parley Jensen
7. State or Country of Father's Birth: Weston Franklin Idaho

MOTHER

8. Full Maiden Name of Mother: Ada Bell Treasure
9. State or Country of Mother's Birth: Idaho Bannock Lava Hot Springs

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Barbara May Keller L.N
11. Present Address of Registrant: 6930 Vine Lincoln Nebr 68505

NOTARY (Seal)

GERTRUDE BARKLEY
GENERAL NOTARY
State of Nebraska
My Commission Expires
January 27, 1976

Subscribed and sworn to before me on July 1, 1974

12. Signature of Notary: Gertrude Barkley
13. Notary Commission expires: 1-27 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record		By whom issued and signed: Marsh Valley High, Arimo, ID	Date Issued: ----	Date Orig. Entry: 1927-28
	Date of Birth: Jan. 28, 1910	Birth Place: Marsh Center, Idaho	Full Name of Mother: Ada Bell Jensen	Name of Father: Joseph Jensen	
SUPPORTING RECORD 2.	Type of Document: LDS Church certificate of birth		By whom issued and signed: Pocatello Stake, Marsh Center Ward, page 328, 1910 bir. bless.	Date Issued: Aug. 13, 1974	Date Orig. Entry: April 7, 1910
	Date of Birth: Jan. 28, 1910	Birth Place: Marsh Center, Idaho Bannock County	Full Name of Mother: Ada Treasure	Name of Father: Joseph P. Jensen	
SUPPORTING RECORD 3.	Type of Document: photocopy of Statement of physician		By whom issued and signed: John S. Broz, M.D. Alliance, Nebraska	Date Issued: Aug. 13, 1974	Date Orig. Entry: Apr. 23, 1946
	Date of Birth: Jan. 28, 1910	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: AUG 28 1974

FORM BH 56067

AUG 29 1974

236-115016-137

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-473

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Adrian Scott		2. Date Of Birth (month) (day) (year): March 15 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Burley
FATHER	6. Full Name of Father: John William Scott		7. State or Country of Father's Birth: West Virginia Greenbrier Co.
MOTHER	8. Full Maiden Name of Mother: Ada Avis Alphin		9. State or Country of Mother's Birth: Utah Garfield Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Adrian Scott	11. Present Address of Registrant: 13602 Sayre St Sylmar Calif 91342
NOTARY (Seal)	Subscribed and sworn to before me on: September 6 1974	12. Signature of Notary: Donna M Jensen	13. Notary Commission expires: 19

OFFICIAL SEAL
DONNA M. JENSEN
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires Aug. 11, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's hospital certificate of birth	By whom issued and signed: The Beverly Hospital, Montebello, CA	Date issued: ---	Date Orig. Entry: child born Jan. 18, 1947
	Date of Birth: Mar. 15, 1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage license	By whom issued and signed: Orange County, California	Date issued: ----	Date Orig. Entry: Sep. 6, 1931
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of genealogy sheet	By whom issued and signed: temple sealing by George F. Richards, Jr.	Date issued: ---	Date Orig. Entry: sealed May 11, 1957
	Date of Birth: Mar. 15, 1910	Birth Place: Burley, Idaho Cassia County	Full Name of Mother: Ada Avis Alphin	Name of Father: John William Scott
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	SEP 23 1974

FORM BH 56067

SEP 24 1974

365-115006-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-501

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth** Theodore Victor Toevs			**2. Date of Birth** (month) (day) (year) 4/15/10
	3. Color or Race White	**4. Sex** M	**5. Place of Birth** a. County Bingham County, Idaho	b. City or Town of Birth Aberdeen
FATHER	**6. Full Name of Father** Jacob Toevs			**7. State or Country of Father's Birth** Kansas
MOTHER	**8. Full Maiden Name of Mother** Louise Wiebe Toevs			**9. State or Country of Mother's Birth** Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		**10. Signature of Registrant** Theodore Victor Toevs	**11. Present Address of Registrant** 2437 Leigh Ave, San Jose, Calif
NOTARY (Seal)	Subscribed and sworn to before me on Jul 29 1974		**12. Signature of Notary** Cathie Ann Howard	**13. Notary Commission expires** June 9, 1978

OFFICIAL SEAL
CATHIE ANN HOWARD
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My comm. expires JUN 9, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document** photocopy of certificate of Baptism (notarized)	**By whom issued and signed** M.J.Gable,Pastor, 1st Mennonite Church, Aberdeen, Idaho	**Date Issued** Jul.29,1974	**Date Orig. Entry** baptized Apr.3,1927
	Date of Birth Apr.15,1910	**Birth Place** ----	**Full Name of Mother** Louise E. Toevs	**Name of Father** Jacob D. Toevs
SUPPORTING RECORD 2.	**Type of Document** notarized photocopy of federal census record-Aberdeen,Idaho	**By whom issued and signed** Bureau of the Census	**Date Issued** Jul.29,1974	**Date Orig. Entry** Jan.1,1920
	Date of Birth Age: 9	**Birth Place** Idaho	**Full Name of Mother** Louise C. Toevs	**Name of Father** Jacob D. Toevs
SUPPORTING RECORD 3.	**Type of Document** notarized photocopy of application for insurance policy	**By whom issued and signed** Bankers Life Ins. Co./Notary, Barbara J. Berry	**Date Issued** Sep.14,1974	**Date Orig. Entry** Mar.23,1936
	Date of Birth Apr.15,1910	**Birth Place** Aberdeen, Idaho	**Full Name of Mother** ----	**Name of Father** Jacob D. Toevs
QUALIFYING INFORMATION				

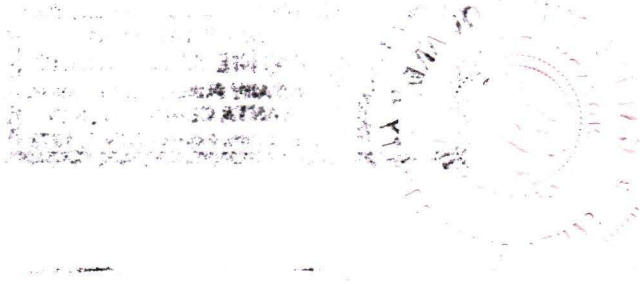
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar Janet M. Hlick	**Evidence reviewed by** gml Glenda Larson	**Date Filed** OCT 1 1974

FORM BH 56067

3-13-6?

Form 2

OCT 2 1974



595229.007-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-503

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Annie Nielson		2. Date Of Birth (month) July (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Moore Idaho Blaine; b. City or Town of Birth: Moore Idaho
FATHER	6. Full Name of Father: Michael Nielson		7. State or Country of Father's Birth: Moroni Utah
MOTHER	8. Full Maiden Name of Mother: Anganetta Mallinson		9. State or Country of Mother's Birth: Draper, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Annie Nielson Hansen	11. Present Address of Registrant: 283 W. 2nd No. Logan, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: 19 Day of Sept 19 74	12. Signature of Notary: Darla W. Merrell	13. Notary Commission expires: April 19 1976

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Birth from LDS Church		By whom issued and signed: Blackfoot Stake, Moore Ward, pg. 392, line 142, Bir. & Bless.	Date Issued: ---	Date Orig. Entry: Oct. 23, 1910
	Date of Birth: July 29, 1910	Birth Place: Moore, Idaho Blaine County	Full Name of Mother: Auganetta Mallinson	Name of Father: Michael Neilson	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Logan 3rd Ward, Cache Stake, Sidney Smith, Bishop	Date Issued: ----	Date Orig. Entry: baptized Aug. 31, 1918
	Date of Birth: July 29, 1910	Birth Place: Moore, Idaho	Full Name of Mother: Anganetta Mallinson	Name of Father: Michiel Nielson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho #158358	Date Issued: ---	Date Orig. Entry: child born Jan. 6, 1928
	Date of Birth: Age: 17	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

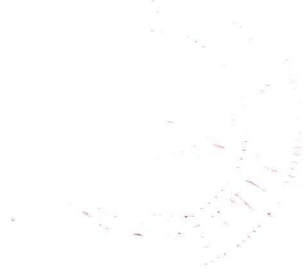
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: OCT 2 1974

FORM BH 56067

9-30-74

Hansen

OCT 3 1974



2C4-110-040-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oscar Victor Sampson	2. Date Of Birth (month) June (day) 10 (year) 1910
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Burke, Idaho
FATHER	6. Full Name of Father: Victor Sampson	7. State or Country of Father's Birth: Finland - Russia
MOTHER	8. Full Maiden Name of Mother: Sophia Aasplund Erickson Sampson	9. State or Country of Mother's Birth: Finland - Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oscar Victor Sampson; 11. Present Address of Registrant: 5228 N. Ash
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 6th 1974	12. Signature of Notary: [signature]; 13. Notary Commission expires: March 14, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Parents Certificate of Naturalization	By whom issued and signed: U. S. Clerk Dist.Court	Date issued: Sept.19,1910	Date Orig. Entry: -----
	Date of Birth: Age 3 months; Birth Place: Burke, Idaho	Full Name of Mother: Sophia Sampson	Name of Father: Victor Sampson	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: West Valley Dist.# 363 Wash.	Date issued: May 21,1974	Date Orig. Entry: 1917
	Date of Birth: Jun.10,1910; Birth Place: ----	Full Name of Mother: -----	Name of Father: - ------	
SUPPORTING RECORD 3.	Type of Document: Application - HuttonSettlement	By whom issued and signed: Hutton Settlement Pasadena Park,Spokane,Wn.	Date issued: Sept 1,1922	Date Orig. Entry:
	Date of Birth: Jun 10,1910; Birth Place: Burke, Idaho	Full Name of Mother: Sophia Sampson	Name of Father: Victor Sampson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

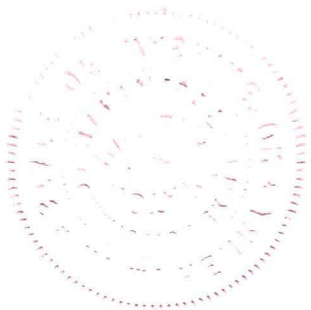
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Sept.7, 1974

FORM BH 56067 NM

2C form sent 8/29/74 gml

OCT 7 1974



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493-101-032-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-519

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edward Maitland Miles
2. Date Of Birth (month) (day) (year): Jan. 1 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Shoshone Lincoln
b. City or Town of Birth: Shoshone Idaho

FATHER

6. Full Name of Father: Edward Hammond Miles
7. State or Country of Father's Birth: Big Rapids Michigan

MOTHER

8. Full Maiden Name of Mother: Eva Pearl Barstow
9. State or Country of Mother's Birth: Norton, Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edward M. Miles
11. Present Address of Registrant: 1047-N. 8th St. Coeur d'Alene, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 26 1973

12. Signature of Notary: Goodie M. Moon
13. Notary Commission expires: NOTARY PUBLIC for Idaho Residing at Coeur d'Alene, Idaho My commission expires September 1, 1976 19

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit for marriage license	Kootenai County, Idaho	Sep. 26, 1973	June 19, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 26	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Own Childs birth certificate	State of Washington	-----	Child born July 31, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 40 yrs	Shoshone, Idaho	--------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Coeur D'Alene High School Record	Coeur D'Alene Sr. High School Coeur D'Alene, Idaho	--------	Sept. 1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 1, 1910	-------	--------	--------

QUALIFYING INFORMATION

Baptismal Certificate Christ Church, Shoshone, Idaho by Rev. S. W. Creasey

Baptized January 13, 1910 Edward Maitland Miles - parents Edward H. Miles & Eva P. Miles

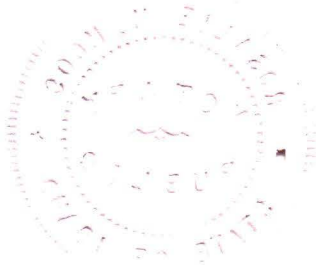
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	gm1 Sue Lowe	Oct. 9, 1974

FORM BH 56067

OCT 9 1974



419-116-012-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Benjamin Nicholson Darlington		2. Date Of Birth (month) Feb (day) 16 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth: a. County: Darlington Butte; b. City or Town of Birth: Darlington
FATHER	6. Full Name of Father: Wayne Darlington		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Elizabeth Nicholson Darlington		9. State or Country of Mother's Birth: South Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Benjamin N Darlington	11. Present Address of Registrant: 4615 No Blvd Spa Florida 33603
NOTARY (Seal)	Subscribed and sworn to before me on: October 11 1974	12. Signature of Notary: Adelaide A Sebertson	13. Notary Commission expires: Notary Public, State of Florida at Large My Commission Expires Apr. 12, 1976 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hunting License	By whom issued and signed: Hillsborough Co. Florida	Date issued: Nov.10,1966	Date Orig. Entry: ------
	Date of Birth: Feb.16,1910	Birth Place: ------	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Radio Operator License	By whom issued and signed: Federal Communications Comm.	Date issued: July 18,1969	Date Orig. Entry: ----
	Date of Birth: Feb.16,1910	Birth Place: ------	Full Name of Mother: ------	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Notorized copy of Family Record	By whom issued and signed: Family Bible	Date issued: Oct.11,1974	Date Orig. Entry: Original obviously old
	Date of Birth: Feb.16,1910	Birth Place: Darlington,Idaho	Full Name of Mother: Elizabeth Nicholson	Name of Father: Wayne Darlington
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

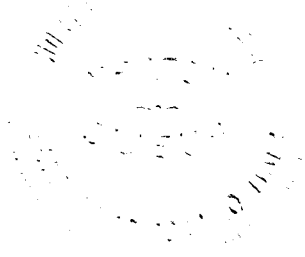
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	November 6,1974

FORM BH 56067

10/8/74

NOV 7 1974



564

343-126-021-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-567

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stanley H. Cutler			2. Date of Birth (month) (day) (year): March 26, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: Theodore James Cutler			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Adelia May Hampton			9. State or Country of Mother's Birth: Franklin, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stanley H. Cutler		11. Present Address of Registrant: Box 66 Cambridge Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 23 1974	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: LDS Church -Cambridge, Idaho	Date Issued: -------	Date Orig. Entry: Baptized Nov.3,1917	
	Date of Birth: Mar.26,1910	Birth Place: Franklin, Idaho	Full Name of Mother: Adelia May Hampton	Name of Father: Theodore James Cutler	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Aunt age 91	By whom issued and signed: Olivia M. Turner	Date Issued: Nov.2,1974	Date Orig. Entry: ------	
	Date of Birth: Mar.26,1910	Birth Place: Franklin,Idaho	Full Name of Mother: Adelia May Hampton	Name of Father: Theodore James Cutler	
SUPPORTING RECORD 3.	Type of Document: Driver License Record	By whom issued and signed: Dept. of Law Enforcement	Date Issued: Oct.23,1974	Date Orig. Entry: Nov. 1, 1951	
	Date of Birth: Mar.26,1910	Birth Place: -----	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: sl Florence Curtright	Date Filed: Nov. 7,1974

FORM BH 56067

NOV 7 1974

955-204-042-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Fern Reed		2. Date Of Birth (month) (day) (year): October 4 1910
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Buhl — a. County: Twin Falls — b. City or Town of Birth: Buhl
FATHER	6. Full Name of Father: Ralph Nelson Reed		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Myrtle Elsie Whitney		9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace F English	11. Present Address of Registrant: Hanley Hill Coeur d'Alene Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 16 1974	12. Signature of Notary: Marjorie Wiles	13. Notary Commission expires: June 28 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #485		By whom issued and signed: Public Health Statistics Section, State of Washington	Date Issued: Aug.25,1950	Date Orig. Entry: child born Feb.16,1945
	Date of Birth: Age: 34	Birth Place: Buhl, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: transcript of school record		By whom issued and signed: University of Idaho, Moscow D.D.DuSault, Registrar	Date Issued: Mar.14,1952	Date Orig. Entry: Sept.26,1928
	Date of Birth: Oct.4,1910	Birth Place: Buhl, Idaho	Full Name of Mother: ---	Name of Father: Ralph N. Reed	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from family records		By whom issued and signed: Family Records/Sharon E.Baker Notary Public	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Oct.4,1910	Birth Place: ---	Full Name of Mother: Myrtle E. Whitney	Name of Father: Ralph N. Reed	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

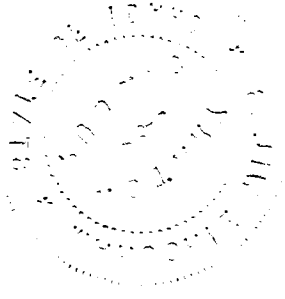
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	NOV 14 1974

K FORM BH 56067

English

NOV 15 1974



452-211-001-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-574

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jeanette Stacia Messinger			2. Date Of Birth (month) (day) (year): April 11, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Glen Everett Messinger			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Irene Catherine Hennessy			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jeanette Hennessy		11. Present Address of Registrant: Box 73, Lake Errock, B.C.
NOTARY (Seal)	Subscribed and sworn to before me on: 17 October 1974	12. Signature of Notary: [illegible]		13. Notary Commission expires: ON DEATH XX

APPLICANT — DO NOT WRITE BELOW THIS LINE

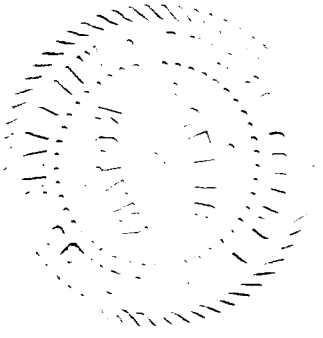
SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Glen E. Messinger and Irene Messinger	Date Issued: Aug.4,1950	Date Orig. Entry: ---
	Date of Birth: Apr.11,1910	Birth Place: Boise, Idaho USA	Full Name of Mother: Irene Messinger	Name of Father: Glen Everett Messinger	
SUPPORTING RECORD 2.	Type of Document: Statement regarding education records-Dept. of Education		By whom issued and signed: J.D.Struthers,Chief,Teacher Aword Tower,Regina, Sask.	Date Issued: Aug.14,1974	Date Orig. Entry: 1929
	Date of Birth: Apr.11,1910	Birth Place: Boise, Idaho USA	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records		By whom issued and signed: Vancouver General Hosp.,B.C., Canada,Mrs.D.Peters,Asst.MRL	Date Issued: Aug.7,1974	Date Orig. Entry: Nov.22,1963
	Date of Birth: Apr.11,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: NOV 14 1974

FORM BH 56067 NM

10-9-74 GL

NOV 15 1974



244-202-001-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-590

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ethel Lois Summers			2. Date Of Birth (month) (day) (year): September 2, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Albert L. Summers			7. State or Country of Father's Birth: Salina, Kansas
MOTHER	8. Full Maiden Name of Mother: Lilly Wilson			9. State or Country of Mother's Birth: Green County, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ethel Lois Crouch		11. Present Address of Registrant: Rt. #1 Ashton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 25 1974	12. Signature of Notary: Jayne R. Green		13. Notary Commission expires: 10-8- 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Canyon County, Idaho School Dist. #47		Date Issued: Feb. 4, 1974	Date Orig. Entry: Sept. 2, 1919
	Date of Birth: Age: 9	Birth Place: ---	Full Name of Mother: ---	Name of Father: A. L. Summers	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #180350		Date Issued: ----	Date Orig. Entry: child born Dec. 17, 1929
	Date of Birth: Age: 19	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of county register of birth #453 pg. 186	By whom issued and signed: Ada County, Idaho, reported by J.M. Taylor, M.D.		Date Issued: Nov. 22, 1974	Date Orig. Entry: Sept. 2, 1910
	Date of Birth: Sep. 2, 1910	Birth Place: Boise	Full Name of Mother: Sillia Summers (Wilson)	Name of Father: A. S. Summers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wilde	Evidence reviewed by: gml Glenda Larson	Date Filed: DEC 2 1974

FORM BH 56067 nm

11 7 64

DEC 2 1974

391-218-022-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74=595

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dallas CRAPO			2. Date Of Birth (month) (day) (year): November 18, 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: John Burnham CRAPO			7. State or Country of Father's Birth: Utah (Draper)
MOTHER	8. Full Maiden Name of Mother: Harriet Matilda HARMON			9. State or Country of Mother's Birth: Idaho (Clifton)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dallas Crapo		11. Present Address of Registrant: Route One Box 108 Roosevelt, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: November 18 19 74	12. Signature of Notary: Kaye Nash Hadlock		13. Notary Commission expires: January 8 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for marriage lic.	By whom issued and signed: Uintah County, Utah		Date Issued: Nov.20,1974	Date Orig. Entry: Applied Sept.19,1931
	Date of Birth: Nov.18,1910	Birth Place: Parker, Idaho	Full Name of Mother: Harriet Harmon	Name of Father: John B. Crapo	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Duchesne Co. School Dist. Ut.		Date Issued: Oct.15,1974	Date Orig. Entry: Oct.19,1928
	Date of Birth: Nov.18,1910	Birth Place: ----	Full Name of Mother: Harriet Crapo	Name of Father: J. B. Crapo	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age 74	By whom issued and signed: E. Howard Crapo		Date Issued: Nov.12,1974	Date Orig. Entry: ------
	Date of Birth: Nov.18,1910	Birth Place: Parker, Idaho	Full Name of Mother: Harriet Matilda Harmon	Name of Father: John Burnham Crapo	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Florence Curtright	Dec. 3,1974

FORM BH. 56067

DEC 4 1974

Mark Collins

696

219-112-036-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74— 632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert CLEO BARLOW		2. Date Of Birth (month) (day) (year): February 12 1910
	3. Color or Race: White	4. Sex: MALe	5. Place of Birth: Home County: Home - MALAD, Oneida, Idaho; b. City or Town of Birth: MALAD, ONEIDA, IdAho
FATHER	6. Full Name of Father: ELBERT Henry BARLOW		7. State or Country of Father's Birth: Bountiful, DAVIS, UtAH
MOTHER	8. Full Maiden Name of Mother: ALBERTA Alice SWEETEN		9. State or Country of Mother's Birth: Mendon, CAche, UtAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Cleo Barlow	11. Present Address of Registrant: 15308 NE 13th Place Bellevue, WN 98007
NOTARY (Seal)	Subscribed and sworn to before me on: November 29 19 74	12. Signature of Notary: [signature]	13. Notary Commission expires: [illegible] 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: LDS Church	Date Issued: Sept. 20 1973	Date Orig. Entry: Entered on Record May 1 1910
	Date of Birth: Feb. 12 1910; Birth Place: Malad, Idaho	Full Name of Mother: Alberta A. Sweeten	Name of Father: Elbert H. Barlow	
SUPPORTING RECORD 2.	Type of Document: US Army Discharge	By whom issued and signed: US Army -Cecil Brooks, Major MAC	Date Issued: June 21 1944 Discharged	Date Orig. Entry: Inducted Nov. 4 1943
	Date of Birth: Age 33Yrs; Birth Place: Malad, Idaho	Full Name of Mother: ----------	Name of Father: ---- -----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 232 6656	By whom issued and signed: United Benefit Life Insurance	Date Issued: Apr 14 1967	Date Orig. Entry: -----
	Date of Birth: Feb. 12 1910; Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

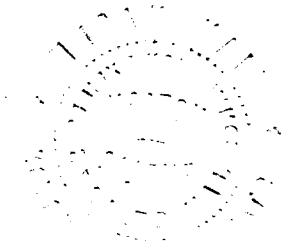
State Registrar	Evidence reviewed by	Date Filed
	Sue Lowe	Dec. 17 1974

FORM BH 56067

74

Enclosure

DEC 18 1974



173-23-025-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-643

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HARRY ALTSCHULE			2. Date Of Birth (month) 11 (day) 23 (year) 1910	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: GRANGEVILLE,	b. City or Town of Birth: GRANGEVILLE, IDAHO	
FATHER	6. Full Name of Father: Joseph Altschule			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Fannie Ethel Rashkow (RASHKOV)			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harry Altschule	11. Present Address of Registrant: 790 E. 7th No. St., Murray, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 16 19 69		12. Signature of Notary: [illegible]	13. Notary Commission expires: JUNE 19, 1970 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #8948		By whom issued and signed: State of California State File #52-176668	Date Issued: Dec.19,1969	Date Orig. Entry: child born June 30,1952
	Date of Birth: Age: 41	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital register #31320		By whom issued and signed: San Mateo,California	Date Issued: ----	Date Orig. Entry: Apr.19,1954
	Date of Birth: Nov.23,1910	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of federal census records		By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date Issued: --	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 19	Birth Place: Idaho	Full Name of Mother: Fanny Altschule	Name of Father: Joseph Altschule	
QUALIFYING INFORMATION	Photocopy of insurance policy, General American Life Ins. Co. applied for on April 24, 1957 gives birthdate as November 23, 1910 in Grangeville, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick		Evidence reviewed by: gml Glenda Larson	Date Filed: DEC 23 1974	

FORM BH 56067

11-20-69

DEC 24 1974

419-117-018-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GLEN WILSON MARTIN			2. Date Of Birth (month) 5 (day) 17 (year) 1910	
	3. Color or Race: CAUC.	4. Sex: M.	5. Place of Birth a. County: Clearwater GILBERT RIDGE Co.	b. City or Town of Birth: Near Orofino, Idaho	
FATHER	6. Full Name of Father: Bert Wilson Martin			7. State or Country of Father's Birth: Beaver City, Neb.	
MOTHER	8. Full Maiden Name of Mother: Ethel May Smith			9. State or Country of Mother's Birth: Pike Co. Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Glen W. Martin		11. Present Address of Registrant: Box 18 Juliaetta, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 20 1973	12. Signature of Notary: Ted E. Leach		13. Notary Commission expires: July 22 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #220944		Date Issued: ---	Date Orig. Entry: child born Apr.3,1934
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #1704107	By whom issued and signed: Sun Life Assurance Co. of Canada		Date Issued: ---	Date Orig. Entry: Jan.22,1944
	Date of Birth: May 17,1910	Birth Place: Gilbert, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Bert W. Martin(d.o.b. 10-20-1888		Date Issued: 26 Dec.1974	Date Orig. Entry: -------
	Date of Birth: May 17,1910	Birth Place: Gilbert,Idaho	Full Name of Mother: ---	Name of Father: Glen W. Martin	
QUALIFYING INFORMATION	Type of document: Affidavit by mother	by whom issued and signed: Ethel Mae Smith Martin (d.o.b.Oct.9, 1890)		date issued: 26 Dec.1974	---
	May 17,1910	Gilbert, Idaho	Ethel Mae Smith Martin	---	

REGISTRAR'S CERTIFICATION (seal)

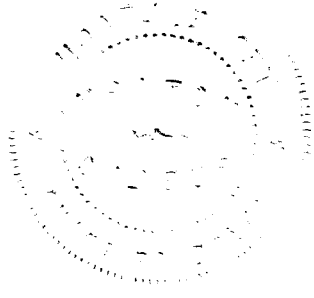
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	JAN 10 1975

FORM BH 56067

12-4-74

JAN 1 5 1975



in 719-226-022-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-061

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucinda Woodsena Parker			2. Date Of Birth (month) (day) (year): April 26, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: St. Anthony, Idaho
FATHER	6. Full Name of Father: Woodsen Daniel Parker			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Margaret McKee			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucinda Parker Cross		11. Present Address of Registrant: 308S. Division, Ritzville WA
NOTARY (Seal)	Subscribed and sworn to before me on: January 24, 1975	12. Signature of Notary: John M. Scherzow		13. Notary Commission expires: October 12 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Exerpt from church records.	By whom issued and signed: E.Godfrey White, Vicar St.Mark's Episcopal Mission Cure	Date Issued: 1-11-75	Date Orig. Entry:	
	Date of Birth: Apr.26,1910	Birth Place: St.Anthony, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Quarterly Register of Births	By whom issued and signed: Edna Burns, Deputy Fremont County, Idaho	Date Issued: 1-14-75	Date Orig. Entry: Apr. 26, 1910	
	Date of Birth: 4-26-10	Birth Place: St.Anthony	Full Name of Mother: Margaret M. Parker	Name of Father: Wood D. Parker	
SUPPORTING RECORD 3.	Type of Document: Photocopy of School Census Record.	By whom issued and signed: Edna Burns, Deputy Fremont County Idaho	Date Issued: 1-14-75	Date Orig. Entry: Sept.1,1927	
	Date of Birth: Age 17	Birth Place: ---	Full Name of Mother: --	Name of Father: Wood D. Parker	

QUALIFYING INFORMATION

Child's birth certificate Washington State File #713 shows

Lucinda W. Parker 30years old on April 6, 1941 & was born in St.Anthony.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	Margaret Davis	JAN 27 1975

FORM BH 56067

Edward G. [illegible]

JAN 2 8 1975

V3312Y·025-771

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-83

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: McLean Lemuel Kenneth		2. Date Of Birth (month) (day) (year): April 24 1910	
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Grangeville
FATHER	6. Full Name of Father: McLean Frank Harry Hugh		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Graves Ada Beatrice		9. State or Country of Mother's Birth: Kentucky	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lemuel Kenneth McLean	11. Present Address of Registrant: Fairfield, Mont	
NOTARY (Seal)	Subscribed and sworn to before me on: January 4 1975	12. Signature of Notary: Lillian Olson	13. Notary Commission expires: August 12 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from School Census Record.	By whom issued and signed: Teton County, State of Mont. Norma F. Denny Supt. of Sch.	Date Issued: 24 Jan 75	Date Orig. Entry: 1916
	Date of Birth: Apr. 24, 1910 / Birth Place: ---	Full Name of Mother: Ada McLean	Name of Father: Frank McLean	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age 83	By whom issued and signed: Raymond Norris Graves	Date Issued: 4 Jan. 75	Date Orig. Entry: ---
	Date of Birth: Apr. 24, 1910 / Birth Place: Grangeville, ID	Full Name of Mother: Ada Graves McLean	Name of Father: Frank H. McLean	
SUPPORTING RECORD 3.	Type of Document: Copy Baptismal Certificate	By whom issued and signed: St. John's church, Fairfield Mont. Rev. Gerald Lynam,	Date Issued: Dec. 24, 74	Date Orig. Entry: 5 Apr. 47
	Date of Birth: 24 Apr. 1910 / Birth Place: Grangeville, ID	Full Name of Mother: Ada Graves	Name of Father: Frank McLean	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulrick	Evidence reviewed by: Margaret Davis	Date Filed: Feb. 5, 1975

FORM BH 56067

FEB 6 1975

751-124-011-95-2

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-087

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALFRED Everett PEARSON			2. Date Of Birth: (month) 8 (day) 24 (year) 10	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County	b. City or Town of Birth: BONNERS FERRY	IDAHO
FATHER	6. Full Name of Father: HARRY H. PEARSON			7. State or Country of Father's Birth: IOWA USA	
MOTHER	8. Full Maiden Name of Mother: EMMA RESTOULE			9. State or Country of Mother's Birth: MINN. USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alfred Everett Pearson	11. Present Address of Registrant: Box 774 South Bend, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: 11-4 1974		12. Signature of Notary: James H. Sears	13. Notary Commission expires: 11-26 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Emma Restoule Pearson Quinlan	Date Issued: --	Date Orig. Entry: Dec.2,1974
	Date of Birth: Aug.24,1910	Birth Place: Bonners Ferry, Idaho	Full Name of Mother: Emma Restoule Pearson	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Copy of School Census Record		By whom issued and signed: H.M. Aldridge, Clerk Boundary County Sch. Dist.#101	Date Issued: 12-30-74	Date Orig. Entry: 9-25-16
	Date of Birth: Age 6	Birth Place: ---	Full Name of Mother: ---	Name of Father: Harry Pearson	
SUPPORTING RECORD 3.	Type of Document: U.S/ Coast Guard Identification card.		By whom issued and signed: Raymond Lumber Company South Bend, Washington	Date Issued: --	Date Orig. Entry: July 27,1942
	Date of Birth: 8/24/10	Birth Place: Bonners Ferry	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Klick		Evidence reviewed by: mdd Margaret Davis	Date Filed: Feb.6, 1975	

FORM BH 56067

FEB 7 1975

217-107-037-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-092

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glen Wilton Baxter
2. Date Of Birth (month) (day) (year): May 7, 1910.
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Owyhee
   b. City or Town of Birth: DeLamar

FATHER

6. Full Name of Father: John Thomas Baxter
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Martha Jane Brooks
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glen W. Baxter
11. Present Address of Registrant: 875 E. Chinden Blvd Meridian

NOTARY (Seal)

Subscribed and sworn to before me on: February 3 1975

12. Signature of Notary: Ira L. Craven
13. Notary Commission expires: January 15 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho File # 56-2907	-------	Child born Feb. 23, 1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 45 yrs	Delemar, Idaho	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of School Record	Boise High School by Loyle V. Washam-Supv. of Records	Jan. 31, 1975	Sept. 2, 1924

Date of Birth	Birth Place	Full Name of ~~Mother~~ Father	Name of ~~Father~~ mother
May 7, 1910	DeLamar, Idaho	John T. Baxter	

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister Age 74yrs	Ruby L. Walker	Feb. 3, 1975	---------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 7, 1910	DeLamar, Idaho	Martha Jane Brooks	John Thomas Baxter

QUALIFYING INFORMATION

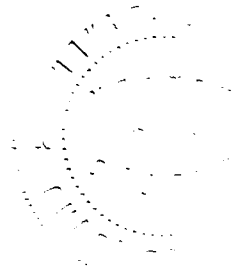
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Feb. 10, 1975

FORM BH 56067

FEB 1 0 1975



769-113-036-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-100

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Nahum Porter
2. Date Of Birth (month) (day) (year): January 13, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Oneida; b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Albert Edward Porter
7. State or Country of Father's Birth: Preston, Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Christina Peterson
9. State or Country of Mother's Birth: Franklin, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles N. Porter
11. Present Address of Registrant: 92 E 100 So Provo, Utah

NOTARY (Seal)

Subscribed and sworn to before me on: JANUARY 15 1975
12. Signature of Notary: [illegible]
13. Notary Commission expires: 7-16 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Wm. H. Carter, Clerk, L.D.S. Church	---	blessed April 3,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.13,1910	Preston, Oneida County, Idaho	Mary Peterson	Albert Porter

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle	Ernest S. Porter (bd.July 4,1888)	Mar.29,1965	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.13,1910	Preston, Idaho	Mary Christina Peterson	Albert Edward Porter

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Occidental Life Insurance Company	---	July 17,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.13,1910	Preston, Idaho	----	---

QUALIFYING INFORMATION

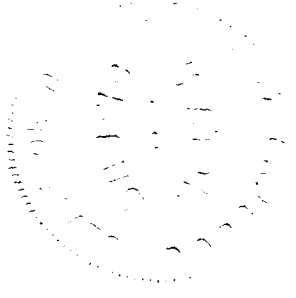
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	ses gml Margaret Davis	Feb. 12,1975

FORM BH 56067

FEB 13 1975



255202-021-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-111

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VIVIAN MAXINE BENNETT
2. Date Of Birth (month) 6 (day) 2 (year) 10
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: BOISE, Idaho
b. City or Town of Birth: BOISE

FATHER

6. Full Name of Father: ELBEN S. BENNETT
7. State or Country of Father's Birth: WISC - SAUK COUNTY

MOTHER

8. Full Maiden Name of Mother: E. MAURINE WHEELWRIGHT
9. State or Country of Mother's Birth: WISC - DANE COUNTY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vivian M. Strieber
11. Present Address of Registrant: 2517 DAHLE ST MADISON WISC

NOTARY (Seal)

Subscribed and sworn to before me on February 8 1975

12. Signature of Notary: Homer M. Peck
13. Notary Commission expires: 12-26 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Application for Insurance	New York Life Insurance Company	---	May10,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2 June 1910	Boise, Idaho	Maurine E. Bennett	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Marriage Certificate	State of Wisconsin #654	---	July 8, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
31 years	Boise, Idaho	Maurine Wheelwright	Elben S. Bennett

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Annual Account Statement Dept. of Employe Trust Funds.	Wisconsin Retirement Fund Bureau	---	Jan. 1, 1968

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6-02-10	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Margaret Davis	Feb. 19, 1975

FORM BH 56067

1-7 75

FEB 20 1975

551-230-025 -331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-130

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Evans			2. Date Of Birth (month) Dec. (day) 30 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Dayton, Idaho	b. City or Town of Birth: Dayton	
FATHER	6. Full Name of Father: Edwin Evans			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Louise A Clark			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucy Evans Robinson	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: 22 February 1975		12. Signature of Notary: Stanley W Robinson	13. Notary Commission expires: 5 May 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Marriage License		By whom issued and signed: State of Utah No.69354	Date Issued: 21 Feb.75	Date Orig. Entry: 19 Sept.1934
	Date of Birth: 23 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photocopy of own child's birth certificate		By whom issued and signed: State of Utah #53 25 0626	Date Issued: Apr 23,58	Date Orig. Entry: child born April 1, 1953
	Date of Birth: 42 years	Birth Place: Dayton, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript from church Records.		By whom issued and signed: Donald M. Bennett, Ward Clerk American Fork Sixth Ward	Date Issued: 16 Feb.75	Date Orig. Entry: 27 Dec. 1919
	Date of Birth: 30 Dec.1910	Birth Place: Dayton, Idaho	Full Name of Mother: Louise A. Clark	Name of Father: Edwin Evans	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: Feb. 25, 1975

FORM BH 56067

2-18-75

Robinson

FEB 2 6 1975

231-102 · 020-883

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-147

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melbourne Lyman Blackwell			2. Date Of Birth (month) (day) (year): April 2 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Glenns Ferry
FATHER	6. Full Name of Father: John Lyman Blackwell			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emmaline Hyland			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melbourne Lyman Blackwell		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 52-15495	Date Issued: ----	Date Orig. Entry: child born Dec.12,1952
	Date of Birth: Age 42	Birth Place: Glenns Ferry, Ida.	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age 75		By whom issued and signed: Samuel S. Blackwell	Date Issued: Mar.3,1975	Date Orig. Entry: -----
	Date of Birth: Apr.2,1910	Birth Place: Glenns Ferry, Ida.	Full Name of Mother: Emmaline Hyland	Name of Father: John Lyman Blackwell	
SUPPORTING RECORD 3.	Type of Document: Marriage License-Certificate		By whom issued and signed: Canyon County # 582	Date Issued: Jun 9,1948	Date Orig. Entry: License issued June 9,1948
	Date of Birth: Age 38	Birth Place: Glenns Ferry	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

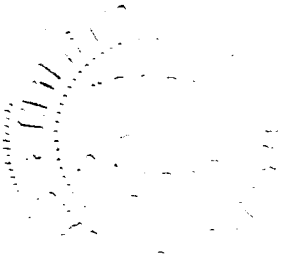
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: March 3,1975

FORM BH 56067

1-20-75

Blackwell

MAR 5 1975



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759-138-042-215

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-156

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Harold Perrine			2. Date Of Birth (month) May (day) 28 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: Silas David Perrine			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Margaret Saviers			9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John H. Perrine	11. Present Address of Registrant: Rte # Gooding Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 3-6 1975		12. Signature of Notary: Florence Curtright	13. Notary Commission expires 4-20 1978	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho -424693	Date Issued: ----	Date Orig. Entry: child born Sept. 5, 1946
	Date of Birth: Age 36	Birth Place: Twin Falls, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Age		By whom issued and signed: Record Twin Falls County Election	Date Issued: Feb.27,1975	Date Orig. Entry: Registered 1942
	Date of Birth: May 28,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Family Record Book		By whom issued and signed: The Perrine Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: May 28,1910	Birth Place: Twin Falls,Idaho	Full Name of Mother: Margaret Saviers	Name of Father: Silas David Perrine	

QUALIFYING INFORMATION

Insurance Policy issued by the Penn Mutual Life Ins. Co. # 1822579 gives name as John H. Perrine born May 8, 1910 in Twin Falls, Idaho. Policy issued April 2, 1934

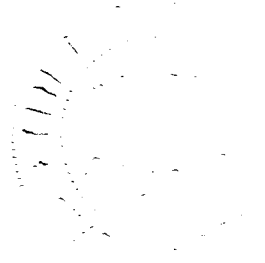
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wick	Florence Curtright	March 6,1975

FORM BH 56067

MAR 6 1975



995-27 1022-128

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-162

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alma Glen Zink			2. Date Of Birth (month) April (day) 27 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton	
FATHER	6. Full Name of Father: Clarence Michael Zink			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Celestia Ellen Ashcraft			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alma Glen Zink		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 3-10 19 75	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 19 78	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Celestia E. Lewis (Zink)		Date Issued: Jun.30,1966	Date Orig. Entry: ------
	Date of Birth: Apr.27,1910	Birth Place: Teton, Idaho	Full Name of Mother: Celestia Ellen Ashcraft	Name of Father: Clarence M. Zink	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Malheur Co. Intermediate Ed.		Date Issued: Jul.10,1974	Date Orig. Entry: Attended Oct.25,1924
	Date of Birth: Age 14	Birth Place: ----	Full Name of Mother: -----	Name of Father: C. M. Zink	
SUPPORTING RECORD 3.	Type of Document: Blessing Record	By whom issued and signed: L. D. S. Church		Date Issued: Feb.14,1950	Date Orig. Entry: Feb. 14, 1950
	Date of Birth: Apr.27,1910	Birth Place: Teton, Idaho	Full Name of Mother: Celestia Ellen Ashcraft	Name of Father: Clarence Michael Zink	

QUALIFYING INFORMATION

Own childs birth certificate on file with state of Idaho under # 366561 gives name of father as Glen Zink, age 32 as of January 3, 1943. Glen Zink born in Teton, Idaho.

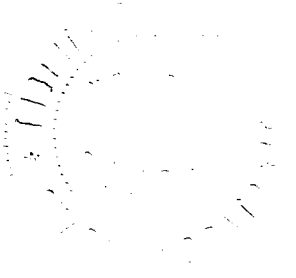
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	March 10,1974

FORM BH 56067

MAR 1 0 1975



793-103-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-182

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merlin Joseph Gilbert
2. Date Of Birth (month) (day) (year): Aug. 3, 1910
3. Color or Race: White
4. Sex: m
5. Place of Birth a. County: Fairview Oneida
b. City or Town of Birth: Fairview, Idaho

FATHER

6. Full Name of Father: Charles Gilbert
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Cole
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merlin J. Gilbert
11. Present Address of Registrant: Preston, Idaho RT 1

NOTARY (Seal)

Subscribed and sworn to before me on: March 10, 1975
12. Signature of Notary: Michael D. Kunz
13. Notary Commission expires: April 1, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Cousin Age: born May 4,1894	Frank J. Gilbert	10 Mar.1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.3,1910	Fairview, Idaho	Mary Elizabeth Cole	Charles Gilbert

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Transcript of Church Records	Martell G. Rawlings, Ward Cl.	10 Mar.75	Blessed Sept.4,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.3,1910	Fairview,Oneida, Idaho	Mary Elizabeth Cole	Charles Gilbert

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs' birth certificate	State of Idaho #283679	---	child born Aug.5,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29	Fairview, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ellick	Margaret Davis	MAR 20 1975

FORM BH 56067

MAR 21 1975

319-15022-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-188

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Melvin Alma Larsen
2. Date of Birth (month) (day) (year): March 15, 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Salem Fremont
b. City or Town of Birth: Salem Idaho

FATHER

6. Full Name of Father: Alma Benjamin Larsen
7. State or Country of Father's Birth: Utah-Cache

MOTHER

8. Full Maiden Name of Mother: Lydia Hales
9. State or Country of Mother's Birth: Utah. Bountiful

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 511 E. 1005

NOTARY (Seal)

Subscribed and sworn to before me on: March 20, 1975
12. Signature of Notary: Ellen L. Bentley
13. Notary Commission expires: Feb 13 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Membership LDS Church	Rexburg 2nd Ward Fremont Stake	Sept.28,25	Ordained 1 Apr. 1923
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	15 Mar.1910 Salem,Fremont,ID	Lydia Hales	Alma B. Larsen	
SUPPORTING RECORD 2.	Photocopy of Insurance Application	Beneficial Life Insurance Co. #219056	----	5 Nov. 1941
	Mar.15,1910 Salem, Idaho	---	---	
SUPPORTING RECORD 3.	Record of Blessing and Baptism.	Don A. Huber, Ward Clerk St.George Sixth Ward	19 Mar.1975	Blessed 17 Apr 1910
	15 Mar. 1910 Salem, Idaho	Lydia Hales	Alma Larsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 25 1975

FORM BH 56067

MAR 2 5 1975

415-230-006-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-198

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ingrid Dance		2. Date Of Birth (month) Dec. (day) 30 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County Thomas Bingham; b. City or Town of Birth Thomas
FATHER	6. Full Name of Father: William Dance		7. State or Country of Father's Birth: Utah - U.S.A
MOTHER	8. Full Maiden Name of Mother: Mary Anderson		9. State or Country of Mother's Birth: Utah - U.S.A -
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Ingrid Wynn	11. Present Address of Registrant: Springfield, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1975	12. Signature of Notary: [signature]	13. Notary Commission expires: 12-21 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Certificate of Blessing		By whom issued and signed: J.R. Williams, Bishop Thomas Ward LDS Church	Date issued: ---	Date Orig. Entry: Blessed Feb. 5, 1911
	Date of Birth: Dec.30,1910	Birth Place: Thomas, Bingham	Full Name of Mother: Mary Anderson	Name of Father: William Dance	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Baptism and Confirmation		By whom issued and signed: J.R. Williams, Bishop Thomas Ward, LDS church	Date issued: ---	Date Orig. Entry: Baptised Aug.3,1919
	Date of Birth: 30 Dec.1910	Birth Place: Thomas, Idaho	Full Name of Mother: Mary Anderson	Name of Father: Wm.Dance	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Own childs' Birth certificate		By whom issued and signed: State of Idaho #182965	Date issued: Mar.27,1974	Date Orig. Entry: Child born July 1, 1930
	Date of Birth: 19 years	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: =--	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

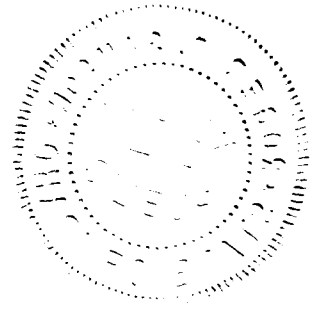
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 25 1975

K FORM BH 56067

MAR 2 6 1975

Wynn



498-112-042-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-201

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDGAR CHARLES DRYDEN			2. Date Of Birth (month) 8 (day) I2 (year) I9I0	
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Twin Falls, Twin Falls, ~~County, Hosp~~	b. City or Town of Birth: Twin Falls, Idaho	
FATHER	6. Full Name of Father: Charles Rader Dryden			7. State or Country of Father's Birth: Montezuma, Iowa	
MOTHER	8. Full Maiden Name of Mother: Verna Blanche Covault			9. State or Country of Mother's Birth: Montezuma, Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edgar C Dryden	11. Present Address of Registrant: 80I,E Ave "B",Jerome, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1975		12. Signature of Notary: Richard H. Beeley	13. Notary Commission expires: Dec. 17 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 91		By whom issued and signed: G.T. Hunt	Date Issued: 20 Mar.75	Date Orig. Entry: ---
	Date of Birth: Aug.12,1910	Birth Place: Twin Falls, ID	Full Name of Mother: Verna Blanche Dryden (covault)	Name of Father: Charles Rader Dryden	
SUPPORTING RECORD 2.	Type of Document: Photocopy of School Census		By whom issued and signed: Dist. #13, County of Gooding	Date Issued: ----	Date Orig. Entry: Sept. 1924
	Date of Birth: 8-12-10	Birth Place: ---	Full Name of Mother: --	Name of Father: C.R. Dryden	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Marriage Register		By whom issued and signed: Edith Thomason, Auditor State of Idaho, Jerome Co.	Date Issued: ---	Date Orig. Entry: 10-31-36
	Date of Birth: 26 Years	Birth Place: Twin Falls, ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Jean M. Ellick		Evidence reviewed by: Margaret Davis	Date Filed: MAR 25 197	

FORM BH 56067

Snyder

MAR 2 6 1975

449-21-8028-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-213

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY MAE MURPHY			2. Date Of Birth (month) 3 (day) 18 (year) 10	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: KOOTENAI	b. City or Town of Birth: COEUR D' ALENE	
FATHER	6. Full Name of Father: LOREN J MURPHY			7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: CALLIE FIRESTONE			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary M Garner		11. Present Address of Registrant: W2308 CARLISLE - SPOKANE WA.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1975	12. Signature of Notary: G.T. McBill		13. Notary Commission expires: Nov 15 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Exact copy of page from Family Register	By whom issued and signed: G.T. McBill, Notary State of Washington	Date Issued: 3-24-75	Date Orig. Entry: Document appears old	
	Date of Birth: Mar,18,1910	Birth Place: ---	Full Name of ~~Mother~~ Father: Loren Jehiel Murphy	Name of ~~Father~~ mother: Callie Firestone	
SUPPORTING RECORD 2.	Type of Document: Marriage Affidavit	By whom issued and signed: Jas. A. Foster County Recorder Kootenai, Idaho	Date Issued: ---	Date Orig. Entry: 11 Sept.1934	
	Date of Birth: Age 24yrs.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Copy of School Record School Dist #271	By whom issued and signed: Myra Perry, Notary Public Coeur d'Alene, Idaho	Date Issued: Mar.28,75	Date Orig. Entry: Jan.1925	
	Date of Birth: Mar.18,1910	Birth Place: Coeur d'Alene	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

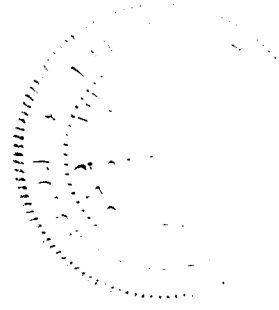
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Welch	Margaret Davis	MAR 28 1975

FORM BH 56067

Garner



614-121-012-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-219

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ovy King Waddoups		2. Date Of Birth (month) (day) (year): July 21, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Butte; b. City or Town of Birth: Moore
FATHER	6. Full Name of Father: THARA C. WADDOUPS		7. State or Country of Father's Birth: BOUNTIFUL, UTAH DAVIS COUNTY
MOTHER	8. Full Maiden Name of Mother: JOSIE KING		9. State or Country of Mother's Birth: LOGAN, UTAH CACHE COUNTY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ovy K Waddoups	11. Present Address of Registrant: 3840 East Cholla Str PHOENIX ARIS 17
NOTARY (Seal)	Subscribed and sworn to before me on: February 22 1975	12. Signature of Notary: Joseph C Burn	13. Notary Commission expires: My Commission 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file IDAHO #52-11307	Date Issued: ---	Date Orig. Entry: child born Sept.30,1952
	Date of Birth: Age: 42	Birth Place: Moore, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of notice of separation from U.S.Navy		By whom issued and signed: Butte County Recorder, Idaho	Date Issued: Aug.14,1974	Date Orig. Entry: enlisted Dec.26,1941
	Date of Birth: July 21,1910	Birth Place: Moore, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father		By whom issued and signed: Thara C. Waddoups	Date Issued: 18 Feb.1975	Date Orig. Entry: ----
	Date of Birth: July 21,1910	Birth Place: Moore,Butte,ID	Full Name of Mother: Josie King	Name of Father: Thara C. Waddoups	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	APR 1 1975

FORM BH 56067

APR 2 1975

296-207-029-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theresa Marie Kraut			2. Date Of Birth (month) 1 (day) 7 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Genesee Ida Latah	b. City or Town of Birth: Genesee	
FATHER	6. Full Name of Father: Charles Kraut			7. State or Country of Father's Birth: Also Lorraine	
MOTHER	8. Full Maiden Name of Mother: Mary Kern			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Theresa M. Anderson	11. Present Address of Registrant: 1117 W Jackson Spokane Wash 99205	
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1975		12. Signature of Notary: May P Hall	13. Notary Commission expires: Oct 8, 1978	

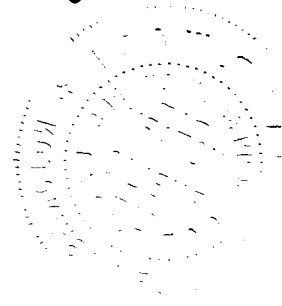
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Baptism		By whom issued and signed: St. Mary's Church, Genesee, Idaho	Date Issued: Feb.24,75	Date Orig. Entry: Baptised. Feb. 2, 1910
	Date of Birth: Jan.7,1910	Birth Place: Genesee, Idaho	Full Name of Mother: Mary Kern	Name of Father: Charles Kraut	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington #1000	Date Issued: Mar 21,1975	Date Orig. Entry: child born June 22, 1936
	Date of Birth: Age 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of employment Record		By whom issued and signed: Sacred Heart Hospital Spokane, Washington	Date Issued: Dec.1957	Date Orig. Entry: Dec.1957
	Date of Birth: Jan.7,1910	Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: APR 7 1975

FORM BH 56067

APR 7 1975



269 27 1035-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-233

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: John H Barnhouse
2. Date Of Birth (month) (day) (year): Dec. 27 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nez Perce
b. City or Town of Birth: Farm house on Webb Ridge

FATHER

6. Full Name of Father: Mellville N Barnhouse
7. State or Country of Father's Birth: Iowa U.S.A.

MOTHER

8. Full Maiden Name of Mother: Millie (Riggle) Shangle
9. State or Country of Mother's Birth: Iowa U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John H Barnhouse
11. Present Address of Registrant: April 5 1975

NOTARY (Seal)

Subscribed and sworn to before me on April 5 19 75

12. Signature of Notary: Mary Lee Lutz
13. Notary Commission expires: October 31, 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Sister (half-sister born 2-28-96)	Grace Mary Shangle Shoemaker	24 Mar.75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.27,1910 / Webb Ridge	Millie Riggle Shangle	Mellville Barnhouse	
SUPPORTING RECORD 2.	Photocopy of Life Insurance Policy Application	Veteran's Administration	29 Mar.75	13 Jan. 1942
	27 Dec.1910 / Webb, Idaho	---	---	
SUPPORTING RECORD 3.	Photocopy of Discharge Papers	Separation Center Fort Douglas, Utah	Discharged 27 June 45	Induction 14 Oct. 1940
	27 Dec.1910 / Webb, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

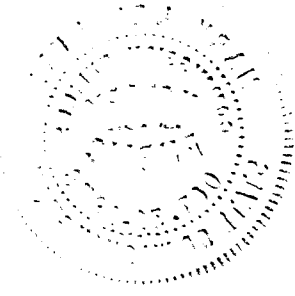
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: Margaret Davis
Date Filed: APR 8 1975

FORM BH 56067

4-2-75

APR 8 1975



25/202 021-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-240

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Barbara Shaffer Seamons
2. Date Of Birth: (month) Nov. (day) 2 (year) 1910
3. Color or Race:
4. Sex: F
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Winder, Idaho

FATHER

6. Full Name of Father: Oscar M. Seamons
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary E. Shaffer
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Barbara Shaffer Jensen
11. Present Address of Registrant: 429 West 2nd North, Logan, Utah 84321

NOTARY (Seal)

Subscribed and sworn to before me on: April 7 1975
12. Signature of Notary: Kenneth O Seamons
13. Notary Commission expires: May 8 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript from church Record.	Elmer R. Perry, Ward Clerk Dayton, Ward.	26 Jan 75	Blessed 5 Feb. 1911
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	2 Nov. 1910 / Winder, Franklin Idaho	Mary E. Shaffer	Oscar M. Seamons	
SUPPORTING RECORD 2.	Affidavit by person present at Birth. Born 1891	Marcia Porter Reid	Apr. 7, 1975	---
	Nov. 2, 1910 / Winder, Idaho	Mary Ethel Shaffer Seamons	Oscar Munroe Seamons.	
SUPPORTING RECORD 3.	Photocopy o f Marriage License Application	State of Utah, County of Cache	7 Apr 1975	10 June 1955
	Nov. 2, 1910 / Preston, Idaho	Mary Ethel Shaffer	Oscar Munroe Seamons	

QUALIFYING INFORMATION

Winder"s Post Office was Preston, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: APR 10 1975

FORM BH 56067

MP 2-27-75

APR 1 4 1975

819-119-004-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-247

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alfred Bruce Hart			2. Date Of Birth (month) Aug. (day) 19, (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Bloomington
FATHER	6. Full Name of Father: Alfred Augustus Hart			7. State or Country of Father's Birth: Bear Lake Co., Idaho
MOTHER	8. Full Maiden Name of Mother: Sarah Cecelia Patterson			9. State or Country of Mother's Birth: Bear Lake Co., Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alfred B. Hart		11. Present Address of Registrant: 107 South 500 East Hagsville, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 31, 1975	12. Signature of Notary: Barbara G. Unsworth		13. Notary Commission expires: July 11 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Certificate of Baptism and Confirmation	By whom issued and signed: A.A. Hart, Bishop LDS.	Date Issued: ---	Date Orig. Entry: Baptised Aug.19,1918
	Date of Birth: Aug.19,1910 / Birth Place: Bloomington, ID.	Full Name of Mother: Sarah Patterson	Name of Father: Alfred A. Hart	
SUPPORTING RECORD 2.	Type of Document: Copy of Certificate of Ordination	By whom issued and signed: A.A. Hart, Bishop Bear Lake Stake	Date Issued: ---	Date Orig. Entry: Ordained Mar.23,1925
	Date of Birth: 19 Aug.1910 / Birth Place: Bloomington,ID.	Full Name of Mother: Sarah C. Patterson	Name of Father: A.A. Hart (Alfred)	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: New York Life Insurance Co.	Date Issued: ---	Date Orig. Entry: 17 Oct. 1939
	Date of Birth: 19 Aug. 1910 / Birth Place: Bloomington Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: APR 14 1975

FORM BH 56067

3-10-75

APR 1 4 1975

356-110-029-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75=259

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Henry Leonard		2. Date Of Birth (month) 2 (day) 10 (year) 1910
	3. Color or Race	4. Sex	5. Place of Birth a. County: b. City or Town of Birth: PRINCETON IDAHO
FATHER	6. Full Name of Father: Henry Leonard		7. State or Country of Father's Birth: WOODLAND, CO. ILL
MOTHER	8. Full Maiden Name of Mother: Ella May Gray		9. State or Country of Mother's Birth: NEWTON CO. INDIANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Henry Leonard	11. Present Address of Registrant: 431 E. KELSO TUCSON ARIZ.
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1975	12. Signature of Notary: Nancy Clarke	13. Notary Commission expires: 11-21 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notorized family record	By whom issued and signed: Family	Date Issued: Apr.11,1975	Date Orig. Entry: original obviously old
	Date of Birth: Feb.10,1910 / Birth Place: Princeton,Idaho	Full Name of Mother: Ella May Gray	Name of Father: Henry Leonard	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle	By whom issued and signed: George Bennett	Date Issued: Mar.11,1975	Date Orig. Entry: ------
	Date of Birth: Feb.10,1910 / Birth Place: Princeton, Idaho	Full Name of Mother: May Gray	Name of Father: Henry Leonard	
SUPPORTING RECORD 3.	Type of Document: Army Discharge	By whom issued and signed: Army of the United States	Date Issued: Sept.12,1946	Date Orig. Entry: Inducted Mar.15,1942
	Date of Birth: Feb.10,1910 / Birth Place: Princeton,Ida.	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	April 24, 1975

FORM BH 56067

2-26-75

APR 2 4 1975

912-120-004-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-269

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Royal James Rasmussen.	2. Date Of Birth (month) Nov. (day) 20th (year) 1910
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: ~~Geor~~ Bear Lake	b. City or Town of Birth: Georgetown
FATHER	6. Full Name of Father: James Rasmussen	7. State or Country of Father's Birth: Mink Creek Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Emma Barkdull	9. State or Country of Mother's Birth: Georgetown Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Royal J Rasmussen; 11. Present Address of Registrant: 229 - 50 - 8th Montpelier Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 26 1975	12. Signature of Notary: [signature]; 13. Notary Commission expires: Nov. 10 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of church certificate of birth	By whom issued and signed: Bear Lake Stake, Georgetown Ward.	Date issued: 13 Feb.69	Date Orig. Entry: 1 Jan. 1911
	Date of Birth: 20 Nov.1910; Birth Place: Gerogetown	Full Name of Mother: Mary Emma Barkdull	Name of Father: James Rasmussen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership	By whom issued and signed: Salt Lake Temple	Date issued: ---	Date Orig. Entry: Blessed Jan.1,1911
	Date of Birth: Nov.20,1910; Birth Place: Georgetown	Full Name of Mother: Mary Emma Barkdull	Name of Father: James Rasmussen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Mary E. Rasmussen	Date issued: April 5,1975	Date Orig. Entry: ---
	Date of Birth: Nov.20,1910; Birth Place: Georgetown	Full Name of Mother: Mary E. Rasmussen	Name of Father: James Rasmussen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

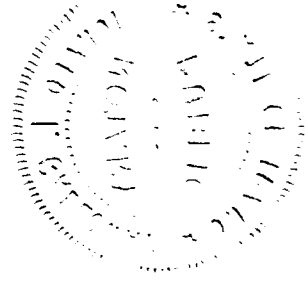
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	MAY 1 1975

FORM BH 56067

3-3-75

Permanent

MAY 2 1975



317216-009-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-272

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nonna Rose Katie Laprath
2. Date Of Birth: (month) April (day) 16 (year) 1910
3. Color or Race: white
4. Sex: F.
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Bonner — Sandpoint

FATHER

6. Full Name of Father: Thomas Jens Laprath
7. State or Country of Father's Birth: I think, Germany in 1864

MOTHER

8. Full Maiden Name of Mother: Katie Katheran Sacht
9. State or Country of Mother's Birth: Falls City , Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nonna Rose Katie Laprath (Nonna Rose Katie Laprath)
11. Present Address of Registrant: 101 N. 1st. Sandpoint,

NOTARY (Seal)

Subscribed and sworn to before me on: April 14 1975

12. Signature of Notary: Jim Parsons Jr
13. Notary Commission expires: April 1 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Brother Age 74	Hans T. Laprath	4 Apr.1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.16,1910	Sandpoint, ID.	Katie Kathern Laprath	Thomas J. Laprath

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Insurance	Great Western Mutual Assoc.	--	April 4, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
16 Apr.1910	Sandpoint, ID.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Marriage License	State of Nebraska, Boyd Co. 10 Mar.31		10 Mar.1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
20 years.	Sandpoint, ID.	Katie Sacht	Thomas J. Laprath

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

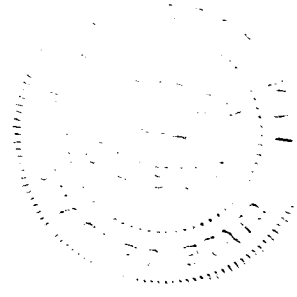
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Margaret Davis	

FORM BH 56067

4-2-76

MAY 2 1975



849-225-001-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-287

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Marian Hursey			2. Date of Birth (month) August (day) 25 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Harley John Hursey			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Hazel Beatrice Jamison			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: A. Marian Hursey		11. Present Address of Registrant: 2707 Adams Mill Rd., NW, #406 Washington, DC 20009
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 1975	12. Signature of Notary: Suzanne Lyman		13. Notary Commission expires: ____ 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Parents	By whom issued and signed: Harley J. Hursey and Hazel B. Hursey		Date Issued: 14 Nov.47	Date Orig. Entry: ---
	Date of Birth: 25 Aug.1910	Birth Place: Meridian	Full Name of Mother: Hazel B. Jamison	Name of Father: Harley J. Hursey	
SUPPORTING RECORD 2.	Type of Document: Transcript of Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: 4/4/72	Date Orig. Entry: 1 Jan 1920
	Date of Birth: Age 9	Birth Place: Idaho	Full Name of Mother: Haze B. Hursey	Name of Father: Harley J. Hursey	
SUPPORTING RECORD 3.	Type of Document: Transcript of Personnel Record	By whom issued and signed: Veterans Administration Washington D.D.		Date Issued: 8-14-1973	Date Orig. Entry: 9-4-34
	Date of Birth: Aug.25,1910	Birth Place: Meridian, ID.	Full Name of Mother: Mrs. H.J. Hursey	Name of Father: H.J. Hursey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: MAY 7 1975

FORM BH 56067

3/1/72 gmc

Jersey

MAY 7 1975

415-12-029-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-323

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ASPRAY JACOB DAVIS
2. Date Of Birth (month) (day) (year): MARCH 28 1910
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: LATAH
b. City or Town of Birth: MOSCOW

FATHER

6. Full Name of Father: WILLIS WAGNER DAVIS
7. State or Country of Father's Birth: ARKANSAS

MOTHER

8. Full Maiden Name of Mother: MARY ISABELLE ALUMBAUGH
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Aspray Jacob Davis
11. Present Address of Registrant: RT 2 - Box 369 Portland Oregon 97231

NOTARY (Seal)

Subscribed and sworn to before me on April 23 1975

12. Signature of Notary: Notary Public for Oregon
13. Notary Commission expires: January 18 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister born 1899	Grace Linnia Davis	2/27/47	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
28 Mar.1910	Moscow, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of own child's birth Certificate	State of Oregon # 54-05230	Apr.21,75	child born Feb.26,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 43.	Moscow, Idaho.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
U.S. Census Record	U.S.Dept. of Commerce Bureau of the Census	May 22,1975	April 15, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Less than one month	Idaho.	Belle Davis	Willis W. Davis

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	MAY 30 1975

FORM BH 56067

4-11-75

MAY 3 0 1975

813-114-015-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-328

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN FARRELL HALL			2. Date Of Birth: (month) MARCH (day) 14 (year) 1910	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: CARIBOU	b. City or Town of Birth: SODA SPRINGS, IDAHO	
FATHER	6. Full Name of Father: JAMES HALL			7. State or Country of Father's Birth: ENGLAND	
MOTHER	8. Full Maiden Name of Mother: ALICE DESERET HOFHINE			9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Farrell Hall	11. Present Address of Registrant: 808 East 3rd So. #2 Salt Lake City, Ut. 84102	
NOTARY (Seal)	Subscribed and sworn to before me on: May 22 1975		12. Signature of Notary: Connie Gillett	13. Notary Commission expires: May 18 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister: 10 years his senior		By whom issued and signed: Tola Hall Andersen (78 yrs)	Date Issued: 5-22-75	Date Orig. Entry: ---
	Date of Birth: Mar.14,1910	Birth Place: Soda Springs,ID	Full Name of Mother: Alice Deseret Hofhine	Name of Father: James Hall	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Utah #1162	Date Issued: May 22,75	Date Orig. Entry: child born Apr. 4,1931
	Date of Birth: 21 yrs.	Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Life Ins.		By whom issued and signed: #1459329 Canada Life Assurance Co.	Date Issued: ---	Date Orig. Entry: 23 July 1965
	Date of Birth: 14 Mar.10	Birth Place: Soda Springs,ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick		Evidence reviewed by: Margaret Davis	Date Filed: MAY 30 1975	

FORM BH 56067

4-9-95

Hall

JUN 2 1975

693-23-025-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-352

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Albert Wilson		2. Date Of Birth (month) Nov. (day) 23 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont b. City or Town of Birth: FERDINAND
FATHER	6. Full Name of Father: Albert Summner Wilson		7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Myrtle Bell Browning		9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence Albert Wilson	11. Present Address of Registrant: 2434 NE Twelfth Pla Bend Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1975	12. Signature of Notary: [illegible]	13. Notary Commission expires 9/26/ 8/31 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Discharge Papers	By whom issued and signed: Sep.Center Ft.Douglas, Utah	Date Issued: Discharged 20 Sep.45	Date Orig. Entry: Inducted 13 Apr.1942
	Date of Birth: 23 Nov.10 / Birth Place: Ferdinand, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Application for Membership	By whom issued and signed: American Home Benefit Ass,Inc. D-7860	Date Issued: ---	Date Orig. Entry: Feb.5,1940
	Date of Birth: Nov.23,1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family Record	Date Issued: Dec.8,1915	Date Orig. Entry: Dec.8,1915 Doc.Obviously old
	Date of Birth: Nov.23,1910 / Birth Place: Ferdinand, ID.	Full Name of Mother: Myrtle Belle Wilson	Name of Father: Albert Sumner Wilson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUN 12 1975

FORM BH 56067

3-15-11

JUN 17 1975

695-127-006-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-362

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harold Fielding			2. Date Of Birth (month) May (day) 27 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Jamestown, Idaho
FATHER	6. Full Name of Father: Nephi Fielding			7. State or Country of Father's Birth: Hooper, Utah
MOTHER	8. Full Maiden Name of Mother: Lillie Cannon			9. State or Country of Mother's Birth: Hooper, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harold Fielding		11. Present Address of Registrant: Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 11 1975	12. Signature of Notary: Daniel L. Harter		13. Notary Public Residing at Shelley, Idaho. My Commission Expires March 19 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Record of Baptism	By whom issued and signed: F. Waldo Hamilton, Ward Clerk Jameston, Idaho	Date Issued: 6/16/75	Date Orig. Entry: Baptised 6 July 1918	
	Date of Birth: 27 May 1910	Birth Place: Jameston, Idaho	Full Name of Mother: Lillie Cannon	Name of Father: Nephi Fielding	
SUPPORTING RECORD 2.	Type of Document: Marriage License Affidavit	By whom issued and signed: State of Idaho, County of Bonneville	Date Issued: ---	Date Orig. Entry: 12 Nov. 1938	
	Date of Birth: 28 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #402562	Date Issued: ---	Date Orig. Entry: child born 1-30-45	
	Date of Birth: 34 years	Birth Place: Shelley (Jameston)	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	Margaret Davis	JUN 16 1975

FORM BH 56067

5-30-75

Finding

JUN 16 1975

FEB 1 1977

391-130-014-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-363

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ernest Oliver Crawford
2. Date Of Birth (month) 12 (day) 30 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Canyon
b. City or Town of Birth: Caldwell Ida.

FATHER

6. Full Name of Father: Sherman Tecumseh Crawford
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Nora Belle Charlton
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ernest O Crawford
11. Present Address of Registrant: 700 Bonanza Las Vegas Nevada

NOTARY (Seal)

Subscribed and sworn to before me on 6 - 8 - 1975.

12. Signature of Notary: John F. Wall
13. Notary Commission expires: 4-21 1977

OFFICIAL SEAL
JOHN F. WALL
NOTARY PUBLIC - STATE OF NEVADA
COUNTY OF CLARK
My Comm. Expires April 21, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photocopy of page from Family Bible	Family Record	18 Apr.75	Document is obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.30,1910 / Caldwell, Idaho	---	---	
SUPPORTING RECORD 2.	Affidavit by person present at birth	Nannie Belle Kershner	24 May 75	---
	Dec.30,1910 / Caldwell, Idaho	Nora Belle Crawford	Sherman Tecumseh Crawford	
SUPPORTING RECORD 3.	Discharge papers	United States Navy Separation center, Shoemaker, CA.	Inducted 10/28/42	Discharged 12/22/45
	12/30/10 / Caldwell, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

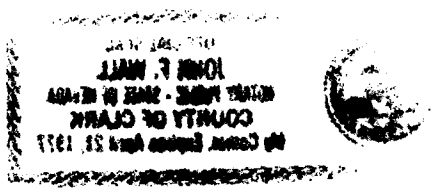
State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Margaret Davis	JUN 16 1975

FORM BH 56067

3-18-75

Conformed

JUN 16 1975



275705 1025-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75- 382

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Henry ~~Lewis~~ Louis Spengler
2. Date Of Birth: (month) Sept (day) 5 (year) 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Denver

FATHER

6. Full Name of Father: Charles August Spengler
7. State or Country of Father's Birth: Downs, Kansas

MOTHER

8. Full Maiden Name of Mother: Annna C. Mundt
9. State or Country of Mother's Birth: Iowa Bemsen

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Henry Louis Spengler
11. Present Address of Registrant: Grangeville Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 29 19 75

12. Signature of Notary: Theresa A. Nunchoff
13. Notary Commission expires: July 30 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Family Friend born Sept.1892	By whom issued and signed: France H. Myer	Date Issued: June 6,1975	Date Orig. Entry: ---
	Date of Birth: Sep.5,1910 / Birth Place: Denver	Full Name of Mother: Anna Mundt Spengler	Name of Father: Charles August Spengler	
SUPPORTING RECORD 2.	Type of Document: School transcript	By whom issued and signed: Earl Vopat Dist Supt. Joint School Dist. #241	Date Issued: May 27,1975	Date Orig. Entry: Apr. 1925
	Date of Birth: 14 years. / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Loyal Protective Life Ins.Co.	Date Issued: 5 Sept.52	Date Orig. Entry: 5 Sept.52
	Date of Birth: Sept.5,1910 / Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	md Margaret Davis	JUN 23 1975

K

FORM BH 56067

Spengler

JUN 2 3 1975

DECEASED

312-29-036-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-388

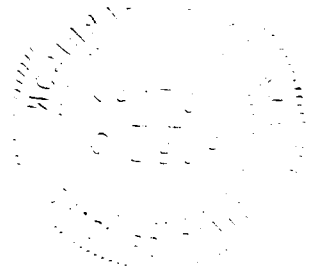
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leon Joseph Castleton			2. Date Of Birth (month) Nov. (day) 29 (year) 1910	
	3. Color or Race	4. Sex: M	5. Place of Birth a. County: Idaho — Oneida	b. City or Town of Birth: Malad	
FATHER	6. Full Name of Father: Arthur Robert Castleton			7. State or Country of Father's Birth: U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Ellen Woolley			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: [signature]	11. Present Address of Registrant: [illegible]	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1975		12. Signature of Notary: [signature]	13. Notary Commission expires: Dec. 2 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application	By whom issued and signed: Policy #65886 National Public Service Ins.	Date Issued: ---	Date Orig. Entry: 10 Jan.1956
	Date of Birth: Nov.29,1910	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Church record Transcript	By whom issued and signed: Daniel W. Perkins, Ward Cl. Malad Fourth Ward	Date Issued: 8 June 75	Date Orig. Entry: Baptised 3 May 1919
	Date of Birth: 29 November	Birth Place: 1910 Pleasantview	Full Name of Mother: Ellen Wolley	Name of Father: Arthur Robert Castleton
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: Oneida Hospital Malad City, Idaho	Date Issued: ---	Date Orig. Entry: 2/12/70
	Date of Birth: 11/29/10	Birth Place: Malad, Idaho.	Full Name of Mother: Ellen Woolley	Name of Father: Arthur R. Castleton
QUALIFYING INFORMATION	Pleasantview post office is Malad, Idaho.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: JUN 26 1975	

FORM BH 56067

JUN 27 1975



DECEASED

313-130-015-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mark McLean Lallatin			2. Date Of Birth (month) (day) (year): August 30th 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Soda Springs	
FATHER	6. Full Name of Father: Christopher Alfred Lallatin			7. State or Country of Father's Birth: Germany	
MOTHER	8. Full Maiden Name of Mother: Agnes Mark McLean			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mark M. Lallatin	11. Present Address of Registrant: Soda Springs, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 11, 1975		12. Signature of Notary: Dana Kremer	13. Notary Commission expires: Oct. 7, 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application		By whom issued and signed: Life Ins.Co. of North America	Date Issued: --	Date Orig. Entry: Aug.27,1958
	Date of Birth: Aug.30,1910	Birth Place: Soda Springs	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Transcript of Church Records		By whom issued and signed: Soda Springs Fourth Ward LDS Church. Norman Gleed,Ck.	Date Issued: june 22,75	Date Orig. Entry: Aug.30,1910
	Date of Birth: Aug.30,1910	Birth Place: Soda Springs,ID.	Full Name of Mother: Agnes McLean	Name of Father: Christian A. Lallatin	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: State of Idaho	Date Issued: 5 June 75	Date Orig. Entry: Sept. 1934
	Date of Birth: Age 24	Birth Place: Soda Springs,ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Klick		Evidence reviewed by: md Margaret Davis	Date Filed: JUL 2 1975	

FORM BH 56067

4-24-1

JUL 3 1975

312-109-020-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-406

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Rue Franklin Case
2. Date Of Birth: (month) Oct. (day) 9 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Elmore; b. City or Town of Birth: Glenns Ferry

FATHER

6. Full Name of Father: Riley Franklin Case
7. State or Country of Father's Birth: Carroll County Arkansas

MOTHER

8. Full Maiden Name of Mother: Grace A. Simmons
9. State or Country of Mother's Birth: Carroll County, Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rue Franklin Case
11. Present Address of Registrant: Box 177, Glenns Ferry, Idaho 83623

NOTARY (Seal)

Subscribed and sworn to before me on June 27, 1975 19___
12. Signature of Notary: Elaine Chapin
13. Notary Commission expires: August 31 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Photocopy of letter from Father	R.F. Case	5/19/75	Oct.9, 1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.9,1910 / ---	Grace Case	R.F. Case	
SUPPORTING RECORD 2.	Family Record (Photocopy)	Elain Chapin Idaho St. Bank. (family Record) X	5/19/75	Document obviously old
	Oct.9,1910 / ---	Grace A. Simmons	R.F.Case.	
SUPPORTING RECORD 3.	Photocopy of Marriage Return	State of Oregon. 1-963	6/18/75	Jan. 18,1932
	21 years. / Glenn's Ferry	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Klick
Evidence reviewed by: Margaret Davis
Date Filed: JUL 2 1975

FORM BH 56067

JUL 3 1975

231-129-003-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-407

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merlin Wheeler Blanchard			2. Date Of Birth (month) Sept. (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Robin
FATHER	6. Full Name of Father: Eli Davis Blanchard			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hazel E. Wheeler ~~Blanchard~~			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merlin Wheeler Blanchard		11. Present Address of Registrant: Arimo, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 19, 19 75	12. Signature of Notary: John B Bowen		13. Notary Commission expires: October 25, 19 76

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt born Oct.6 1896		By whom issued and signed: Barbara Burton	Date issued: 6/13/75	Date Orig. Entry: ---
	Date of Birth: 9/29/10	Birth Place: Robin, Idaho	Full Name of Mother: Hazel W. Blanchard	Name of Father: Eli D. Blanchard	
SUPPORTING RECORD 2.	Type of Document: Application to Marry		By whom issued and signed: State of Utah, County of Cache	Date issued: 12 June 75	Date Orig. Entry: 22 Oct. 45
	Date of Birth: 9/29/10	Birth Place: Robin, Idaho	Full Name of Mother: Hazel Wheeler	Name of Father: Eli Davis Blanchard	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing		By whom issued and signed: Garden Creek Ward, LDS church	Date issued: ---	Date Orig. Entry: 4 Dec.1910
	Date of Birth: 29 Sept. 1910	Birth Place: GardenCreek*	Full Name of Mother: Hazel Wheeler	Name of Father: Eli D. Blanchard	

QUALIFYING INFORMATION: Garden Creek Ward and Robin are one and the same.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JUL 2 1975

K FORM BH 56067

6-9-75

Blanchard

JUL 3 1975

DECEASED

Oscar Arnell
Clarence Lindsay
292-108-004-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=411

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Roscoe Alfred Bischoff			2. Date Of Birth (month) Oct (day) 8 (year) 1910
	3. Color or Race	4. Sex: M	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Geneva, Idaho.
FATHER	6. Full Name of Father: Alfred Bischoff			7. State or Country of Father's Birth: Montpelier, Idaho
MOTHER	8. Full Maiden Name of Mother: Eliza Tuescher			9. State or Country of Mother's Birth: Bern, Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Roscoe Alfred Bischoff		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1975	12. Signature of Notary: Byron P. Cammack		13. Notary Commission expires: 3-1- 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

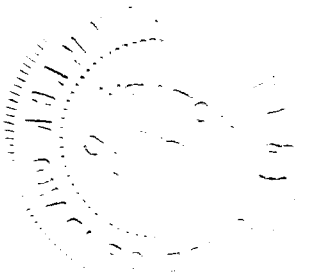
SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Temple, Logan Utah	Date Issued: 1975	Date Orig. Entry: Blessed Dec.4,1910
	Date of Birth: Oct.8,1918 / Birth Place: Geneva, Idaho	Full Name of Mother: Eliza Tuescher	Name of Father: Alfred Bischoff	
SUPPORTING RECORD 2.	Type of Document: Church birth certificate	By whom issued and signed: LDS church, Salt Lake City	Date Issued: 6/9/75	Date Orig. Entry: 4 Dec.1910
	Date of Birth: 8 Oct.1910 / Birth Place: Geneva, Idaho	Full Name of Mother: Eliza Tuescher	Name of Father: Alfred Bichoff	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend of family	By whom issued and signed: Lyman N. Tueller	Date Issued: 1 July 75	Date Orig. Entry: ---
	Date of Birth: Oct.8,1910 / Birth Place: Geneva, ID. (Age 79)	Full Name of Mother: Eliza Tuescher	Name of Father: Alfred Bischoff	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Welch	Evidence reviewed by: md Margaret Davis	Date Filed: JUL 3 1975

FORM BH 56067

10/3/74

JUL 7 1975



515-203-028-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-414

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lola Iola Nance		2. Date Of Birth (month) November (day) 3 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Lake Creek, Kootenai; b. City or Town of Birth: Lake Creek, Idaho
FATHER	6. Full Name of Father: Enios Streeter Nance		7. State or Country of Father's Birth: Wilksbora, N.C.
MOTHER	8. Full Maiden Name of Mother: Luetta Marlow		9. State or Country of Mother's Birth: Wilksbora, N.C.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lola I. House	11. Present Address of Registrant: 1490 Primm ave S.J.
NOTARY (Seal)	Subscribed and sworn to before me on: May 8, 1975	12. Signature of Notary: Manuel Montes	13. Notary Commission expires: Oct. 30, 1978 95-122

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of Application for Marriage License		By whom issued and signed: State of Nevada	Date issued: 29 Apr.1975	Date Orig. Entry: 19 Dec. 31
	Date of Birth: 21 years	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of California #269	Date issued: ---	Date Orig. Entry: child born Aug.25,1935
	Date of Birth: 24 years.	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Luetta Nance	Date issued: 18 June 75	Date Orig. Entry: ---
	Date of Birth: Nov.3,1910	Birth Place: Lake Creek	Full Name of Mother: Luetta Marlow	Name of Father: Enios Streeter Nance	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JUL 8 1975

FORM BH 56067

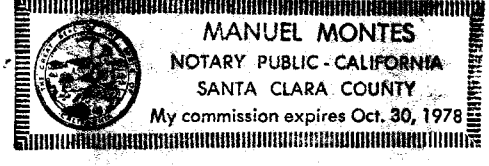
STATE OF CALIFORNIA, } ss.
County of Santa Clara }

On this 8th day of May in the year one thousand nine hundred and seventy 75

before me, Manuel Montes a Notary Public in and for the County of Santa Clara, State of California, personally appeared Lola I. House

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at my office in the County of Santa Clara, the day and year in this certificate first above written.



Manuel Montes

(General) Notary Public in and for the County of Santa Clara, State of California

PATERSON FORM 2-36 General Acknowledgement

JUL 7 1975

855-11-036-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-428

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harlan Woodland Henderson
2. Date Of Birth (month) (day) (year): November 11 1910
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Oneida
   b. City or Town of Birth: Clifton

FATHER

6. Full Name of Father: John Henry Henderson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Polly Myrtle Woodland
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harlan W. Henderson
11. Present Address of Registrant: Oakland, Ca.

NOTARY (Seal)
* Notary form on Reverse

Subscribed and sworn to before me on: 16 day of June 1975

12. Signature of Notary: Barbara C. Castanza
13. Notary Commission expires: May 26, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Northern States Mission of LDS Church	---	June 15, 1919
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 11, 1910 / Clifton, ID.	---	---	
SUPPORTING RECORD 2.	Certificate of Blessing	Clifton Ward, LDS Church	April 2, 1911	Blessed 4/2/11
	Nov. 11, 1910 / Clifton, ID.	Pollie Woodland	John H. Henderson	
SUPPORTING RECORD 3.	Insurance Application	Bankers Life Company, Des Moines, Iowa	27 June 39	27 June 39
	11 Nov. 1910 / Clifton, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: md Margaret Davis
Date Filed: JUL 14 1975

FORM BH 56067

JUL 14 1975

State of California
County of Contra Costa } ss

— ACKNOWLEDGMENT—General —

On this 16 day of June A. D. 1975 before me, Barbara C. Costanza a Notary Public in and for the said County and State, residing therein, duly commissioned and sworn, personally appeared Harlan Woodward Henderson

known to me to be the person whose name is subscribed to the within Instrument, and acknowledged to me that he executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in this Certificate first above written.

Barbara C. Costanza
Notary Public in and for said County and State of California

My Commission Expires May 26, 1978

OFFICIAL SEAL
BARBARA C. COSTANZA
NOTARY PUBLIC-CALIFORNIA
CONTRA COSTA COUNTY
My Commission Expires May 26, 1978

4935 Tahoe Circle, Martinez, CA, 94553

Form GA — Sam Hopkins Legal Forms Printing Service, 2328 Fruitvale Ave., Oakland, Calif.

389-226-066 -719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-429

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernice Lorraine Christensen
2. Date Of Birth: (month) Aug. (day) 26 (year) 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County Riverside Bingham; b. City or Town of Birth Idaho, Riverside

FATHER

6. Full Name of Father: Hans C Christensen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Catholeen Minnie Catholeen Parsons
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernice L. Harbaugh
11. Present Address of Registrant: Santa Rosa, Ca 70 Seguoia Circle

NOTARY (Seal)

Subscribed and sworn to before me on July 7th 1975

12. Signature of Notary: Marilyn Sandrock
13. Notary Commission expires: 4-24-1979

NOTARY PUBLIC - CALIFORNIA
SONOMA COUNTY
My Commission Expires April 24, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: A history of Thomas Ward and Surrounding Communities	By whom issued and signed: Published by Thomas H. Williams in 1957 in Blackfoot.	Date Issued: 7/11/75	Date Orig. Entry: 1957
	Date of Birth: Aug. 26, 1910 / Birth Place: Riverside, Idaho	Full Name of Mother: Minnie Catholeen Parsons	Name of Father: Hans C. Christensen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: J.R. Williams, Bishop LDS	Date Issued: --	Date Orig. Entry: Baptised Sept. 3, 1921
	Date of Birth: 26 Aug. 1910 / Birth Place: Bingham ct., ID.	Full Name of Mother: Catherine Parsons	Name of Father: Hans Christensen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of California #3199	Date Issued: 5/9/67	Date Orig. Entry: Child born 3/6/39
	Date of Birth: 28 years / Birth Place: Bingham county, ID	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Margaret Davis	JUL 14 1975

FORM BH 56067

6-26-75

JUL 1 5 1975

343-208-014-25-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE: 75-446

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Ada Cullen			2. Date Of Birth (month) May (day) 8 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Caldwell~~ Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: George Marion Cullen			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Susie Mae Berry			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Myrtle A. Johnson	11. Present Address of Registrant: #725 Climax	
NOTARY (Seal)	Subscribed and sworn to before me on: July 16 1975		12. Signature of Notary: Wm. D. Milne	13. Notary Commission expires: 7-30-1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Marriage License		By whom issued and signed: State of Oregon, Klamath Falls, Oregon	Date Issued: 16/7/75	Date Orig. Entry: 10/2/1971
	Date of Birth: May 8,1910	Birth Place: Caldwell, ID.	Full Name of Mother: Susie Berry	Name of Father: George Cullen	
SUPPORTING RECORD 2.	Type of Document: Copy of Birth Announcement		By whom issued and signed: Wm. D. Milne, Notary Klamath Falls	Date Issued: 7/16/75	Date Orig. Entry: May 8, 1910
	Date of Birth: May 8,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: St.Mary's Hospital Walla Walla, Washington	Date Issued: 23 July 75	Date Orig. Entry: child born 1 July 1944
	Date of Birth: May 8,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Welch	md Margaret Davis	JUL 28 1975

FORM BH 56067 1 yr Pd. Rec # 12314

7-7-75

Johnson

JUL 2 9 1975

463-126-039-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-460

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALBERT CHRISTIAN DOCKTER		2. Date Of Birth (month) (day) (year): OCTOBER 26 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: AMERICAN FALLS - POWER; b. City or Town of Birth: AMERICAN FALLS
FATHER	6. Full Name of Father: JOHN DOCKTER		7. State or Country of Father's Birth: RUSSIA
MOTHER	8. Full Maiden Name of Mother: EMMA MAYER DOCKTER		9. State or Country of Mother's Birth: GERMANY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Dockter	11. Present Address of Registrant: 1413 G St. RuPert, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 1975	12. Signature of Notary: Augusta Reekke Clerk of the Court	13. Notary Commission expires: JANUARY 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptisamal record		By whom issued and signed: T.A. Schmidt, Evang. Pastor	Date Issued: 12 May 11	Date Orig. Entry: Baptised 12 May 11
	Date of Birth: 26 Oct.1910	Birth Place: American Falls	Full Name of Mother: Emma Meyer	Name of Father: Johann Dokter	
SUPPORTING RECORD 2.	Type of Document: Employee Membership Record		By whom issued and signed: Public Employee Retirement System of Idaho	Date Issued: 5/27/70	Date Orig. Entry: 5/31/69
	Date of Birth: Oct.26,1910	Birth Place: American Falls	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #240722	Date Issued: 7/14/75	Date Orig. Entry: child born 1/10/36
	Date of Birth: 25 years.	Birth Place: American Falls	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

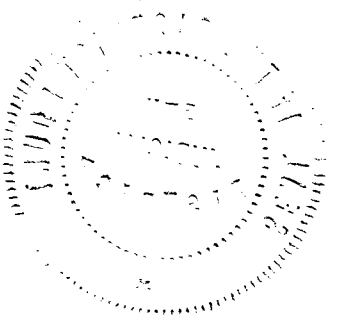
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 1 1975

FORM BH 56067

AUG 1 1975



85/29-006-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-464

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EUGENE VESTAL YEAMAN
2. Date Of Birth (month) SEPT. (day) 29 (year) 1910
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: IDAHO BINGHAM
b. City or Town of Birth: BLACKFOOT

FATHER

6. Full Name of Father: ANDREW JACKSON YEAMAN
7. State or Country of Father's Birth: IDAHO (BANNOCK Co.)

MOTHER

8. Full Maiden Name of Mother: MARY BELLE BLOXHAM
9. State or Country of Mother's Birth: IDAHO (BANNOCK Co.)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: E Vestal Yeaman
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on July 28 1975

12. Signature of Notary: Dale Leslie
13. Notary Commission expires 6-5- 1976.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
National Guard Discharge	National Guard of the U.S. F.C. Hammel, Commanding Off.	Enlisted Aug. 4, 1931	Discharge 10 Nov. 32

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21 years. (at enlistment)	Blackfoot, ID.	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #58-11952	9/15/53	Sept. 2, 1958 child born

Date of Birth	Birth Place	Full Name of Mother	Name of Father
47 Years.	Blackfoot, ID.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Transcript	Jay L. Nielsen, Bishop LDS church	27/6/75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept. 29, 1910	Blackfoot, ID.	---	---

QUALIFYING INFORMATION

Affidavit by Aunt, Mrs. Bessie Bloxham Cox, states that Eugene Vestal Yeaman was The son of Andrew Jackson Yeaman and Mary Belle Bloxham Yeaman. Dated 7/28/75

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

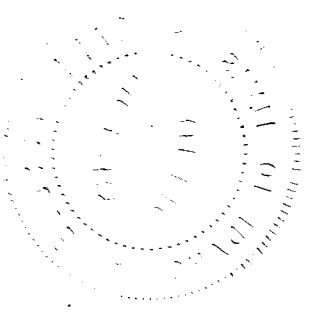
State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: AUG 4 1975

FORM BH 56067

7-28-75

AUG 5 1975

FEB 2 6 2001



613-126-01-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-466

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sidney Phillip Walden			2. Date Of Birth (month) August (day) 26 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonners Ferry Boundary	b. City or Town of Birth: Bonners Ferry, Idaho
FATHER	6. Full Name of Father: John Anton Walden			7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Agda Maria Valien			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sidney P. Walden		11. Present Address of Registrant: 102 Crestview Drive Colville, Wa. 99114
NOTARY (Seal)	Subscribed and sworn to before me on July 28 19 75	12. Signature of Notary: Ivar Walden		13. Notary Commission expires July 24 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Uncle Age 82		By whom issued and signed: Ivar Wallin	Date Issued: 11 May 75	Date Orig. Entry: ---
	Date of Birth: Aug.26,1910	Birth Place: Bonners Ferry	Full Name of Mother: Agda Maria Valien Walden	Name of Father: John Anton Walden	
SUPPORTING RECORD 2.	Type of Document: School Transcript		By whom issued and signed: H.M. Aldridge,Clerk Boundary County School Dist.#101	Date Issued: 5/13/75	Date Orig. Entry: 9/1/30
	Date of Birth: Aug.26,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: John Waldon	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington #638	Date Issued: May 9,75	Date Orig. Entry: child born Mar.29,1938
	Date of Birth: 27 years.	Birth Place: Bonners Ferry	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: AUG 4 1975

FORM BH 56067

4-10-

AUG 1 8 1975
SEP 2 4 1975

DECEASED

319-119-029-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=478

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenn Tarbox		2. Date Of Birth (month) (day) (year): December 19, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah; b. City or Town of Birth: Bovill
FATHER	6. Full Name of Father: Odin Homer Tarbox		7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Ella Mae Morton		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glenn Tarbox	11. Present Address of Registrant: 106 Hastings Ave. Missoula Mont. 59801
NOTARY (Seal)	Subscribed and sworn to before me on: March 27 1975	12. Signature of Notary: Diana R. Moore	13. Notary Commission expires: For State of Montana, City of Missoula May 22, 1975

"APPLICANT— DO NOT WRITE BELOW THIS LINE"

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Walter H. Tarbox Age:64	Date issued: Aug.21,1964	Date Orig. Entry: ---
	Date of Birth: Dec.19,1910	Birth Place: Bovill, Idaho	Full Name of Mother: Ella Mae Morton	Name of Father: Odin Homer Tarbox
SUPPORTING RECORD 2.	Type of Document: Copy of U.S. Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Nov.21,1974	Date Orig. Entry: April 1,1930
	Date of Birth: 19 years.	Birth Place: Idaho	Full Name of Mother: Mae Tarbox	Name of Father: Odin Tarbox
SUPPORTING RECORD 3.	Type of Document: Transcript of Clinic Record	By whom issued and signed: The Western Montana Clinic	Date issued: Aug.6,75	Date Orig. Entry: 9/2/64
	Date of Birth: 12/19/10	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

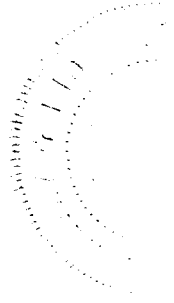
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	AUG 8 1975

FORM BH 56067 1cp pd. 10-9-74 gml

AUG 8 1975



753-205-021-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-484

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Oneta Petersen			2. Date Of Birth (month) June (day) 5 (year) 1910
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Oxford
FATHER	6. Full Name of Father: James Franklin Petersen			7. State or Country of Father's Birth: Hyde Park, Cache Co. Utah
MOTHER	8. Full Maiden Name of Mother: Edith Hawkes			9. State or Country of Mother's Birth: Hyde Park, Cache Co. Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Oneta Petersen Dorge		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on August 11 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Washakee Co. Worland, Wyo.	Date Issued:	Date Orig. Entry: Graduated H.S. 1928	
	Date of Birth: Jun.5,1910	Birth Place: Oxford, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership	By whom issued and signed: L.D.S.Church	Date Issued: May 24,1930	Date Orig. Entry: Blessed Sept.4,1910	
	Date of Birth: Jun.5,1910	Birth Place: Oxford, Idaho	Full Name of Mother: Edith Hawkes	Name of Father: James F. Petersen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Cousin Age 83	By whom issued and signed: Maud Petersen Hyer	Date Issued: Aug.8,1975	Date Orig. Entry: ------	
	Date of Birth: Jun.5,1910	Birth Place: Idaho	Full Name of Mother: Edith Hawkes	Name of Father: James Franklin Petersen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Aug.11,1975

FORM BH 56067

AUG 1 1 1975

597-220-029-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-490

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Audrey Nigh
2. Date of Birth (month) (day) (year): April 20th 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Cameron, Ida. Latah
b. City or Town of Birth: Cameron, Idaho

FATHER

6. Full Name of Father: Amos Nigh
7. State or Country of Father's Birth: Indiana (Flora)

MOTHER

8. Full Maiden Name of Mother: Sarah Jane Lane
9. State or Country of Mother's Birth: Arkansas (Boonville)

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary A. Nahlen
11. Present Address of Registrant: 2524 greenleaf Anaheim Calif.

NOTARY (Seal)

Subscribed and sworn to before me on 11/22 1973

12. Signature of Notary: Peggy M Perkins
13. Notary Commission expires: May 22, 1977

OFFICIAL SEAL
PEGGY M. PERKINS
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
My Commission Expires May 22, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

640 S. Hathaway, Santa Ana, CA 92705	Type of Document: photocopy of pagesin Bible	By whom issued and signed: Family records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Apr.20,1910	Birth Place: ---	Full Name of Mother: Sara J. Lane	Name of Father: Amos Nigh
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Whitman County Washington	Date Issued: ---	Date Orig. Entry: child born Feb.15,1933
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Application for Examination	By whom issued and signed: State Personnel Board State of California	Date Issued: 2/25/60	Date Orig. Entry: 2/25/60
	Date of Birth: 4/20/1910	Birth Place: Cameron, ID.	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Mick
Evidence reviewed by: gml Margaret Davis
Date Filed: AUG 12 1975

FORM BH 56067

AUG 1 3 1975

766-208-003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-492

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 15 10 48 AM 74

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Louenia Gooch		2. Date Of Birth (month) (day) (year): September 8 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Chesterfield Ida. Bannock b. City or Town of Birth
FATHER	6. Full Name of Father: George Melvin Gooch		7. State or Country of Father's Birth: Richmond, Cache - Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Lovenia Tolman		9. State or Country of Mother's Birth: Bountiful, Davis County Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta G. Jenkins	11. Present Address of Registrant: Bancroft, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 21 1974	12. Signature of Notary: Christina Hatch	13. Notary Commission expires: Nov. 1. 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of Church Records	By whom issued and signed: Bancroft Ward Clerk	Date Issued: 3/27/73	Date Orig. Entry: Blessed Nov. 6, 1910	
	Date of Birth: 9/8/1910	Birth Place: Chesterfield	Full Name of Mother: Sarah L. Tolman	Name of Father: George M. Gooch	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Pacific National Life Assur.	Date Issued: 14 Nov. 46	Date Orig. Entry: 14 Nov. 46	
	Date of Birth: 8 Sept. 1910	Birth Place: Chesterfield	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Genealogical Records	By whom issued and signed: L.D.S. Church	Date Issued: 8 Aug 75	Date Orig. Entry: Baptised 26 April 1919	
	Date of Birth: 8 Sept. 1910	Birth Place: Bannock County	Full Name of Mother: Sarah Lavenia Tolman	Name of Father: George Melvon Gooch	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 13 1975

FORM BH 56067 NM

G 10-4-74 mk

[illegible]

AUG 14 1975

165-29-024-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-494

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sterling B. Jones
2. Date of Birth (month) (day) (year): Sept. 29 1910
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Idaho — b. City or Town of Birth: Gooding

FATHER

6. Full Name of Father: David Herbert Jones
7. State or Country of Father's Birth: Salt Lake City, Utah

MOTHER

8. Full Maiden Name of Mother: Mae Webb
9. State or Country of Mother's Birth: Lehi, Arizona

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sterling B Jones
11. Present Address of Registrant:

Subscribed and sworn to before me on: August 8, 1975

12. Signature of Notary: Judith G. Helgeson
13. Notary Commission expires: June 24, 1978

NOTARY SEAL — JUDITH A. HELGESON — NOTARY PUBLIC - CALIFORNIA — Principal Office in Los Angeles County — My Commission Expires June 24, 1978 — OFFICIAL SEAL

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Own childs' birth certificate	Sept.29,1910	Gooding, Id.	West Texas Hospital, Lubbock Texas	---	26 Mar.75	---	child born 18 Jan 46
SUPPORTING RECORD 2.	Insurance application #906360	29 Sept.10	Gooding, Idaho	American National Life Ins. Galveston, TX	---	26 Mar.75	---	31 Jan.44
SUPPORTING RECORD 3.	Temple Recommend	Sept.29,1910	Gooding	Baldwin Park Ward Pasedena Stake, LDS Church	May Webb	8/8/75	David H. Jones	Sep.30,1949

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: AUG 15 1975

FORM BH 56067

AUG 1 5 1975

799-125-035-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-504

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: John Long Griffin
2. Date of Birth (month) Sept (day) 25 (year) 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Myrtle, Nez Perce — b. City or Town of Birth: Myrtle Idaho

FATHER

6. Full Name of Father: John Long Griffin
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: LaVerna Tingler
9. State or Country of Mother's Birth: West Virginia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: John L. Griffin
11. Present Address of Registrant: Box 104 Johnsonville, Calif

Subscribed and sworn to before me on: August 15 1975

12. Signature of Notary: Roberta A. Greenwood
13. Notary Commission expires: 11-23 1975

OFFICIAL SEAL ROBERTA A. GREENWOOD NOTARY PUBLIC-CALIFORNIA KERN COUNTY My Commission Expires Nov. 23, 1975 #8 Sierra Way, Kernville, CA

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit-Mother	LaVerna Miller	5/July 74	----
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Sept. 25, 1910 Myrtle	LaVerna Tingler	John Long Griffin	

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S. Department of Commerce Bureau of the Census	7/27/73	1 Jan. 1920
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
9 years. Idaho.	LaVerna A. Griffin	John L. Griffin	

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Virginia Mason Hospital Seattle, Washington	12/25/48	child born Dec. 25, 1948
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Sept. 25, 1910 Idaho.	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 26 1975

FORM BH 56067

1 copy paid rec. 9109

2nd form sent 6/5/74 gml

Griffin

AUG 2 7 1975

6.14-209-010-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-514

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Luella Merl Wadsworth
2. Date Of Birth (month) (day) (year): August 9 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Taylor, Bonneville
b. City or Town of Birth: Taylor, Bonneville, IDAHO

FATHER

6. Full Name of Father: Bertie Wadsworth
7. State or Country of Father's Birth: Utah, Weber, Hooper

MOTHER

8. Full Maiden Name of Mother: Eliza Jane Stoddard
9. State or Country of Mother's Birth: Utah, Weber, Hooper-

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Luella M (Billie) Chamberlain
11. Present Address of Registrant: Santa Clara, Calif 204 Mark Twain Court

NOTARY (Seal)

Subscribed and sworn to before me on: Aug 20 1975

12. Signature of Notary: Louise Parker
13. Notary Commission expires: 19 [illegible]

LOUISE PARKER
NOTARY PUBLIC-CALIFORNIA
COUNTY OF SANTA CLARA
My Commission Expires Aug. 26, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle born 22 Dec. 1896	Lester Wadsworth	1975	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 9, 1910	Taylor, ID.	Eliza Jane Stoddard	Bertie Wadsworth

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Idaho Falls High School Record	Idaho Falls, High School	9/12/27	9/12/27

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8/9/10	---	---	Bert Wadsworth

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	Taylor Ward Lester Wadsworth, Clerk	8/27/75	baptised Sept. 6, 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 9, 1910	Taylor	Eliza Jane Stoddard	Bertie Wadsworth

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hick	Margaret Davis	AUG 27 1975

FORM BH 56067

AUG 2 8 1975

229204-028-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-515

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LUCILLE BERNEDENE SKINNER			2. Date Of Birth: (month) SEPT (day) 4 (year) 1910	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth: a. County: Kootenai	b. City or Town of Birth: Hayden Lake	
FATHER	6. Full Name of Father: FRED MOORE SKINNER			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Emma Lola Scott			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lucille B. Hallgren	11. Present Address of Registrant: 7405 W 24th Ave Vancouver, BC	
NOTARY (Seal)	Subscribed and sworn to before me on: January 18th 1975		12. Signature of Notary: A Notary Public in and for the Province of British Columbia	13. Notary Commission expires: Lifetime 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage		By whom issued and signed: Government of the Province of Alberta	Date Issued: --	Date Orig. Entry: 23 Nov. 1932
	Date of Birth: 22 Years	Birth Place: Hayden Lake, ID.	Full Name of Mother: Emma Scott	Name of Father: Fred Skinner	
SUPPORTING RECORD 2.	Type of Document: Birth Announcement		By whom issued and signed: Mr.& Mrs. F.M. Skinner	Date Issued: ---	Date Orig. Entry: Sept.4, 1910
	Date of Birth: Sept.4,1910	Birth Place: Hayden Lake, Id	Full Name of Mother: Mrs. F.M. Skinner	Name of Father: F.M.Skinner	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: Province of Alberta,CAN. #1652 of 1933	Date Issued: 12/8/1975	Date Orig. Entry: child born 12 Apr. 1933
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	AUG 27 1975

FORM BH 56067

14 Pk. Rec 02298

11-5-74

AUG 2 8 1975

217 - 218-006-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE:75-519
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Goshen
(c) Street Address or R.F.D. No. R 2
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hospital or Maternity Home ..... Days
In **THIS** county 10 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Goshen
(d) Street Address or R.F.D. No. R 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address (For registration notice):
2863 Quincy Ave - Ogen Utah.
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Amelda Saxton

5. **DATE OF BIRTH** (Month, day, year) 8-18-1918

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Octavia Wright Saxton

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Garden City. Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel L. Christensen

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Hyrum, Utah,
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 45 P M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hazel L. Saxton, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Edwin Cutler M.D.
(D.O., Midwife, etc.)
and address Shelley Ida Date 10-26-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. ... be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

AUG 2 9 1975

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of none

(b) Labor: Complications: none

Induced? no

(c) State all operations for delivery none

DELAYED

(d) Did baby have any:

(1) Congenital Malformation? no

Describe:

(2) Birth Injury? no

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. no Pos..... Neg.....

(e) Signature of Physician:

Edwin Cutter M.D.

331-10-066-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=532

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Leonidas Clark		2. Date Of Birth (month) (day) (year): November 4. 1910
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Taylor, Bingham b. City or Town of Birth
FATHER	6. Full Name of Father: Henry Clark		7. State or Country of Father's Birth: Webs Utah
MOTHER	8. Full Maiden Name of Mother: Lydia M. Wadsworth		9. State or Country of Mother's Birth: Webs, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne L Clark	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 3 1975	12. Signature of Notary: Marilyn Jordan	13. Notary Commission expires: 9-1 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of Church Record		By whom issued and signed: LDS Church Ward Idaho Falls 24th Ward Bishopric	Date Issued: 8/30/75	Date Orig. Entry: 1941
	Date of Birth: 4 Nov. 1910	Birth Place: Taylor	Full Name of Mother: Lydia M. Wadsworth	Name of Father: Henry Clark	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Idaho Falls LDS Hospital	Date Issued: 9/26/72	Date Orig. Entry: 12/20/55
	Date of Birth: 45 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage License		By whom issued and signed: State of Montana No. 3477	Date Issued: 9/8/75	Date Orig. Entry: 5 Feb. 1934
	Date of Birth: 23 years	Birth Place: Taylor, Idaho.	Full Name of Mother: Lydia Wadsworth	Name of Father: Henry Clark	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

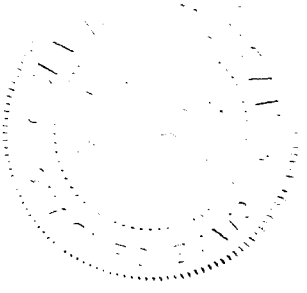
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	SEP 8 1975

FORM BH 56067

8-29-75

Chamber

SEP 9 1975



813218.016-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-542

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Celia Rachel Hale
2. Date Of Birth: (month) 11 (day) 18 (year) 10
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth: a. County: Oakley Ida Cassia; b. City or Town of Birth: Oakley

FATHER

6. Full Name of Father: Wallace Arvel Hale
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Annie Penola Dayley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Celia H. Paskett
11. Present Address of Registrant: Oakley, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on September 3rd 1975

12. Signature of Notary: Celta Hunter
13. Notary Commission expires: May 8 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by person present at birth	Rachel H. Tuttle Age 83	4 Sept.75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov. 18, 1910 Oakley	Penola D. Hale	Wallace A.	
SUPPORTING RECORD 2.	Church Membership Record	Oakley Ward Cassia Stake	9/Mar./73	Blessed 1 Jan.1911
	18 Nov.10 / Oakley, Idaho	Penola Dayley	Wallace A. Hale	
SUPPORTING RECORD 3.	Employee Benefit Program Enrollment Form	Deseret Mutual Benefit Assoc.	10/22/70	10/22/70
	18 Nov.10 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

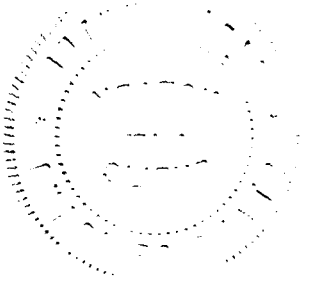
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: SEP 11 1975

FORM BH 56067

E-21-75

SEP 11 1975



994407.014-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Albert Riddle			2. Date Of Birth (month) (day) (year): Nov. 7, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: John Elmo Riddle			7. State or Country of Father's Birth: Lodi, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Alberta Beckwith			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Albert Riddle	11. Present Address of Registrant: R 3 Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 18 1975		12. Signature of Notary: "Sue Nora Lowe	13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs Hospital birth certificate		By whom issued and signed: Caldwell, Idaho Caldwell Sanitarium	Date Issued: ----	Date Orig. Entry: Childborn Jan. 2, 1942
	Date of Birth: Nov. 7, 1910	Birth Place: Caldwell, Idaho	Full Name of Mother: ---------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for marriage license		By whom issued and signed: Caldwell, Idaho Canyon County Recorder	Date Issued: July 3, 1968	Date Orig. Entry: Apri. 4, 1941
	Date of Birth: Age 30 yrs	Birth Place: ------	Full Name of Mother: -------	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 3,794,638		By whom issued and signed: Equitable Life Assurance Soc.	Date Issued: Aug. 15, 1925	Date Orig. Entry: ---------
	Date of Birth: Nov. 7, 1910	Birth Place: Caldwell, Idaho	Full Name of Mother: Albert Riddle	Name of Father: --------	

QUALIFYING INFORMATION

School Record , Canyon County, Idaho , Dist. #28 School Census Sept. 1922 -

John A. Riddle age 11 yrs , father John Riddle (dated Sept. 15, 1975- copy issued)

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	"Sue "Nora Lowe	Sept. 18, 1975

FORM BH 56067

SEP 18 1975

266-715-042-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virgil Paul Bowers		2. Date Of Birth (month) (day) (year): September 15, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho, Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Jacob H. Bowers		7. State or Country of Father's Birth: Ohio, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Marvel Elizabeth Roszell		9. State or Country of Mother's Birth: Kansas, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgil Paul Bowers	11. Present Address of Registrant: 424 W. Main, Weiser, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 4 1959	12. Signature of Notary: Virgil G. Red Scott	13. Notary Commission expires: August 23 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 90yrs	By whom issued and signed: J. H. Bowers	Date issued: May 4, 1959	Date Orig. Entry: --------
	Date of Birth: Sept.15,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Marvel Elizabeth Roszell Bowers	Name of Father: Jacob H. Bowers
SUPPORTING RECORD 2.	Type of Document: Photocopy of Own childs birth Certificate	By whom issued and signed: State of Idaho File #390013	Date issued: ------	Date Orig. Entry: Child born Apri.2,1944
	Date of Birth: Age 33 yrs	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family	Date issued: -----	Date Orig. Entry: Obviously Old
	Date of Birth: Sept.15,1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: -------	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Oct.28, 1975

K FORM BH 56067

1 copy paid

OCT 2 6 1975

DECEASED

369-204-018-658

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-643

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Clara Torgerson
2. Date Of Birth (month) July (day) 4 (year) 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Clearwater
b. City or Town of Birth: Elk River Idaho

FATHER

6. Full Name of Father: Elmer O. Torgerson
7. State or Country of Father's Birth: United States of America

MOTHER

8. Full Maiden Name of Mother: Clara Weholt
9. State or Country of Mother's Birth: United States of America

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Clara Sinker
11. Present Address of Registrant: 4914 N 14th, Tacoma, Wn

NOTARY (Seal)

Subscribed and sworn to before me on October 29 1975

12. Signature of Notary: Walter M Goswick
13. Notary Commission expires: Sept 5 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Uncle Born 1900	Carl A. Weholt	Nov. 4, 1975	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 4, 1910 / Elk River	Clara Weholt	Elmer O. Torgerson	
SUPPORTING RECORD 2.	Own child's birth certificate	State of Washington #1843	8/5/40	child born 7/31/40
	30years. / Elk River	---	---	
SUPPORTING RECORD 3.	Hospital Record	Medical Arts Hospital	11/4/75	10/30/66
	7/4/10 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: NOV 4 1975

FORM BH 56067

7-14-75

NOV 4 1975

639-201-035-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-659

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Elizabeth Olin
2. Date of Birth: July 1 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho — Nez Perce; b. City or Town of Birth: Culdesac

FATHER

6. Full Name of Father: Arthur Benjamin Olin
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Viola Mae Haner
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: x Mary Elizabeth Phillips
11. Present Address of Registrant: 412 Oak Grove Dr Jerome Mich.

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 28, 1975
12. Signature of Notary: Richard M. Sandy
13. Notary Commission expires: Jackson County, State of Mich. 11/7 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Viola M. Olin	8 Aug 73	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 1,1910	Culdesac, ID.	Viola M. Olin	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Census Record	State of Idaho, Nez Perce Co.	25 July 73	9/18/17

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 7	---	---	A. Olin

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Marriage License application	Neva Corkrum, Deputy Franklin County, Wash.	20 Oct.75	11 Oct. 45

Date of Birth	Birth Place	Full Name of Mother	Name of Father
35 years.	Culdesac.	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Margaret Davis
Date Filed: NOV 13 1975

FORM BH 56067

NOV 4 1975

Mary Elizabeth Phillips
Signature

STATE OF Michigan)
)ss:
COUNTY OF Hillsdale)

On the 7th day of November, 1975, before me personally came Mary Elizabeth Phillips, to me known to be the individual described in and who executed the Delayed Certificate of Birth.

Robert Barnhart
Robert Barnhart, Notary
County of Lenawee acting in
Hillsdale County, Michigan

My commission expires 3-7-79

285-203-201-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-701

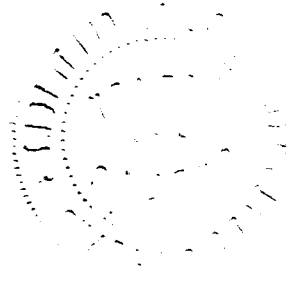
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Venita Geraldine Shelley			2. Date Of Birth (month) Sept. (day) 3 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Ada	b. City or Town of Birth: Boise	
FATHER	6. Full Name of Father: George Franklin Shelley			7. State or Country of Father's Birth: Quartzville, Idaho	
MOTHER	8. Full Maiden Name of Mother: Edith Stella Sherard			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Venita Geraldine Bowers		11. Present Address of Registrant: Box 22 Horshoe Bend, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 12-9 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires 4-20 19 78	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Page from Family Bible	By whom issued and signed: Family Record	Date Issued: 12/9/75	Date Orig. Entry: Doc. obviously old
	Date of Birth: Sept.3,1910 / Birth Place: ---	Full Name of Mother: Edith Stella Sherard	Name of Father: George Franklin Shelley	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #177965	Date Issued: 12/9/75	Date Orig. Entry: child born Jan. 7, 1930
	Date of Birth: 19 years. / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Divorce	By whom issued and signed: State of Idaho #50-1850	Date Issued: 12/9/75	Date Orig. Entry: 2/28/50
	Date of Birth: Age 39 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ellis	Evidence reviewed by: Margaret Davis	Date Filed: DEC 9 1975

FORM BH 56067



632-107-204-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-722

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: James Olsen
2. Date Of Birth (month) (day) (year): Sept. 7 1910
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Idaho — Bear Lake
b. City or Town of Birth: Ovid

FATHER

6. Full Name of Father: Orson Hyrum Olsen
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Zelnora Van Noy
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: James Olsen
11. Present Address of Registrant: Montpelier, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 20 December 1975
12. Signature of Notary: Jamie Stalder
13. Notary Commission expires: Nov 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	County Birth Record	Amos B. Hilme, Bear Lake County Recorder	16 Feb.73	9/7/10
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept.7,1910 Ovid	Zelnora Olson	Orson Olsen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend present at time of birth (10 years older) Age 85	By whom issued and signed: Hazel L. Peterson	Date Issued: 12/12/75	Date Orig. Entry: ---
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept.7,1910 Ovid	Zelnora Van Noy	Orson Hyrum Olsen	
SUPPORTING RECORD 3.	Type of Document: Church birth certificate	By whom issued and signed: Bear Lake Stake, Ovid Ward	Date Issued: 2 Mar.73	Date Orig. Entry: 10 Nov.1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	7 Sept.1910 Ovid	Zelnora Van Noy	Orson Olsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: MD Margaret Davis
Date Filed: DEC 23 1975

FORM BH 56067

DEC 2 3 1975

319-215-022-8/2

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-727

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Melva Larsen		2. Date Of Birth (month) March (day) 15 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Salem Fremont	b. City or Town of Birth: Salem
FATHER	6. Full Name of Father: Alma Benjamin Larsen		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Lydia Evelyn Hales		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Melva Larsen	11. Present Address of Registrant: 250 No 2nd W. Rigby	
NOTARY (Seal)	Subscribed and sworn to before me on 8 December 1975	12. Signature of Notary: Michael J. Darrobe, Jr.	13. Notary Commission expires: 1 February 1979	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Rigby 1st Ward		Date Issued: 2 Apr. 75	Date Orig. Entry: Baptised 3 May 1918
	Date of Birth: 15 Mar 10	Birth Place: Salem	Full Name of Mother: Lydia Hales	Name of Father: Alma B. Larsen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #215556		Date Issued: 9/5/52	Date Orig. Entry: child born 9/4/33
	Date of Birth: 23 Years.	Birth Place: Salem	Full Name of Mother: ==-	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Beneficial Life Insurance		Date Issued: 3/31/43	Date Orig. Entry: 3/31/43
	Date of Birth: Mar. 15, 1910	Birth Place: Rexburg *	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

Rexburg is the mailing address for the town of Salem.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

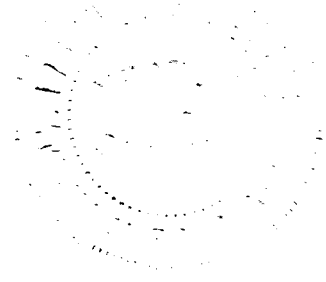
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	DEC 23 1975

FORM BH 56067

9-18-75

Jones

DEC 24 1975



432-218-001-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-730

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ada Edith McBride
2. Date Of Birth (month) (day) (year): April 18 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Boise Idaho Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: John Mitchel McBride
7. State or Country of Father's Birth: Vanburen County Iowa

MOTHER

8. Full Maiden Name of Mother: Sadie Dora Walter
9. State or Country of Mother's Birth: Mendota Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ada Edith McBride
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on 12-23 1975
12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SS519-26-0016 Application for S.S. Number	Treasury Department	3/8/73	2/3/44

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 18, 1910	Boise, ID.	Sadie Dora Walter	John Mitchel McBride

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Page from Family Bible	Family Record	12/23/75	Doc. obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.18,1910	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Report	U.S. Department of Commerce	12/9/75	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 9	Idaho	Sadie D. McBride	John M. McBride

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Margaret Davis	DEC 23 1975

FORM BH 56067

DEC 2 3 1975

665-20-4-036-393

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-026

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elizabeth Owens			2. Date Of Birth: (month) June (day) 4 (year) 1910
	3. Color or Race: caucasian	4. Sex: Female	5. Place of Birth: a. County: Oneida County	b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Richard Evan Owens			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Helen Sarah Little			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen O. Thomas		11. Present Address of Registrant: 510 Fairway Dr. Pocatello Id
NOTARY (Seal)	Subscribed and sworn to before me on: January 15 1976	12. Signature of Notary: Callis A. Caldwell		13. Notary Commission expires: Oct. 3 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of Family at time of birth	By whom issued and signed: Age 83 & Leah and W.E. Evans 84	Date Issued: 1/13/76	Date Orig. Entry: --
	Date of Birth: June 4,1910 / Birth Place: Malad	Full Name of ~~Mother~~ Father: Richard Evan Owens	Name of ~~Father~~ Mother: Helen Sarah Little	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Royal Neighbors of America	Date Issued: 1/16/76	Date Orig. Entry: Apr. 11, 1930
	Date of Birth: 4 June 1910 / Birth Place: Malad	Full Name of Mother: Sadie Owens	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho 252824	Date Issued: 1/16/76	Date Orig. Entry: child born Mar. 20, 1937
	Date of Birth: 26 yrs. / Birth Place: Malad	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Weeks	Evidence reviewed by: Margaret Davis	Date Filed: JAN 16 1976

FORM BH 56067

JAN 16 1976

238-214-022-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-072

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Miriam Scholes [redacted]
2. Date Of Birth: (month) April (day) 14 (year) 1910
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County Clark Fremont; b. City or Town of Birth

FATHER

6. Full Name of Father: Walter Scholes
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Phoebe Lurancy Adams
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Miriam Scholes Ricks
11. Present Address of Registrant: R#1 Sugar City 83448

NOTARY (Seal)

Subscribed and sworn to before me on 21 January 1976

12. Signature of Notary: Michael J. Hawkes Jr.
13. Notary Commission expires: 1 Feb 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Sister born 1897	Phoebe S. Beazer	1/26/76	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	14 Apr. 1910 / Clark, Idaho	Phoebe L. Adams	Walter Scholes	
SUPPORTING RECORD 2.	Certificate of Blessing	Nephi J. Bates, Clerk Clark Ward	7/21/10	Blessed 5 June 1910
	14 Apr. 1910 / Clark	Phoebe L. Adams	Walter Scholes	
SUPPORTING RECORD 3.	School Transcript	Rigby High School	1/22/76	1928
	4/14/1910 / ---	---	Walter Scholes	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	FEB - 4 1976

FORM BH 56067

FEB 5 1976

393-21-1036-791

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-112

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen Margaret Lilly			2. Date Of Birth (month) December (day) 17 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Malad, Idaho Oneida	b. City or Town of Birth: Malad City, Idaho	
FATHER	6. Full Name of Father: William Richard Lilly			7. State or Country of Father's Birth: Virginia City, Nevada	
MOTHER	8. Full Maiden Name of Mother: Ellen Margaret Gran			9. State or Country of Mother's Birth: Bingham, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Ellen M. Lilly	11. Present Address of Registrant: 2640 Washington Blvd.	
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 5 1975		12. Signature of Notary: [signature]	13. Notary Commission expires: May 23 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #109629		By whom issued and signed: The Security Mutual Life Insurance Co., Lincoln, Neb.	Date Issued: 1 Jan. 51	Date Orig. Entry: 17 Nov. 50
	Date of Birth: Dec. 17, 1910	Birth Place: Malad, Id.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: Reorganized Church of Jesus Christ of Latter Day Saints	Date Issued: 2/12/75	Date Orig. Entry: Sept. 1919
	Date of Birth: 17 Dec. 1910	Birth Place: Malad	Full Name of Mother: Ellen M. Lilly	Name of Father: William Lilly	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church Records Dept.	Date Issued: 2/12/75	Date Orig. Entry: Baptised 7 Mar. 1920
	Date of Birth: 17 Dec. 1910	Birth Place: Malad	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrick	md Margaret Davis	FEB 19 1976

FORM BH 56067

Lilly

FEB 18 1976

693-226-031-903

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-184

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BLANCHE ELIZABETH ~~BARRETT~~ Williams
2. Date Of Birth (month) (day) (year): AUGUST 26 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth — a. County: LEWIS — b. City or Town of Birth: NEZ PERCE.

FATHER

6. Full Name of Father: CARL ATHELTON WILLIAMS
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Mabel Julia Zolber
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche E. Barrett
11. Present Address of Registrant: 815 SO. 10th Ave. Pasco, Wa. 99301

NOTARY (Seal)

Subscribed and sworn to before me on: February 9th 19 76

12. Signature of Notary: Frankie J. Erickson
13. Notary Commission expires: May 22 19 78

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Page from Family Bible	Anna Eklund, Notary	1/30/76	Document is Obv. Old.

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.26,1910	---	---	Carl A. Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt born 1900	Sarah Cecile Zolber Jones	2 Feb.76	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.26,1910	Nez Perce	Mabel Julia Zolber	Carl Athelton Williams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Transcript of Hospital Record	Our Lady of Lourdes Hosp. Pasco, Wn.	a3/18/76	9/5/60

Date of Birth	Birth Place	Full Name of Mother	Name of Father
8/26/10	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Klick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 25 1976

FORM BH 56067

1-26-76

Burnett

MAR 2 6 1976

249-220-035-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-189

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Inez Ann Smith		2. Date Of Birth (month) (day) (year): December 20 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: John Smith		7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Emma Badgley		9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Ann Feezell	11. Present Address of Registrant: PO Box 158 Mabton WA 98935
NOTARY (Seal)	Subscribed and sworn to before me on: March 19 19 76	12. Signature of Notary: [signature]	13. Notary Commission expires: January 15 19 80

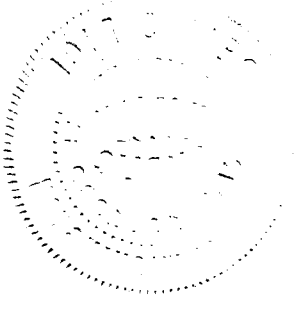
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Rev. Robert Armstrong Roman Catholic Church	Date Issued: 7/7/71	Date Orig. Entry: 6/21/26
	Date of Birth: 12/20/1910	Birth Place: Lewiston, Idaho	Full Name of Mother: Emma Badgley	Name of Father: John Smith	
SUPPORTING RECORD 2.	Type of Document: Cradle Roll Certificate		By whom issued and signed: Christian Bible School	Date Issued: 3/2/13	Date Orig. Entry: 3/2/13
	Date of Birth: 12/20/1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: US Passport B1805560		By whom issued and signed: US Secretary of State	Date Issued: 9/9/71	Date Orig. Entry: 9/9/71
	Date of Birth: 12/20/1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Margaret Davis	Date Filed: MAR 25 1976

FORM BH 56067

MAR 2 6 1976



863719-014-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-225

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Franklin Kern Holsinger
2. Date Of Birth (month) (day) (year): September 19, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth — a. County: Canyon; b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Franklin Kern Holsinger
7. State or Country of Father's Birth: Indiana

MOTHER

8. Full Maiden Name of Mother: Della M. Blickenstaff
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Franklin K. Holsinger
11. Present Address of Registrant: 1012 Harrison Blvd. Boise Id 83702

NOTARY (Seal)

Subscribed and sworn to before me on: April 9, 1976
12. Signature of Notary: Glenda MacLaurin
13. Notary Commission expires: September 15 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #274486	----	child born Dec.13,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 28 / Nampa, Idaho	----	----	
SUPPORTING RECORD 2.	Statement regarding school records	Canyon County, Idaho, Dist. #50, Walter Fry, Clerk	Apr.7,1976	first Monday of Sept., 1917
	Age: 6 / ---	Della Holsinger	----	
SUPPORTING RECORD 3.	County Birth Record	Holly Olvera, County of Canyon	4/9/76	9/19/10
	9/19/10 / Nampa	Della Holsinger	F.K. Holsinger	

QUALIFYING INFORMATION

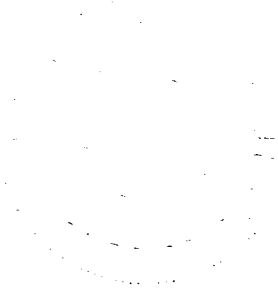
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Margaret Davis
Date Filed: APR 9 1976

FORM BH 56067

APR 9 1976



217-20-4041-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-237

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Viona Bagley
2. Date Of Birth (month) 2 (day) 4 (year) 10
3. Color or Race: White
4. Sex: F
5. Place of Birth: Victor — a. County: Teton — b. City or Town of Birth:

FATHER

6. Full Name of Father: George Henry Bagley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Annie Jeanettie Peterson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: × Viona Ballard
11. Present Address of Registrant: 40851 Park Cove, Fremont Calif.

NOTARY

Subscribed and sworn to before me on January 12 19 76

12. Signature of Notary: Nina Velarde
13. Notary Commission expires: Aug. 20 19 78

OFFICIAL SEAL
NINA VELARDE
NOTARY PUBLIC - CALIFORNIA
RIVERSIDE COUNTY
My comm. expires AUG 20, 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #310335	Date Issued: 4/10/52	Date Orig. Entry: child born 2/8/39	
	Date of Birth: 29 years.	Birth Place: Victor	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Church Records	By whom issued and signed: E.Lamar Thompson, Ward Bishop Victor 1 Ward.	Date Issued: 1/19/76	Date Orig. Entry: blessed 6 Mar. 1910	
	Date of Birth: 4 Feb.1910	Birth Place: Victor	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security No. 519-52-9775	By whom issued and signed: U.S. Treasury Dept. IRS	Date Issued: 2/28/63	Date Orig. Entry: 2/28/63	
	Date of Birth: 2/4/10	Birth Place: Victor	Full Name of Mother: Annie Ginettie Peterson	Name of Father: George Henry Bagley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	APR 20 1976

FORM BH 56067

10-23-75

Bullard

APR 21 1976

243-208-042-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-258

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve L. Buckley			2. Date Of Birth (month) February (day) 8 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Frank L. Buckley			7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Lunetta L. Best			9. State or Country of Mother's Birth: U.S.A.
AFFIDAVIT (Seal)	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on April 19 76.		10. Signature of Registrant: aka Jane Krauss Genevieve L. Buckley Krauss	11. Present Address of Registrant: 1100 Rutland Rd. Newport Beach, CA.
			12. Signature of Notary: Jerrie R. Nichols	13. Notary Commission expires: Sept 25 19 1977

OFFICIAL SEAL
JERRIE R. NICHOLS
NOTARY PUBLIC-CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires Sept. 25, 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Pages from Family Journal		By whom issued and signed: Family Record	Date issued: 4/6/76	Date Orig. Entry: document is obviously old
	Date of Birth: 2/8/1910	Birth Place: Twin Falls	Full Name of Mother: Lunetta Lake Best	Name of Father: Frank L. Buckley	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S. Dept. of Commerce	Date issued: 3/30/76	Date Orig. Entry: 1/1/20
	Date of Birth: 9 years.	Birth Place: Idaho	Full Name of Mother: Lunetta L. Buckley	Name of Father: Frank M. Buckley	
SUPPORTING RECORD 3.	Type of Document: School record		By whom issued and signed: Los Angeles City Unified School District	Date issued: 4/6/76	Date Orig. Entry: 9/11/22
	Date of Birth: 2/8/1910	Birth Place: Idaho	Full Name of Mother: Lunetta L. Buckley	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wisk	md Margaret Davis	APR 30 1976

FORM BH 56067

APR 3 0 1976

367-204-028-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-306

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VEDA LUCINDA COPSEY			2. Date Of Birth (month) (day) (year): August 4, 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Frank L. Copsey			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Bertha R. Newton			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. ~~Signature of Registrant~~ Notary		11. Present Address of Registrant: Wilbur, WA 99185
NOTARY (Seal)	Subscribed and sworn to before me on 12-4-75. x [illegible]	12. Signature of ~~Notary~~ Registrant: Veda L Larsen		13. Notary Commission expires: April 26, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt 14yrs old at time of birth	By whom issued and signed: Iva J. Farrell	Date Issued: 21 Nov. 75	Date Orig. Entry: ---
	Date of Birth: Aug.4,1910	Birth Place: coeur d'Alene	Full Name of Mother: Bertha R. Newton	Name of Father: Frank L. Copsey
SUPPORTING RECORD 2.	Type of Document: Page from Family Bible	By whom issued and signed: Philip Bond Notary Public State Washington	Date Issued: 6/Feb/75	Date Orig. Entry: Document is obviously old.
	Date of Birth: Aug.4,1910	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Certificate of Marriage	By whom issued and signed: State of Washington	Date Issued: 5/1/76	Date Orig. Entry: 17 Dec. 1927
	Date of Birth: 17 years.	Birth Place: ---	Full Name of Mother: Bertha R. Newton	Name of Father: Frank Copsey
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M Hill	Evidence reviewed by: Margaret Davis	Date Filed: JUN 3 1976

FORM BH 56067

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JUN 4 1976

DECEASED

259-208-001-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-401

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MABEL-NEVADA BERRY (ALSO-KNOWN AS: VADA-BERRY)		2. Date Of Birth (month) (day) (year): MARCH 8th 1910	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: MAYFIELD IDAHO - ADA	b. City or Town of Birth: mayfield Idaho -
FATHER	6. Full Name of Father: Cyrus Claborne Berry (also known as C.C. Berry)		7. State or Country of Father's Birth: MISSOURI	
MOTHER	8. Full Maiden Name of Mother: ESSIE-MERICA		9. State or Country of Mother's Birth: KANSAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mabel Nevada Berry Kight MABEL-NEVADA-BERRY KIGHT	11. Present Address of Registrant: 240 W Beech Ave Hermiston Oregon 97838	
NOTARY (Seal)	Subscribed and sworn to before me on: July 20 1976	12. Signature of Notary: J R Newbery	13. Notary Commission expires: State of Oregon 3-11 1978	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized statement and copy of family record	By whom issued and signed: Family	Date Issued: July20,1976	Date Orig. Entry: original is obviously old
	Date of Birth: Mar.8,1910 / Birth Place: Elmore County Mayfield, Idaho	Full Name of Mother: Essie Merica Berry	Name of Father: Cyrus Claiborn Berry	
SUPPORTING RECORD 2.	Type of Document: School Census Records	By whom issued and signed: Latah County School District 10	Date Issued: Dec.10,73	Date Orig. Entry: September,1923
	Date of Birth: age 13 / Birth Place: ---	Full Name of Mother: ---	Name of Father: C.C. Berry	
SUPPORTING RECORD 3.	Type of Document: Hospital record	By whom issued and signed: Hospital #3719 Hermiston, Oregon	Date Issued: ---	Date Orig. Entry: July 10,1954
	Date of Birth: Mar.8,1910 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Linda Cook	Date Filed: July 28,1976	

FORM BH 56067

JUL 2 8 1976

245-127-041-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Burton Wallace Kunz		2. Date Of Birth (month) May (day) 27 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton	b. City or Town of Birth: Bates VIA Driggs Idaho
FATHER	6. Full Name of Father: Samuel Kunz		7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Caroline Wuthrich		9. State or Country of Mother's Birth: Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Burton W. Kunz	11. Present Address of Registrant: Victor, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on Sept 29 1976	12. Signature of Notary: [illegible]	13. Notary Commission expires July 7 1979	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister age 82	By whom issued and signed: Eva K. Dustin	Date Issued: Sep.28,1976	Date Orig. Entry: --	
	Date of Birth: May27,1910	Birth Place: Bates, Idaho	Full Name of Mother: Caroline Wuthrich	Name of Father: Samuel Kunz, Sr.	
SUPPORTING RECORD 2.	Type of Document: insurance policy	By whom issued and signed: Great Plains Life Insurance Company of Wyoming	Date Issued: --	Date Orig. Entry: Nov.25,1964	
	Date of Birth: age 54	Birth Place: --	Full Name of Mother: "	Name of Father: "	
SUPPORTING RECORD 3.	Type of Document: record of baptism	By whom issued and signed: LDS Church	Date Issued: Sep.29,1976	Date Orig. Entry: baptised May27, 1918	
	Date of Birth: May27,1910	Birth Place: Bates,Idaho	Full Name of Mother: Caroline Wuthrich	Name of Father: Samuel Kunz, Sr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Oct.5,1976

FORM BH 56067

9-28-76

OCT 1976

Kuntz

993-207-004-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-520

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Jane Rich (Athay)		2. Date Of Birth (month) Sept. (day) 7 (year) 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake County Ida. b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Daniel Coulsen Rich		7. State or Country of Father's Birth: Bear Lake County Idaho
MOTHER	8. Full Maiden Name of Mother: Annie (Ann) Stucki		9. State or Country of Mother's Birth: " Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva Jane Athay	11. Present Address of Registrant: Paris, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 30 September 1976	12. Signature of Notary: Elaine W Webb	13. Notary Commission expires: May 13 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Annie S. Rich	Date issued: Sep.30,1976	Date Orig. Entry: --
	Date of Birth: Sep.07,1910	Birth Place: Paris, Idaho	Full Name of Mother: Annie Stucki (Rich)	Name of Father: Daniel Coulson Rich	
SUPPORTING RECORD 2.	Type of Document: Patriarch Blessing		By whom issued and signed: Alfred A. Hart, Patriarch LDS Church	Date issued: --	Date Orig. Entry: Jan. 27, 1954
	Date of Birth: Sep.7,1910	Birth Place: Paris, Idaho	Full Name of Mother: Annie Stucki	Name of Father: Daniel Coulson Rich	
SUPPORTING RECORD 3.	Type of Document: Medical Record		By whom issued and signed: Spencer H, Rich, M.D.	Date issued: Oct.7,1976	Date Orig. Entry: 1928
	Date of Birth: Sept.7,1910	Birth Place: Paris, Idaho	Full Name of Mother: Annie Stucki Rich	Name of Father: Daniel Coulson Rich	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Linda Cook	Oct.12,1976

FORM BH 56067 ICP-PC Rec # 03381 9/24/76

OCT 1 8 1976

Athey

613-230-042-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-76-576

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emily L. Walker			2. Date of Birth (month) December (day) 30 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Twin Falls	b. City or Town of Birth: Hansen	
FATHER	6. Full Name of Father: Agustus M. Walker			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Mary F. Holm			9. State or Country of Mother's Birth: California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emily L. Ballard		11. Present Address of Registrant: R. 1, Kimberly 83341	
NOTARY (Seal)	Subscribed and sworn to before me on: November 9 1976	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Indefinite 19—	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Mary F. Walker		Date Issued: 20 Nov. 73	Date Orig. Entry: ---
	Date of Birth: Dec. 30, 1910	Birth Place: Hansen, Id.	Full Name of Mother: Mary F. Holm	Name of Father: Agustus M. Walker	
SUPPORTING RECORD 2.	Type of Document: Census Report	By whom issued and signed: Bureau of Census U.S. Dept. of Commerce		Date Issued: 8/28/73	Date Orig. Entry: 1/ 1/20
	Date of Birth: 9 yrs.	Birth Place: Idaho	Full Name of Mother: Mary F. Walker	Name of Father: Augustus M. Walker	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Twin Falls County General Hospital		Date Issued: --	Date Orig. Entry: child born 28 June 1939
	Date of Birth: Dec. 30, 1910	Birth Place: Hansen, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	NOV 9 1976

FORM BH 56067

NOV 9 1976

133-418-022-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-76-580

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Preston Arthur Atchley
2. Date Of Birth (month) (day) (year): Feb. 18, 1910
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Ashton, Ida. Fremont
b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: James Arthur Atchley
7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Rachel Shults Atchley
9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Preston Arthur Atchley
11. Present Address of Registrant: Ashton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: January 19 1970
12. Signature of Notary: James E. Holcomb
13. Notary Commission expires: May 8 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Cradle Roll Certificate	Methodist Episcopal Church	12/9/10	12/9/10

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2/18/10	Ashton, Id.	Rachel Atchley	Arthur Atchley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's birth certificate	State of Idaho #229856	11/15/76	Child born 2/19/35

Date of Birth	Birth Place	Full Name of Mother	Name of Father
25 years.	Ashton, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by Doctor	Dr. Hargis	1/19/70	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2/18/10	Ashton, Idaho	Rachel Shults	James Arthur Atchley

QUALIFYING INFORMATION

This is to certify that I was the attending physician at the birth of Preston Arthur Atchley. E. C. Hargis

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	NOV 15 1976

FORM BH 56067

NOV 1 5 1976

316-203-026-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-76-658

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Naomi Lawson			2. Date Of Birth (month) April (day) 3, (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho Jefferson	b. City or Town of Birth: Menan	
FATHER	6. Full Name of Father: Frank Lawson			7. State or Country of Father's Birth: Do not know.	
MOTHER	8. Full Maiden Name of Mother: Vivian Charlott Montague			9. State or Country of Mother's Birth: Do not know.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna N. Dugan		11. Present Address of Registrant: 644 Madison Street Denver, Colorado 80206	
NOTARY (Seal)	Subscribed and sworn to before me on December 15, 19 76	12. Signature of Notary: Marilyn Yadovich		13. Notary Commission expires July 8, 19 80	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism & Confirmation	By whom issued and signed: Menan Ward LDS Church		Date Issued: 7/2/22	Date Orig. Entry: Baptised 7/1/22
	Date of Birth: April 3,1910	Birth Place: Menan	Full Name of Mother: Sharlott V. Montague	Name of Father: Frank Lawson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Montana #11528		Date Issued: 9/19/74	Date Orig. Entry: child born 1/3/42
	Date of Birth: 31 Yrs.	Birth Place: Menan	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Original Application for Social Security #521-52-4310	By whom issued and signed: Social Security Administrat		Date Issued: on ---	Date Orig. Entry: 11/5/57
	Date of Birth: 4/3/10	Birth Place: Menan	Full Name of Mother: Vivian Charlott Montague	Name of Father: Frank Lawson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	DEC 20 1976

FORM BH 56067

DEC

693-230-043-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-663

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Florence Erma Withers		2. Date Of Birth (month) 6 (day) 30 (year) 1910
	3. Color or Race: Caucasian	4. Sex: F	5. Place of Birth a. County: Donnelley, Idaho Valley; b. City or Town of Birth: Donnelley, Idaho
FATHER	6. Full Name of Father: Dennis B. Withers		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Olivette Edna Platt		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence E. Boyles	11. Present Address of Registrant: 10559 Felton Way Cupertino, Calif. 95014
NOTARY (seal)	Subscribed and sworn to before me on: November 16 1976	12. Signature of Notary: Alexander A. Grossi	13. Notary Commission expires: January 28 1978

ALEXANDER A. GROSSI
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SANTA CLARA COUNTY
My Commission Expires Jan. 28, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: census report		By whom issued and signed: U.S. Depart. of Commerce Bureau of the Census	Date issued: Dec.6,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 9	Birth Place: Idaho	Full Name of Mother: --	Name of Father: D.B. Withers	
SUPPORTING RECORD 2.	Type of Document: employment record		By whom issued and signed: Food Villa, Inc. Santa Clara, California	Date issued: --	Date Orig. Entry: Jan.15,1964
	Date of Birth: June30,1910	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Olivette Edna Withers	Date issued: Dec.10,1976	Date Orig. Entry: Dec.10,1976
	Date of Birth: June30,1910	Birth Place: Donneley	Full Name of Mother: Olivette Edna Platt	Name of Father: Dennis Bartley Withers	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	1c Colleen Cunningham	DEC 21 1976

FORM BH 56067 1 Cpy Dd #08564 1-27-64

DEC 2 2 1976

213-22-028-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-113

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leo Grover Satchwell
2. Date Of Birth (month) (day) (year): December 22, 1910
3. Color or Race: W
4. Sex: male
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Rathdrum

FATHER

6. Full Name of Father: Lester Lorenzo Satchwell
7. State or Country of Father's Birth: MINNESOTA

MOTHER

8. Full Maiden Name of Mother: Mary Jenny Deremore
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leo Grover Satchwell
11. Present Address of Registrant: 260 American Canyon Rd #173 Vallejo Calif 94590

NOTARY (Seal)

NOTARY PUBLIC - CALIFORNIA
SAN JOAQUIN COUNTY
My commission expires Dec. 15, 1979

Subscribed and sworn to before me on: [illegible] 9 1977

12. Signature of Notary: Ella Hoare
13. Notary Commission expires: December 15 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	County register of birth	Kootenai County, Idaho	Sep.17,1951	child born Dec.22,1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.22,1910 Rathdrum	Mary J. Deremore	Lester L. Satchwell	
SUPPORTING RECORD 2.	Marriage license	San Joaquin county,California	Mar.14,1977	Sep.26,1930
	Age: 19 / Idaho	----	----	
SUPPORTING RECORD 3.	Richmond, California Church records	W. Russell Coatney, Pastor Barrett Ave.Christian Church	Mar.8,1977	Apr.4,1949
	Dec.22,1910 / Rathdrum, Idaho	Mary Jenny Deremore	Lester Lorenzo Satchwell	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: MAR 16 1977

FORM BH 56067

MAR 1 7 1977

769-210-023-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-146

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mamie Rae Gordon			2. Date Of Birth (month) (day) (year): 10 - 10 - 10	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Bramwell, Gem	b. City or Town of Birth: Bramwell	
FATHER	6. Full Name of Father: Lewis Waterman Gordon			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Jeannette Carter			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mamie R. Glover		11. Present Address of Registrant: Nyssa Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: March 29, 1977	12. Signature of Notary: Glenda Mae Larson		13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Myron Whiteley, Clerk, LDS Church		Date Issued: Aug.31,1919	Date Orig. Entry: baptized August 30,1919
	Date of Birth: Oct.10,1910	Birth Place: Bramwell, Idaho Gem County	Full Name of Mother: Jennie Carter	Name of Father: Lewis Gordon	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of membership	By whom issued and signed: LDS Church,		Date Issued: ----	Date Orig. Entry: blessed Jan.1,1911
	Date of Birth: Oct.10,1910	Birth Place: Bramwell, Idaho Gem County	Full Name of Mother: Jeannette Carter	Name of Father: Lewis Waterman Gordon	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #177252		Date Issued: ----	Date Orig. Entry: child born Dec.2,1929
	Date of Birth: Age:19	Birth Place: Gem County,Idaho	Full Name of Mother: ------	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 29,1977

FORM BH 56067

3-28-77

MAR 2 5 1977

Glover

354-213-004-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mabel Lena Teuscher			2. Date Of Birth (month) 8 (day) 13 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Raymond	Bear Lake	b. City or Town of Birth: Raymond, Idaho
FATHER	6. Full Name of Father: Charles Teuscher			7. State or Country of Father's Birth: Switzerland	
MOTHER	8. Full Maiden Name of Mother: Caroline Jensen			9. State or Country of Mother's Birth: Montpelier, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mabel Lena Teuscher Reeves	11. Present Address of Registrant: 716 Jackson Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 19 77		12. Signature of Notary: Norma Lee Jackson	13. Notary Commission expires: Lifetime 19	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #403848	Date Issued: on file	Date Orig. Entry: Child born Feb. 22, 1945	
	Date of Birth: Age: 34	Birth Place: Raymond, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Health Examination Record	By whom issued and signed: Paul Daines, M.D., Montpelier ID	Date Issued: May 18, 1977	Date Orig. Entry: June 6, 1968	
	Date of Birth: Aug. 13, 1910	Birth Place: ------	Full Name of Mother: ---------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: LDS Church	Date Issued: May 18, 1977	Date Orig. Entry: Aug. 4, 1965	
	Date of Birth: Aug. 13, 1910	Birth Place: Raymond, Idaho	Full Name of Mother: Caroline Jensen	Name of Father: Charles Teuscher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wilke	cc Colleen Cunningham	MAY 18 1977

FORM BH 56067

MAY 19 1977

997-210-023-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-280

REGISTRANT (person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lena Mary Riggs		2. Date Of Birth (month) Sept. (day) 10 (year) 1910
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Gem; b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Joel Bennett Riggs		7. State or ~~Country~~ of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lena Rebecca Kesgard		9. State or ~~Country~~ of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Lena M. Driscoll	11. Present Address of Registrant: 916 Williams Rd. Emmett Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 5-19 1977	12. Signature of Notary: Ed Powree	13. Notary Commission expires: 6-1 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Policy #1293824 Occidental Life Ins. Co.	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: 5 Mar.40	Date Orig. Entry: --
	Date of Birth: 9/10/10	Birth Place: Emmett, Idaho	Full Name of Mother: Lena R. Riggs	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Marriage License Affidavit	By whom issued and signed: State of Idaho	Date Issued: 15 June 46	Date Orig. Entry: ---
	Date of Birth: 9/10/10	Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by first cousin	By whom issued and signed: Louis Rasmussen, age 78	Date Issued: May25,1977	Date Orig. Entry: May25,1977
	Date of Birth: Sep.10,1910	Birth Place: Emmett, Idaho	Full Name of Mother: Lena Rebecca Kesgard	Name of Father: Joel Bennett Riggs
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

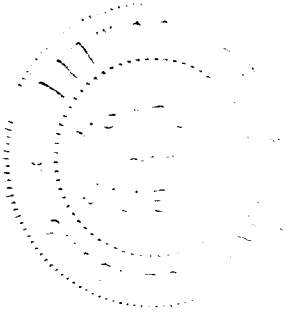
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Colleen Cunningham	JUN 09 1977

FORM BH 56067 Zec #362206 7-75

Driscoll

JUN 1 0 1977



449-219-038-285

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77=287

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Mary Muzzy			2. Date Of Birth (month) (day) (year): February 19, 1910
	3. Color or Race: w	4. Sex: female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Frank G. Muzzy			7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Alma May Sherman			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Violet M Judd		11. Present Address of Registrant: 1402 Acadia Boise, Ida 83705
NOTARY (Seal)	Subscribed and sworn to before me on: June 14 19 77	12. Signature of Notary: Margaret L. Davis		13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from hospital	By whom issued and signed: St. Luke's Hospital, Boise, ID	Date Issued: Jan. 26, 1961	Date Orig. Entry: April, 1956
	Date of Birth: Feb. 19, 1910 / Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #271216	Date Issued: on file	Date Orig. Entry: child born Sep. 4, 1938
	Date of Birth: Age: 28 / Birth Place: Payette, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Family record	By whom issued and signed: Family record: Frank & Alma Muzzy	Date Issued: June 14, 1977	Date Orig. Entry: May 25, 1960
	Date of Birth: Feb. 19, 1910 / Birth Place: Payette, Idaho	Full Name of Mother: Alma May Sherman	Name of Father: Frank Gates Muzzy	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: JUN 14 1977

FORM BH 56067

JUN 14 1977

799-129-010-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-302

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell Roosevelt Price		2. Date Of Birth (month) June (day) 29 (year) 1910	
	3. Color or Race: Caucasian	4. Sex: male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Milo
FATHER	6. Full Name of Father: William Ezekeil Price		7. State or Country of Father's Birth: Draper Utah	
MOTHER	8. Full Maiden Name of Mother: Ellen Joyce		9. State or Country of Mother's Birth: Leichester, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Russell P. Price	11. Present Address of Registrant: RT 1 Box 297 Idaho Falls Russell P. Price Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on June 21 1977 APPLICAN	12. Signature of Notary: Kathy Ferguson Deputy DO NOT WRITE BELOW THIS LINE	13. CLERK OF THE DISTRICT COURT SEVENTH JUDICIAL DISTRICT Rigby, Idaho 19	
SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: June17,1977	Date Orig. Entry: baptized Jan.8,1922
	Date of Birth: June29,1910 / Birth Place: Milo, Idaho	Full Name of Mother: Ellen Joise	Name of Father: Wm. E. Price	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Aug.10,1910	Date Orig. Entry: blessed on Aug.7,1910
	Date of Birth: June29,1910 / Birth Place: Milo, Idaho	Full Name of Mother: Ellen Joyce	Name of Father: William E. Price	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #224261	Date Issued: on file	Date Orig. Entry: child born Aug.29,1934
	Date of Birth: Age: 24 / Birth Place: Milo, Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: JUN 23 1977	

FORM BH 56067

6-17-11

Price

JUN 24 1977

366216-016-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 77-330

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Rheta Angeline Lowe		2. Date Of Birth (month) (day) (year): April 16, 1910	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: John O. Lowe		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sara Angeline Bates		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rheta L Black	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: July 13 1977	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

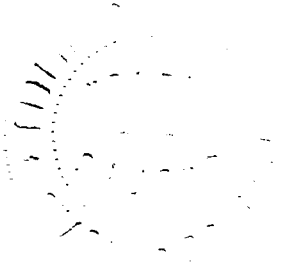
SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 219767	Date Issued: -----	Date Orig. Entry: Child born ~~Feb. 22, 1934~~	
	Date of Birth: Age 23	Birth Place: Oakley, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Albion State Normal School	Date Issued: May 21, 1930	Date Orig. Entry: school years 1928 - 1929	
	Date of Birth: Apr. 16, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: ----------	Name of Father: Dr. John Lowe	
SUPPORTING RECORD 3.	Type of Document: Church Certificate of birth	By whom issued and signed: L. D. S. Church	Date Issued: Feb. 18, 1977	Date Orig. Entry: Recorded ~~Dec. 4, 1910~~	
	Date of Birth: Apr. 16, 1910	Birth Place: Oakley, Idaho	Full Name of Mother: Angeline Bates	Name of Father: John O. Lowe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet m. Wick	Florence Curtright	July 13, 1977

FORM BH 56067



863-223-029-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-334

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Celesta Melinda Holden
2. Date Of Birth: (month) Jan. (day) 23 (year) 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Latah; b. City or Town of Birth: East Moscow

FATHER

6. Full Name of Father: John Riley Holden
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Susan Edna Harrington
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Celesta M Holden Duncan
11. Present Address of Registrant: 1034 Coal Creek Rd. Longview, Wash. 98632

NOTARY (Seal)

Subscribed and sworn to before me on 3/17 1977

12. Signature of Notary: Sue E. Newman
13. Notary Commission expires: Sept. 1 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Voter registration	Cowlitz county, Washington	Feb.25,1977	Aug.9,1956

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.23,1910	Moscow, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal census record, 1910	U.S. Department of Commerce	Mar.18,1977	Apr.15,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age;4months	Idaho	Susie Holden	John Holden

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 81	Rolfena B. Mattocks	Apr.15,1977	Apr.15,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.23,1910	Moscow,Idaho	Susan Edna Harrington	John Riley Holden

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

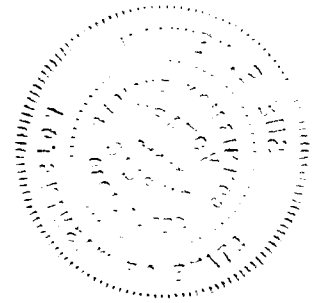
State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JUL 18 1977

FORM BH 56067

lcc #16780

2-22-77

JUL 19 1977



267-204-004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-342

REGISTRANT (Person whose Birth is being registered)	**1. Registrant's Full Name at Birth**: Frances Opal Boggess		**2. Date of Birth** (month) (day) (year): December 4, 1910
	3. Color or Race: Caucasian	**4. Sex**: Female	**5. Place of Birth** a. County: Bear Lake; b. City or Town of Birth: Montpelier
FATHER	**6. Full Name of Father**: James Morton Boggess		**7. State or Country of Father's Birth**: Iowa
MOTHER	**8. Full Maiden Name of Mother**: Inez Thompson		**9. State or Country of Mother's Birth**: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	**10. Signature of Registrant**: Frances Opal Boggess	**11. Present Address of Registrant**: 505 Cedar Ave. San Bruno, Ca. 94066
NOTARY (Seal) OFFICIAL SEAL DORIS U. DVORAK NOTARY PUBLIC - CALIFORNIA SAN MATEO COUNTY	Subscribed and sworn to before me on July 19 77	**12. Signature of Notary**: Doris U. Dvorak	**13. Notary Commission expires**: Sept 15 19 80

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	**Type of Document**: Affidavit by mother	**By whom issued and signed**: Inez Eastman	**Date Issued**: Jan.5,1972	**Date Orig. Entry**: ----
	Date of Birth: Dec.4,1910	**Birth Place**: Montpelier, Idaho Bear Lake County	**Full Name of Mother**: Inez Thompson	**Name of Father**: James Morton Boggess
SUPPORTING RECORD 2.	**Type of Document**: Census report, 1920	**By whom issued and signed**: US Department of Commerce	**Date Issued**: Jan.24,1974	**Date Orig. Entry**: Jan.1,1920
	Date of Birth: Age: 9	**Birth Place**: Idaho	**Full Name of Mother**: Inez Bogges	**Name of Father**: Martan Bogges
SUPPORTING RECORD 3.	**Type of Document**: notarized copy Family bible record	**By whom issued and signed**: Family bible	**Date Issued**: July14,1977	**Date Orig. Entry**: obviously old
	Date of Birth: Dec.4,1910	**Birth Place**: Montpelier, Idaho	**Full Name of Mother**: Inez Thompson	**Name of Father**: James M. Boggess
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Colleen Cunningham	JUL 21 1977

FORM BH 56067

JUL 22 1977

463-22-042-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-450

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Anna Molsee
2. Date of Birth (month) (day) (year): September 24 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: Filer, Idaho — a. County: Twin Falls — b. City or Town of Birth: Filer, Idaho

FATHER

6. Full Name of Father: Garland Molsee
7. State or Country of Father's Birth: Illinios

MOTHER

8. Full Maiden Name of Mother: Elizabeth Louise Rodgers
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth A Green
11. Present Address of Registrant: 124 South French, Arlington, Wa 98223

NOTARY (Seal)

Subscribed and sworn to before me on: June 27 19 77
12. Signature of Notary: Marguerite A Neely
13. Notary Commission expires: 11/26/78 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record-post card	Garland Molsee	Sep.26,1910	Sep.26,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.24,1910	Filer, Idaho	--------	Garland Molsee

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor, age 81	Inda L. Molsee, neighbor & cousin	July18,1977	July18,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.24,1910	Filer, Idaho	Elizebeth Rodgers Molsee	Garland Molsee

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Washington	Mar.15,1977	child born Nov.1,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 29	Filer, Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	OCT 03 1977

FORM BH 56067

247-215-022-515

STATE-BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-467

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Winona Buxton		2. Date Of Birth (month) November (day) 15 (year) 1910
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Bates
FATHER	6. Full Name of Father: Stillman Buxton		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lucinda Van Leuven		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Winona Buxton	11. Present Address of Registrant: American Fork, Utah RFD #1, Box 60B
NOTARY (Seal)	Subscribed and sworn to before me on SEP 2 2 1977 19	12. Signature of Notary: Edith [illegible]	13. Notary Commission expires May 25 19 78

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth certificate	By whom issued and signed: LDS Church	Date issued: July23,1952	Date Orig. Entry: July4,1920
	Date of Birth: Nov.15,1910 / Birth Place: Bates, Idaho	Full Name of Mother: Lucinda Van Leuven	Name of Father: Stillman Buxton	
SUPPORTING RECORD 2.	Type of Document: Retirement enrollment form	By whom issued and signed: Arizona State Retirement System	Date issued: Oct.17,1977	Date Orig. Entry: Oct.26,1967
	Date of Birth: Nov.15,1910 / Birth Place: ----------	Full Name of Mother: ---------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin, age 80	By whom issued and signed: Darrell Carson Buxton	Date issued: Oct.5,1977	Date Orig. Entry: Oct.5,1977
	Date of Birth: Nov.15,1910 / Birth Place: Bates, Idaho	Full Name of Mother: Lucinda Van Leuven	Name of Father: Stillman Buxton	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: OCT 21 1977

FORM BH 56067

10 [illegible] #74 [illegible]

9-[illegible]

Hirsch

OCT 24 1977

821-130-024-127

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. DE77-554
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Ybarguen	2. Date Of Birth (month) (day) (year): November 30 1910	
	3. Color or Race: Am. Basque; 4. Sex: male; 5. Place of Birth a. County: Gooding County	b. City or Town of Birth: Hagerman, Idaho	
FATHER	6. Full Name of Father: Joseph Ybarguen	7. State or Country of Father's Birth: Spain	
MOTHER	8. Full Maiden Name of Mother: Jesus Ventura Aspitarte	9. State or Country of Mother's Birth: Spain	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Ybarguen	11. Present Address of Registrant: 211-8th Ave (W) east Gooding, Ida -83330
NOTARY (Seal)	Subscribed and sworn to before me on: 9-14 1977	12. Signature of Notary: George W. Carno	13. Notary Commission expires: 12-22 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license application		By whom issued and signed: Twin Falls County, Idaho	Date Issued: Sep.15,1977	Date Orig. Entry: Jan.12,1942
Class*	Date of Birth: Age: 31	Birth Place: Hagerman, Idaho	Full Name of Mother: ----------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Own child's Hospital birth certificate		By whom issued and signed: Gooding Memorial Hospital, Gooding, Idaho	Date Issued: Aug.25,1942	Date Orig. Entry: child born Aug.25,1942
Class	Date of Birth: Nov.30,1910	Birth Place: Hagerman, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: SS# Application		By whom issued and signed: Treasury Department, IRS	Date Issued: Dec.19,1977	Date Orig. Entry: Dec.15,1936
Class	Date of Birth: Nov.30,1910	Birth Place: Hagerman, Idaho	Full Name of Mother: Ventura Aspitarte	Name of Father: Joe Ybarguen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	DEC 20 1977

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 Cert. issued

DEC 21 1977

269-119-040-545

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-274

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sterling Morton Sorenson			2. Date Of Birth (month) March (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wallace, Idaho
FATHER	6. Full Name of Father: Martin (No middle name) Sorenson			7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Myra Laverne (Emerson)			9. State or Country of Mother's Birth: New York, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sterling M. Sorenson		11. Present Address of Registrant: Suni Sands, Jupiter, Florida
NOTARY (Seal)	Subscribed and sworn to before me on: 15th March 19 78	12. Signature of Notary: Gloria M. Hamblen		13. Notary Commission expires: NOTARY PUBLIC STATE OF FLORIDA AT LARGE MY COMMISSION EXPIRES NOV 25 1981 19 BONDED THRU GENERAL INS UNDERWITERS

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge	By whom issued and signed: U.S. Navy		Date Issued: June4,1937	Date Orig. Entry: enlisted June7,1933
	Date of Birth: Mar.19,1910 / Birth Place: Wallace, Idaho	Full Name of Mother: ----------		Name of Father: ---------	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism	By whom issued and signed: Holy Trinity Church,Wallace,ID		Date Issued: Mar.15,1978	Date Orig. Entry: baptized June19,1910
	Date of Birth: Mar.19,1910 / Birth Place: Wallace, Idaho	Full Name of Mother: Myra Sorenson		Name of Father: Morton Sorenson	
SUPPORTING RECORD 3.	Type of Document: Social Security#application	By whom issued and signed: Treasury Dept. IRS		Date Issued: June20,1978	Date Orig. Entry: Nov.24,1936
	Date of Birth: Mar.19,1910 / Birth Place: Wallace, Idaho	Full Name of Mother: Myra Laverne Emerson		Name of Father: Martin Sorenson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

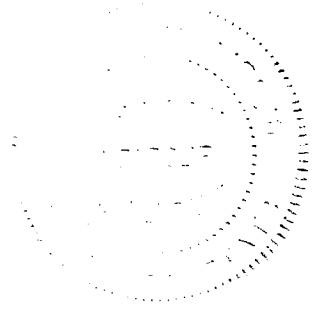
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham cc	JUL 14 1978

FORM BH 56067

IR # 715

JUL 14 1978



315-22-040-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-278

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kathlene Ann Lannahan
2. Date Of Birth (month) (day) (year): Sept. 27, 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Shoshone
b. City or Town of Birth: Mullan

FATHER

6. Full Name of Father: Thomas (Tom) Lannahan
7. State or Country of Father's Birth: Ireland

MOTHER

8. Full Maiden Name of Mother: Nellie Sullivan
9. State or Country of Mother's Birth: Ireland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kathleen Ann Lannahan (Mrs. Ronald Murray)
11. Present Address of Registrant: 721 Flagstaff, Grants, N.Mex. 87020

NOTARY (Seal)

Subscribed and sworn to before me on July 3rd 1978

12. Signature of Notary: Alice Bibo
13. Notary Commission expires: MY COMMISSION EXPIRES SEPTEMBER 12, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Voter registration record	State of New Mexico	Oct.4,1962	Oct.4,1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.27,1910	Idaho	--------	---------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license	Silver Bow County, Montana	July7,1978	Apr.4,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 25	Mullin, Idaho	Nellie Sullivan	Tom Lenihan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
County register of birth	Shoshone County, Idaho	Junel,1942	Oct.10,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.27,1910	Mullan, Idaho	Nellie Sullivan	Tom Lannahan

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 14 1978

FORM BH 56067 2cc #1124

6-22-78

JUL 17 1978

293-209-006-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-286

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELMA VIOLA BILLMAN
2. Date Of Birth (month) APRIL (day) 9 (year) 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO FALLS, BINGHAM CO NOW BONNEVILLE
b. City or Town of Birth: Idaho Falls

FATHER

6. Full Name of Father: ANDREW BILLMAN
7. State or Country of Father's Birth: SALTLAKE, SALTLAKE CO, UTAH.

MOTHER

8. Full Maiden Name of Mother: MARTHA JANE SMITH
9. State or Country of Mother's Birth: UTAH BEAVER CITY BEAVER CO.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elma V Jones
11. Present Address of Registrant: 8103 MARTIN WAY OLY, WA.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 22 1977
12. Signature of Notary: Dennis C Jones
13. Notary Commission expires: Feb. 22 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho #184333	May29,1975	child born Aug.3,1930

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	Idaho Falls, Idaho	----------	- ------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for social sec. #	Treasury Dept., IRS	Apr.19,1978	Aug.23,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.9,1910	Idaho Falls, ID	Martha Jane Smith	Andy Billman

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Livingston, Montana School record	Livingston City Schools	July13,1978	Sep.7,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.9,1910	Idaho Falls, Idaho	--------	A. J. Billman

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

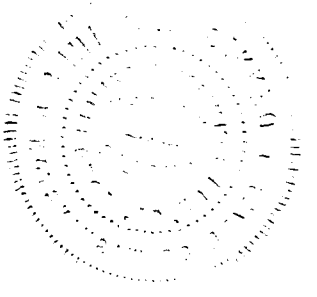
State Registrar: Janet M. Wisk
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: JUL 20 1978

FORM BH 56067

2 cc # 1543

Jones

JUN 20 1978



993101-001-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-431

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lewis F. Ritter			2. Date Of Birth: (month) April (day) 1 (year) 1910	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho	a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Otto O. Ritter			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Ida A. McCullough			9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x Lewis F. Ritter		11. Present Address of Registrant: 5326 - HARRISON ROAD x Paradise Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1978	12. Signature of Notary: Margaret D. Davis		13. Notary Commission expires: Lifetime 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Discharge Papers	By whom issued and signed: United States Army		Date Issued: 24/9/45	Date Orig. Entry: Enlisted 10/2/43
	Date of Birth: 1 Apr. 10	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Sacramento School Dept.		Date Issued: 11/27/74	Date Orig. Entry: Sept. 1919
	Date of Birth: 1 Apr. 10	Birth Place: Boise, Idaho	Full Name of Mother: Ida Ritter	Name of Father: Otto Ritter	
SUPPORTING RECORD 3.	Type of Document: Social Security number application	By whom issued and signed: Social Security Administration		Date Issued: Oct.16,1978	Date Orig. Entry: Nov.10,1939
	Date of Birth: April 1,1910	Birth Place: Boise, Idaho	Full Name of Mother: Ida Alma McCollough	Name of Father: Otto Orris Ritter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: OCT 18 1978

FORM BH 56067

OCT 1 9 1978

455-202-014-296

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-006
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eloise Cleveland Denbo	2. Date Of Birth (month) (day) (year): February 2, 1910
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Robert Leroy Denbo	7. State or Country of Father's Birth: Indian Territory (Oklahoma)
MOTHER	8. Full Maiden Name of Mother: Edith Madge Brown	9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eloise Denbo Fornasero; 11. Present Address of Registrant: 118 Trudee, La Mesa, California 92041
NOTARY (Seal)	Subscribed and sworn to before me on Sept 15 1978	12. Signature of Notary: Carol A. Billings; 13. Notary Commission expires May 1 1979

OFFICIAL SEAL
CAROL A. BILLINGS
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires MAY 1, 1979

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal census report	By whom issued and signed: U.S. Department of Commerce	Date issued: Oct.13,1969	Date Orig. Entry: Apr.15,1910
Class*	Date of Birth: Age: two months; Birth Place: Idaho	Full Name of Mother: Edith Denbo	Name of Father: Robert L. Denbo	
SUPPORTING RECORD 2.	Type of Document: Statement about school records	By whom issued and signed: Tulare City School District, Tulare, California	Date issued: Oct.1,1969	Date Orig. Entry: Sept.15,1919
Class	Date of Birth: Feb.2,1910; Birth Place: ------	Full Name of Mother: ----------	Name of Father: R. L. Denbo	
SUPPORTING RECORD 3.	Type of Document: Application for social security #	By whom issued and signed: Treasury Department,IRS	Date issued: Nov.30,1978	Date Orig. Entry: Oct.23,1964
Class	Date of Birth: Feb.2,1910; Birth Place: Nampa, Idaho	Full Name of Mother: Edith Madge Brown	Name of Father: Robert Leroy Denbo	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JAN 08 1979

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

1 cp. Od. + 2 cc PN = 3 cc

JAN 0 8 1973

665-204-021-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-071

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Luinna Owen
2. Date Of Birth (month) Oct (day) 4 (year) 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Franklin
b. City or Town of Birth: Glendale

FATHER

6. Full Name of Father: Herbert Owen
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Anna Luinna Larsen
9. State or Country of Mother's Birth: Logan Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel O. Auger
11. Present Address of Registrant: 239 E 1st N. Preston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 26, 1979 19___
12. Signature of Notary: [signature]
13. Notary Commission expires: 3/4/82 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by neighbor at time	Alta Jensen Auger, age 86	Feb.21,1979	Feb.21,1979

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.4,1910	Glendale, Idaho	Anna Luinna Larsen	Herbert Owen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Nov.6,1910	blessed Nov.6,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.4,1910	Glendale, Idaho	Annie L. Larsen	Herbert Owen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism/conf.	LDS Church	May22,1919	baptized May13,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.4,1910	Glendale, Idaho	Annie L. Larsen	Herbert Owen.

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	FEB 27 1979

FORM BH 56067

LDC # 51164

12-19-78

Auger

FEB 2 8 1979

295-120-001-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:79-221

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Virgil Roy Breshears
2. Date Of Birth: (month) Nov. (day) 20 (year) 1910
3. Color or Race: Cau.
4. Sex: M
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Star

FATHER

6. Full Name of Father: Fred Barton Breshears
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Flora Ethel Corron
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Virgil Breshears
11. Present Address of Registrant: Star, Ida. RT 1

NOTARY (Seal)

Subscribed and sworn to before me on June 15 1979
12. Signature of Notary: Margaret D. Davis
13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L.D.S. Church	11 Oct. 1961	Baptised 30/9/61

Date of Birth	Birth Place	Full Name of Father	Name of Mother
11/20/10	Star, Idaho	Fred Barton Breshears	Flora Ethel Corron

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy #1377823	Occidental Life Insurance Co.	14/11/42	14/11/42

Date of Birth	Birth Place	Full Name of Mother	Name of Father
11/20/10	Star, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho	6/15/79	child born 1/28/46

Date of Birth	Birth Place	Full Name of Mother	Name of Father
35 yrs.	Star, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUN 15 1979

FORM BH 56067

11-3-70

Freshears.

JUN 15 1979

712-12-004-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Benjamin Gaskins			2. Date Of Birth (month) (day) (year): December 22, 1910
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Montpelier
FATHER	6. Full Name of Father: Charles Edward Gaskins			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Lillian McCammon			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William B. Gaskins		11. Present Address of Registrant: 271 W. Siphon, Chubbuck, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 15 1979	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth cert.	By whom issued and signed: Montpelier Hospital	Date Issued: April 1944	Date Orig. Entry: child born Apr. 28,1944
	Date of Birth: Dec.22,1910 / Birth Place: Montpelier,Ida	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Statement from lodge records	By whom issued and signed: Ancient and Accepted Scottish Rite of Freemasonry	Date Issued: Nov.7,1970	Date Orig. Entry: Nov.14,1954
	Date of Birth: Dec.22,1910 / Birth Place: Montpelier, ID	Full Name of Mother: Lillian McCammon Gaskins	Name of Father: Charles E. Gaskins	
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: Union Pacific Railroad Co.	Date Issued: June20,1979	Date Orig. Entry: May12,1936
	Date of Birth: Dec.22,1910 / Birth Place: Montpelier, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

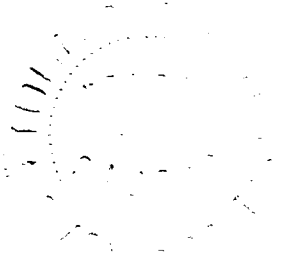
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wicks	Evidence reviewed by: Colleen Cunningham fc	Date Filed: JUL 09 1979

K FORM BH 56067

6-15-79

Gaskins

JUL 9 1979



DECEASED

813-223-022-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-253

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VIRDA HATCH		2. Date Of Birth (month) 8 (day) 23 (year) 1910
	3. Color or Race: WH	4. Sex: F	5. Place of Birth a. County: ~~VICTOR~~ IDAHO, FREMONT b. City or Town of Birth: VICTOR
FATHER	6. Full Name of Father: HYRUM HILE HATCH		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELIZABETH MARIA SHAW		9. State or Country of Mother's Birth: UTAH.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virda Hatch	11. Present Address of Registrant: Victor, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 20 1971	12. Signature of Notary: F C Gillette	13. Notary Commission expires: July 1 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Sep.25,1910	Date Orig. Entry: blessed ~~Sep.25,1910~~
	Date of Birth: Aug.23,1910 / Birth Place: Victor, ID	Full Name of Mother: Elizabeth M. Shaw	Name of Father: Hyrum Hile Hatch	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho #187598	Date Issued: on file	Date Orig. Entry: child born ~~Nov.17,1930~~
	Date of Birth: Age: 20 / Birth Place: Victor, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend	By whom issued and signed: Julia Cherry Richins, age 84	Date Issued: July6,1979	Date Orig. Entry: July6,1979
	Date of Birth: Aug.23,1910 / Birth Place: Victor, Idaho	Full Name of Mother: Elizabeth Maria Shaw	Name of Father: Hyrum Hile Hatch	
QUALIFYING INFORMATION				

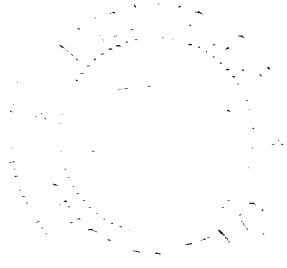
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUL 10 1979

FORM BH 56067

JUL 10 1979



416-225-036-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-294

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Marler Dawson	2. Date Of Birth: 5 (month) 25 (day) 1910 (year) May 25 1910
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth: Weston; a. County: Onida	b. City or Town of Birth: Weston
FATHER	6. Full Name of Father: William Edward Dawson	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Effie Estella Smith	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ✓ Eva I. Thornley; 11. Present Address of Registrant: ✓ 626 West Pine Meridian Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 10 August 1979	12. Signature of Notary: Margaret D. Davis; 13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible		By whom issued and signed: Eva M. Dawson	Date issued: Dec. 1955	Date Orig. Entry: Dec. 1955
	Date of Birth: 5/25/10	Birth Place: Weston, Idaho	Full Name of Mother: Effie Estella Smith	Name of Father: William Edward Dawson	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: Meridian Ward	Date issued: --	Date Orig. Entry: Baptised 5/24/18
	Date of Birth: 5/25/10	Birth Place: Weston, Id	Full Name of Mother: Effie E. Smith	Name of Father: William E. Dawson	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Utah	Date issued: May3,1972	Date Orig. Entry: child born Oct.1,1933
	Date of Birth: Age: 23	Birth Place: Weston, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	MD Colleen Cunningham	AUG 14 1979

FORM BH 56067 10 cpd Mc#2208

8-2-79

Dawson

AUG 14 1979

462-116-010-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-062

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALMA ETSEL MOSS			2. Date Of Birth (month) (day) (year): NOVEMBER 16, 1910
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: IDAHO BONNEVILLE	b. City or Town of Birth: IDAHO FALLS
FATHER	6. Full Name of Father: ALMA MOSS			7. State or Country of Father's Birth: COALVILLE, SUMMIT, UTAH
MOTHER	8. Full Maiden Name of Mother: ELIZABETH CANNON			9. State or Country of Mother's Birth: HOOPER, WEBER, UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: A. Etsel Moss		11. Present Address of Registrant: Box 102, R # 1, MOORE, IDAHO 83255
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1980	12. Signature of Notary: Judith R. Bailey		13. Notary Commission expires: 1-13 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 93	By whom issued and signed: Elizabeth Cannon Moss	Date Issued: Jan.14,1980	Date Orig. Entry: Jan.14,1980
	Date of Birth: Nov.16,1910	Birth Place: Idaho Falls, ID	Full Name of Mother: Elizabeth Cannon Moss	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Apr.8,1919	Date Orig. Entry: baptized Apr.6,1919
	Date of Birth: Nov.16,1910	Birth Place: Idaho Falls, ID	Full Name of Mother: Elizabeth Cannon	Name of Father: Alma Moss
SUPPORTING RECORD 3.	Type of Document: Hospital record	By whom issued and signed: Consolidated Hospitals,Id. Falls,ID	Date Issued: Feb.7,1980	Date Orig. Entry: Jan30, 1960
	Date of Birth: Nov.16,1910	Birth Place: ----------	Full Name of Mother: ----------	Name of Father: --------
QUALIFYING INFORMATION				

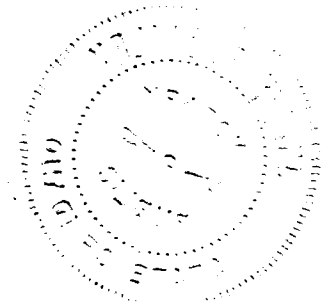
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	FEB 26 1980

FORM BH 56067

FEB 27 1980



DECEASED

843-112-001-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-195

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: George F. Hulser			2. Date Of Birth (month) June (day) 12 (year) 1910	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Boise, Idaho a. County: Ada	b. City or Town of Birth: Boise, Idaho	
FATHER	6. Full Name of Father: Edward H. Hulser			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Ada G. Hart			9. State or Country of Mother's Birth: Wisconsin (Wisconsin)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Frederick G. Hulser	11. Present Address of Registrant: 4933 Patricia Street,	
NOTARY (Seal)	Subscribed and sworn to before me on: June 11 1980		12. Signature of Notary: Rita Yvonne Hawk	13. Notary Commission expires: Jan 14 1983	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: County register of birth		By whom issued and signed: Ada County, Idaho	Date Issued: Jan.2,1942	Date Orig. Entry: June12,1910
	Date of Birth: June12,1910	Birth Place: Boise, ID	Full Name of Mother: Ada Hart Hulser	Name of Father: Edward H. Hulser	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho	Date Issued: Nov.17,1948	Date Orig. Entry: child born Dec.15,1946
	Date of Birth: Age: 36	Birth Place: Boise, ID	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Military record		By whom issued and signed: U.S. Army	Date Issued: May23,1946	Date Orig. Entry: Oct.1,1943 entered service
	Date of Birth: June12,1910	Birth Place: Boise, ID	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION					

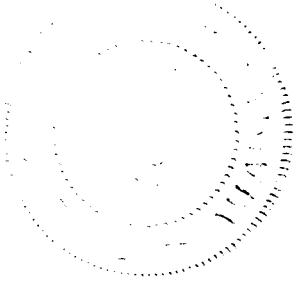
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: JUN 23 1980

FORM BH 56067

5-15-80

JUN 24 1980

HULSER



753-226-036-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-203

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leola Peterson
2. Date Of Birth (month) (day) (year): Sep 26 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Preston Idaho Oneida
b. City or Town of Birth: Preston Idaho

FATHER

6. Full Name of Father: Leo J Peterson
7. State or Country of Father's Birth: Beaver Idaho Montpilier Lake

MOTHER

8. Full Maiden Name of Mother: Lillian Chloe Clayton
9. State or Country of Mother's Birth: Idaho Preston Oneida

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leola Peterson
11. Present Address of Registrant: 40 East 4300 South

NOTARY (Seal)

Subscribed and sworn to before me on May 27, 1980
12. Signature of Notary: Julie Harmer
13. Notary Commission expires: April 9 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record of birth	LDS Church	Apr.24,1980	Dec.11,1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.26,1910 Preston, ID	Lillian Cloe Clayton	Leo J. Peterson	
SUPPORTING RECORD 2.	Affidavit by mother, age 91	Chloe Clayton Peterson	May 12,1980	May12,1980
	Sep.26,1910 Preston, Idaho	Chloe Clayton	Leo J. Peterson	
SUPPORTING RECORD 3.	Marriage license	Boxelder County, Utah	Sep.8,1972	June26,1929
	Age: 18 Preston, ID	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wisk
Evidence reviewed by: Colleen Cunningham
Date Filed: JUN 26 1980

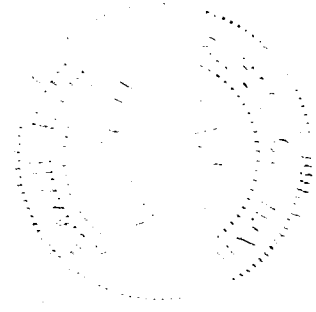
FORM BH 56067

Rec# 10771

2-19-80

from

JUN 2 7 1980



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-228

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FONG YUK-LIUN
2. Date Of Birth (month) JULY (day) 16, (year) 1910
3. Color or Race: CHINESE
4. Sex: F
5. Place of Birth a. County: BOISE, IDAHO ADA
b. City or Town of Birth: BOISE, IDAHO -

FATHER

6. Full Name of Father: FONG YOW
7. State or Country of Father's Birth: CANTON, CHINA

MOTHER

8. Full Maiden Name of Mother: LEE SIP ENG
9. State or Country of Mother's Birth: SHANGHAI, CHINA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fong Yuk Liun
11. Present Address of Registrant: 1448 S. TROY STREET

NOTARY (Seal)

Subscribed and sworn to before me on July 9, 19 80

12. Signature of Notary: Joe Jimenez

13. Notary Commission expires: 6-23- 19 81

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement from Health Dept.records	Boise City Health Dept.	Sep.24,1910	July16,1910
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	July16,1910 Boise, Idaho	Mrs. Fong Yow	Mr. Fong Yow	
SUPPORTING RECORD 2.	Statement by attending physician	Dr. H.A. Brereton, Boise, ID	Sep.23,1910	Sep.23,1910
	July16,1910 Boise,ID	Lee Sip Eng	Fong Yow	
SUPPORTING RECORD 3.	Affidavit by father	Fong Yow	Sep.21,1910	Sep.21,1910
	July 16, 1910 Boise, ID	Lee Sip Eng	Fong Yow	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wiske
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 16 1980

FORM BH 56067

Hue

JUL 17 1980

264-107-004-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Woodruff Sommers	2. Date Of Birth (month) Feb (day) 7 (year) 1910
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth a. County: Montpelier Bear Lake	b. City or Town of Birth: Montpelier Idaho
FATHER	6. Full Name of Father: Ernest Sommers	7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Rosetta Blaser	9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Woodruff Sommers; 11. Present Address of Registrant: 4301 Euclid Ave Sacramento Calif
NOTARY (Seal)	Subscribed and sworn to before me on July 14 19 80	12. Signature of Notary: [signature]; 13. Notary Commission expires: Feb 10 19 84

KATHLEEN M. LONG
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SACRAMENTO COUNTY
My Commission Expires February 10, 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	MILITARY RECORD	U.S. ARMED SERVICES	OCT. 29, 1945	INDUCTED JULY 5, 1942
	Date of Birth: FEB. 7, 1910; Birth Place: MONTPELIER, ID	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 2.	INSURANCE RECORD	BENEFICIAL LIFE CO.	JAN. 15, 1941	JAN. 15, 1941
	Date of Birth: FEB. 7, 1910; Birth Place: MONTPELIER, ID	Full Name of Mother: ROSETTA B. SOMMERS	Name of Father: —	
SUPPORTING RECORD 3.	AFFIDAVIT BY RELATIVE	LOUISE CHUGG, AGE 88	JULY 14, 1980	JULY 14, 1980
	Date of Birth: FEB. 7, 1910; Birth Place: MONTPELIER, ID	Full Name of Mother: ROSETTA BLASER	Name of Father: ERNEST SOMMERS	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 02 1980

FORM BH 56067

SOMMERS, 6-4-80

SEP 3 1980

168-216-021-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-168

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Adeline Johnson			2. Date Of Birth (month) July (day) 16 (year) 1910	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston	
FATHER	6. Full Name of Father: Martin Johnson, Jr.			7. State or Country of Father's Birth: Preston, Idaho	
MOTHER	8. Full Maiden Name of Mother: Adeline Kershaw			9. State or Country of Mother's Birth: Lake Town, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta Adeline Johnson Chadburn		11. Present Address of Registrant: Route # 1 Shelley, ID	
NOTARY (Seal)	Subscribed and sworn to before me on: March 5, 19 81	12. Signature of Notary: [signature]		13. Notary Commission expires: lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Preston, Idaho		Date Issued: Nov 6,1910	Date Orig. Entry: Baptized Nov 6,1910
	Date of Birth: July 16,1910	Birth Place: Preston, Idaho	Full Name of Mother: Adeline Kershaw	Name of Father: Martin Johnson, Jr.	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Cache Ward,Ida.		Date Issued: Aug3,1919	Date Orig. Entry: Aug 2,1919
	Date of Birth: July16,1910	Birth Place: Preston, Idaho	Full Name of Mother: Adline Kershaw	Name of Father: Martin Johnson, Jr.	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister age 78 yrs	By whom issued and signed: Alverta Wood		Date Issued: Mar5,1981	Date Orig. Entry: ------
	Date of Birth: July16,1910	Birth Place: Preston, Idaho	Full Name of Mother: Adeline Kershaw	Name of Father: Martin Johnson, Jr.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Teresa L. Cleverely	MAY 13 1981

FORM BH 56067

11-6-78

Chastain

MAY 14 1981

DECEASED

349-109-006-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-186

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adrian Miles Curtis		2. Date Of Birth (month) (day) (year): August 9, 1910
	3. Color or Race	4. Sex: Male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: William Edwin Curtis		7. State or Country of Father's Birth: United States
MOTHER	8. Full Maiden Name of Mother: Mercie Miles		9. State or Country of Mother's Birth: United States
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adrian Miles Curtis	11. Present Address of Registrant: P. O. Box 6108, 1636 Orchard Drive, Salt Lake City, UT 84106
NOTARY (Seal)	Subscribed and sworn to before me on: May 26 1981	12. Signature of Notary: [signature]	13. Notary Commission expires: LIFETIME 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age 82		By whom issued and signed: Emily Curtis Jones	Date issued: May1,1981	Date Orig. Entry: ---------
	Date of Birth: Aug 9,1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mercie Miles	Name of Father: William Edwin Curtis	
SUPPORTING RECORD 2.	Type of Document: Bingham Co. Register of Births		By whom issued and signed: E.J. Hilton, deputy Recorder	Date issued: July6,1973	Date Orig. Entry: ---------
	Date of Birth: Aug9,1910	Birth Place: Blackfoot, Idaho	Full Name of Mother: Mercie Miles	Name of Father: William Curtis	
SUPPORTING RECORD 3.	Type of Document: School Attendance record		By whom issued and signed: Rulon Ellis, Super of Schools	Date issued: May 1981	Date Orig. Entry: Jan31,1927
	Date of Birth: Aug9,1910	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: W. E. Curtis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	tc Teresa L. Cleverly	JUN 1 1981

FORM BH 56067

5-6-81

Curtis

JUN 1 1981

643-228-003-718

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-210

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elma Grace Fuller
2. Date Of Birth: (month) June (day) 28 (year) 1910
3. Color or Race: wh
4. Sex: F
5. Place of Birth: a. County: Pocatello; b. City or Town of Birth: Pocatello, Idaho

FATHER

6. Full Name of Father: Charles Wesley Fuller
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Anna Monroua Payne
9. State or Country of Mother's Birth: Crook-Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elma Grace Murphy
11. Present Address of Registrant: Portland, Oregon 5036 SE Lincoln

NOTARY (Seal)

Subscribed and sworn to before me on: May 8 1981
12. Signature of Notary: Marlene Harper
13. Notary Commission expires: 8-17 1984

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	State of Oregon	May1981	Married July3,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19yrs	Pocatello, Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Oregon	May7, 1981	Child Born June 29, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 30yrs	Pocatello, Idaho	----------	----------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Biographical Record	Elma Grace Fuller	June1,1963	--------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June28,1910	Idaho	Anna M. Payne	Charles W. Fuller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TEresa L. Cleverly	JUN 19 1981

FORM BH 56067

JUN 19 1981

249-119-022-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE81-250

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard Chandler Burton			2. Date Of Birth (month) April (day) 19 (year) 1910
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Garfield
FATHER	6. Full Name of Father: Willard Stewart Burton			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cora Chandler			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 464 Linden, Rexburg, Id.
NOTARY (Seal)	Subscribed and sworn to before me on: June 8 1981	12. Signature of Notary: Nellis H Garner		13. Notary Commission expires: Jan 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church. Idaho	Date issued: July 11,1910	Date Orig. Entry: Blessed July 3,1910
	Date of Birth: Apr19, 1910	Birth Place: Garfield,Idaho	Full Name of Mother: Cora Chandler	Name of Father: Willard S. Burton	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination		By whom issued and signed: LDS Church Idaho(Deacon)	Date issued: May22,1922	Date Orig. Entry: -------
	Date of Birth: Apr19,1910	Birth Place: Garfield, Idaho	Full Name of Mother: Cora Chandler	Name of Father: Willard S. Burton	
SUPPORTING RECORD 3.	Type of Document: Church record		By whom issued and signed: LDS Church	Date issued: Baptized May 4, 1918	Date Orig. Entry: Baptized May 4, 1918
	Date of Birth: Apr19, 1910	Birth Place: Garfield,Idaho	Full Name of Mother: Cora Chandler	Name of Father: Willard S. Burton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs,R.N.	Teresa L. Cleverly	JUL 16 1981

FORM BH 56067

JUL 16 1981

264-219-014-958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-362

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Ursula Theresa Bourg
2. Date of Birth (month) July (day) 19 (year) 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Emmett

FATHER

6. Full Name of Father: Louis Bourg
7. State or Country of Father's Birth: Pennsylvania

MOTHER

8. Full Maiden Name of Mother: Leonie Eugenie J. Reynaud
9. State or Country of Mother's Birth: France

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille Bourg
11. Present Address of Registrant: PO Box 132, Fruita, Colo.

NOTARY (Seal)

Subscribed and sworn to before me on April 28 1981
12. Signature of Notary: Marjorie M. Johnson
13. Notary Commission expires: Nov. 15 1982

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School record	Mesa Co. Valley, Colorado	Mar1981	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July19,1910 / Idaho	----------	Louis Bourg	
SUPPORTING RECORD 2.	Affidavit by friend of family age84	M. Beatrice Conrad	Apr28, 1981	------
	July19, 1910 / Emmett, Idaho	Leonie E. J. Reynaud	Louis Bourg	
SUPPORTING RECORD 3.	Application for Soc. Sec. #	US. Social Security Administ.	------	Jan27,1937
	July26,1910 / Emmett, Idaho	Leona Reynaud	Louis Bourg	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 28 1981

FORM BH 56067

OCT 2 8 1981

965-129-006-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-072

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Albert George Ronfeld
2. Date Of Birth (month) (day) (year): Sept. 29 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Bingham
   b. City or Town of Birth: Blackfoot Idaho

FATHER

6. Full Name of Father: Claus Ronfeld
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Christine Solterbeck
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert George Ronfeld
11. Present Address of Registrant: 11280 S. Riggs Damm Road Canby Ore 97013

NOTARY (Seal)

Subscribed and sworn to before me on March 3, 19 82

12. Signature of Notary: Lois Webstem
13. Notary Commission expires: 8/12/83 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's Hosp. birth Certif.	Klamath Valley Hosp, Ore.	child born Mar.25,1947	child born Mar. 25,1947
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Sept.29,1910 Blackfoot, Idaho	------	------	
SUPPORTING RECORD 2.	Baptismal record	G. Toenjes, Pastor	Baptized Jan.29,1911	Baptized Jan.29, 1911
	Sept.29,1910 Blackfoot, Idaho	Christine Solterbeck	Claus Ronfeld	
SUPPORTING RECORD 3.	Affidavit by brother age84yrs	Andrew H. Ronfeld	Feb. 11,1982	-----
	Sept.29,1910 Blackfoot, Idaho	Christine Solterbeck	Claus Ronfeld	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	MAR 22 1982

FORM BH 56067

ICC P.O # 1044

MAR 22 1982

314-104-006-275

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-143

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorin Alfred Campbell		2. Date Of Birth (month) (day) (year): April 4 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham County; b. City or Town of Birth: Shelton Idaho
FATHER	6. Full Name of Father: Alfred Henry Campbell		7. State or Country of Father's Birth: Toquerville, Utah 1885
MOTHER	8. Full Maiden Name of Mother: Julia Rozetta Spendlove		9. State or Country of Mother's Birth: Littleton, Utah 1882
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorin Alfred Campbell	11. Present Address of Registrant: 641 Wesley Dr. Fullerton
NOTARY (Seal)	Subscribed and sworn to before me on: June 24 1982	12. Signature of Notary: Jerry Cates	13. Notary Commission expires: April 5 1985

OFFICIAL SEAL
JERRY CATES
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
ORANGE COUNTY
My Commission Expires April 5, 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS church	Date issued: Blessed May 1, 1910	Date Orig. Entry: Blessed May 1, 1910
	Date of Birth: Apr.4,1910	Birth Place: Shelton, Idaho	Full Name of Mother: Julia Rozzet Spendlove	Name of Father: Alferd Campbell
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date issued: Baptized Aug.31,1919	Date Orig. Entry: Baptized Aug. 31, 1919
	Date of Birth: Apr.4,1910	Birth Place: Shelton, Idaho	Full Name of Mother: Julia Rosetta Spendlove	Name of Father: Alfred Henry Campbell
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: Metropolitan Insurance	Date issued: Sept.29,1932	Date Orig. Entry: Sept. 29, 1932
	Date of Birth: Apr.4,1910	Birth Place: Shelton, Idaho	Full Name of Mother: Julia R. Campbell	Name of Father: Alfred Campbell
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 12 1982

FORM BH 56067 1CC pd #12989 Rush! 6-15-82

Campbell.

JUL 12 1982

154-220-006-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 82-197

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cynthia Anderson			2. Date Of Birth (month) December (day) 20, (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Riverside
FATHER	6. Full Name of Father: Marion Olaf Anderson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Nancy Cooper			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cynthia Anderson Kourdys		11. Present Address of Registrant: 5609 N. Highway 23, Cache Junction, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 1, 1982	12. Signature of Notary: Mary Alice Wahlstrom		13. Notary Commission expires: 8-29-1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Dec.20,1910 Birth Place: Riverside, ID	Full Name of Mother: Nancy Cooper	Name of Father: Marion Olaf Anderson	
SUPPORTING RECORD 2.	Type of Document: Church certificate of birth	By whom issued and signed: L. D. S. Church	Date Issued: May 8,1973	Date Orig. Entry: Recorded April 2, 1911
	Date of Birth: Dec.20,1910 Birth Place: Idaho	Full Name of Mother: Nancy Cooper	Name of Father: Marion O. Anderson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister age 81	By whom issued and signed: Mabel Anderson Armstrong	Date Issued: Aug 25,1982	Date Orig. Entry: -----
	Date of Birth: Dec.20,1910 Birth Place: Riverside, Idaho	Full Name of Mother: Nancy Cooper	Name of Father: Marion Olaf Anderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, RN	Evidence reviewed by: fc Florence Curtright	Date Filed: Sept.7, 1982

FORM BH 56067

SEP 7 1982

661

463-229-014-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-227

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AMY MAY Dotson		2. Date Of Birth (month) 12 (day) 29 (year) 1910
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Canyon Co. b. City or Town of Birth: Houston, Idaho
FATHER	6. Full Name of Father: James Wesley Dotson		7. State or Country of Father's Birth: U.S. Nebraska
MOTHER	8. Full Maiden Name of Mother: Blanche Smith		9. State or Country of Mother's Birth: U.S. Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amy May Dotson	11. Present Address of Registrant: 1755 Auction Rd. #107 Fallon, Nevada 89406
NOTARY (seal)	Subscribed and sworn to before me on 27 1982	12. Signature of Notary: Randy A. Quillen	13. Notary Commission expires 5-7 1983

HANDY A. QUILLEN
Notary Public - State of Nevada
Washoe County
My Appointment Expires May 7, 1983

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother age73yrs	By whom issued and signed: Terry Frederick Dotson	Date Issued: Sept.16,1974	Date Orig. Entry: -----
	Date of Birth: Dec.29,1910 / Birth Place: Huston, Idaho	Full Name of Mother: Blanche Smith	Name of Father: Wesley Dotson	
SUPPORTING RECORD 2.	Type of Document: Child's hospital birth Certif.	By whom issued and signed: Fallon Mrs. Moore's Hos., Nevada	Date Issued: child born Nov. 1,1927	Date Orig. Entry: child born Nov. 1, 1927
	Date of Birth: age 16yrs. / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Application for Social Security number	By whom issued and signed: Social Security Administration	Date Issued: July 21, 1988	Date Orig. Entry: April 1947
	Date of Birth: Dec.29, 1910 / Birth Place: Houston, Idaho	Full Name of Mother: Blanche C. Smith	Name of Father: James W. Dotson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 7 1982

FORM BH 56067

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OCT 7 1982

735-130-042-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ARVIL KIMBER GLENN			2. Date of Birth (month) SEPT. (day) 30 (year) 1910
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: TWIN FALLS	b. City or Town of Birth: KIMBERLY
FATHER	6. Full Name of Father: ANDREW GLENN			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARY ELIZABETH TOLMAN			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arvil Kimber Glenn		11. Present Address of Registrant: Route-1 Kimberly Id 83341
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1982	12. Signature of Notary: M. B. Dietrich		13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church	Date Issued: Aug.26, 1982	Date Orig. Entry: Blessed Dec. 4,1910
	Date of Birth: Sept.30,1910 / Birth Place: Kimberly, Idaho	Full Name of Mother: Mary E. Tolman	Name of Father: Andrew Glenn	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church	Date Issued: Aug.26,1982	Date Orig. Entry: Baptized Sept. 14, 1918
	Date of Birth: Sept.30,1910 / Birth Place: Kimberly, Idaho	Full Name of Mother: Mary E. Tolman	Name of Father: Andrew Glenn	
SUPPORTING RECORD 3.	Type of Document: Application for insurance	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: Mar.12,1934	Date Orig. Entry: Mar. 12, 1934
	Date of Birth: Sept.30,1910 / Birth Place: Kimberly, Idaho	Full Name of Mother: -------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 12 1982

FORM BH 56067

8-23-82 lccpl rec # 20880

OCT 1 2 1982

293-221-019-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-256

OFFICIAL SEAL

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Blanche Killian
2. Date Of Birth: August 21, 1910
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Custer; b. City or Town of Birth: Barton

FATHER

6. Full Name of Father: George Edward Killian
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Anne Anetta (Nettie) Johnson
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Blanche Killian Gardner
11. Present Address of Registrant: 2338-O Ave. Sevilla, Laguna Hills, Cal. 92653

NOTARY (Seal)

Subscribed and sworn to before me on: October 11, 19 82
12. Signature of Notary: B. Ellen Lyon
13. Notary Commission expires: 6/28/85, 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church certif. of birth	LDS Church	Sept.18,1942	Dec.13,1910
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.21,1910 / Barton, Idaho	Nettie Johnson	George E. Killian	
SUPPORTING RECORD 2.	Affidavit of birth by father	George Edward Killian	Aug.24,1942	Aug.24,1942
	Aug.21,1910 / Barton, Idaho	Anne Johnson	George Edward Killian	
SUPPORTING RECORD 3.	Family Group Record	Preel Koeninger	Aug27,1955	-----
	Aug.21,1910 / Barton Flat, ID	Annie Nettie (Annette) Johnson	George Edward Killian	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	TC Linda Adamson	NOV 3 1982

FORM BH 56067

NM

8-3-82

NOV 3 1982

Parker

268-115-006-268

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-271

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leland Arden Boyles
2. Date Of Birth (month) (day) (year): April 15, 1910
3. Color or Race:
4. Sex: male
5. Place of Birth: a. County: Bingham; b. City or Town of Birth: Aberdeen

FATHER

6. Full Name of Father: Edward E. Boyles
7. State or Country of Father's Birth: SALMON RIVER IDAHO

MOTHER

8. Full Maiden Name of Mother: Mary E. Boyles
9. State or Country of Mother's Birth: KEOKUK, IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leland Boyles
11. Present Address of Registrant: 1631 WINDSOR CT FREMONT, CA 94538

NOTARY (Seal)

Subscribed and sworn to before me on 11/8/1982

12. Signature of Notary:
13. Notary Commission expires: 5/29/1986

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military Discharge papers	By whom issued and signed: unites States Air Force	Date Issued: May 31,1957	Date Orig. Entry: June 26, 1943	
	Date of Birth: Apr.15,1910	Birth Place: Aberdeen, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: United States Passport	By whom issued and signed: United States Passport office	Date Issued: June28,1948	Date Orig. Entry: -----	
	Date of Birth: Apr.15, 1910	Birth Place: Aberdeen, Idaho	Full Name of Mother: --------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: County birth certificate	By whom issued and signed: Bingham County, Idaho	Date Issued: June25,1982	Date Orig. Entry: 1910	
	Date of Birth: Apr.15,1910	Birth Place: Aberdeen, Idaho	Full Name of Mother: Mary E. Boyles	Name of Father: Edward E. Boyles	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L.Cleverly	NOV 15 1982

FORM BH 56067

10 c pd # 20707

10-28-82

Bayless

NOV 15 1982

236-117-010-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-038

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: NEAL SCORESBY
2. Date Of Birth (month) 12 (day) 17 (year) 1910
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: BONNEVILLE
b. City or Town of Birth: IONA IDAHO

FATHER

6. Full Name of Father: GARNETT L. SCORESBY
7. State or Country of Father's Birth: AUSTRALIA

MOTHER

8. Full Maiden Name of Mother: BEATRICE E. WILLIAMS
9. State or Country of Mother's Birth: HYRUM UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Neal Scoresby
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on February 2 1983

12. Signature of Notary: Mary Yvonne Deacon
13. Notary Commission expires: March 1 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge papers	United States Army	Oct.25,1945	Jan. 7,1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.17, 1910	Iona, Idaho	------	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement by doctor	John O. Mellar, M.D.	Dec.17,1910	Dec.17, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.17, 1910	Iona, Idaho	Beatrice E. Williams	Garnett L. Scoresby

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital birth certificate	Idaho Falls Latter Day Saints Hosp,Idaho	Dec.17,1910	Dec.17, 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.17, 1910	Idaho	Beatrice Elizabeth Williams	Garnett L.Scoresby

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	FEB 7 1983

FORM BH 56067 1-31-83 NM

Scoresby

FEB 7 1983

291-107-042-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-098

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl Peter Braun			2. Date Of Birth (month) (day) (year): May 7, 1910
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Emile Braun			7. State or Country of Father's Birth: Luxemburg
MOTHER	8. Full Maiden Name of Mother: Lena Krebsbach			9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl P. Braun		11. Present Address of Registrant: Rt 2 - Box 5A Kingston Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 28 1983	12. Signature of Notary: Teresa L. Cleverly		13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Edward Church, Twin Falls, Idaho		Date Issued: Aug. 6, 1981	Date Orig. Entry: Baptized May 16, 1910
	Date of Birth: May 7, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Lena Krebsbach	Name of Father: Emile Braun	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #273856		Date Issued: ---	Date Orig. Entry: Child born Nov. 17, 1938
	Date of Birth: Age: 28	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Group sheet	By whom issued and signed: Jean Braun, Niece		Date Issued: Feb. 1983	Date Orig. Entry: Feb. 1943
	Date of Birth: May 7, 1910	Birth Place: Twin Falls, Idaho	Full Name of Mother: Helena Krebsbach	Name of Father: Emile Braun	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: gml Teresa L. Cleverly	Date Filed: APR 5 1983

FORM BH 56067

APR 5 1983
MAY 10 1983
JUN 30 1983

419-103-092-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 83-151

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William M. Marshall			2. Date Of Birth (month) (day) (year): June 3, 1910
	3. Color or Race	4. Sex: male	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Benjamin A. Marshall			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Pearl S. Jones			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William M. Marshall		11. Present Address of Registrant: Box 14 Bungen Washington
NOTARY (Seal)	Subscribed and sworn to before me on: 23rd May 1983	12. Signature of Notary: Judith F Henderson		13. Notary Commission expires: 8-5 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for insurance	By whom issued and signed: California Wester States Ins.	Date Issued: Sept.15,1949	Date Orig. Entry: Sept.15, 1949	
	Date of Birth: June 3,1910	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge papers	By whom issued and signed: United State Army	Date Issued: Mar.2,1946	Date Orig. Entry: Mar.22,1944	
	Date of Birth: June 3, 1910	Birth Place: Twin Falls,Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage record	By whom issued and signed: State of Washington	Date Issued: May.5,1983	Date Orig. Entry: Oct.12, 1940	
	Date of Birth: 30yrs	Birth Place: Idaho	Full Name of Mother: Benjamin A. Marshall	Name of Father: Pearl S. Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	MAY 26 1983

FORM BH 56067 100pd# 22958

5-17-83

Marshall

MAY 2 6 1983

157-109-036-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-156

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elias Jepsen		2. Date Of Birth (month) (day) (year): September 9, 1910
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Mink Creek
FATHER	6. Full Name of Father: Andrew Jepsen		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Dorthea A Thomsen		9. State or Country of Mother's Birth: Denmark
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elias Jepsen	11. Present Address of Registrant: Rt 2 Preston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1983	12. Signature of Notary: LaRae E. Johnson	13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed (Bishop): LDS Church, L.E. Erickson	Date issued: Blessed Nov. 6, 1910	Date Orig. Entry: Blessed Nov. 6, 1910
	Date of Birth: Sept. 9, 1910	Birth Place: Mink Creek, Ida.	Full Name of Mother: Dorthea A. Thomsen	Name of Father: Andrew Jepsen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed (Bishop): LDS Church, Darley P. Carver	Date issued: Baptized June 17, 1919	Date Orig. Entry: Baptized June 17, 1919
	Date of Birth: Sept. 9, 1910	Birth Place: Mink Creek, Idaho	Full Name of Mother: Dorthea A. Thomsen	Name of Father: Andrew Jephsen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #55-7203	Date issued: Nov 16, 1981	Date Orig. Entry: child born June 19, 1955
	Date of Birth: age 44yrs	Birth Place: Mink Creek, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	JUN 6 1983

FORM BH 56067 1 CCpd # 22664 in del-file 5-24-83

Jepsen

JUN 6 1983

957-221-010-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83- 240

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Florence Burt Ingersoll
2. Date Of Birth (month) May (day) 21 (year) 1910
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho Falls Bonneville; b. City or Town of Birth: Idaho Falls, Idaho

FATHER

6. Full Name of Father: Ferdinand Coy Ingersoll
7. State or Country of Father's Birth: Elyria, Ohio

MOTHER

8. Full Maiden Name of Mother: Rose Belle Hardy
9. State or Country of Mother's Birth: Cove Creek, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Florence Burt McCord
11. Present Address of Registrant: 1108 N. 9th, Apt 3 Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on July 6 1983
12. Signature of Notary: Teresa L. Cleverly
13. Notary Commission expires: April 3 1985

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	STate of Idaho #337079	Sept.24,1974	child born Jan.25,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 31yrs	Idaho Falls, Idaho	------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social Sec. Number	Social Security Admin.	Sept.12,1983	Oct.17,1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 21,1910	Idaho Falls, Idaho	Rose Hardy	Fred C. Ingersoll

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by older sister age 84yrs	Grace Alice Wayland	Aug.3,1983	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 21,1910	Idaho Falls, Ida.	Rose Belle Hardy	Ferdinand Coy Ingersoll

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	SEP 21 1983

4 FORM BH 56067 NM 7-6-83

McCord

SEP 21 1983

317-108-025-368

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-250

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Claude Clemens Carr			2. Date Of Birth (month) 7 (day) 8 (year) 1910	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: IDaho	b. City or Town of Birth: Stites	
FATHER	6. Full Name of Father: Frederick Winfield Carr			7. State or Country of Father's Birth: USA	
MOTHER	8. Full Maiden Name of Mother: Lois Louise Lohrey			9. State or Country of Mother's Birth: USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Claude Clemens Carr		11. Present Address of Registrant: Rt. 1 Box 181 Rice WA 99167	
NOTARY (Seal)	Subscribed and sworn to before me on: September 21 1983	12. Signature of Notary: [signature]		13. Notary Commission expires: October 1 1984	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for insurance	By whom issued and signed: Grange Mutual Life Co.		Date Issued: Aug.20,1948	Date Orig. Entry: Aug. 20,1948
	Date of Birth: July 8,1910	Birth Place: Stites, Idaho	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Application for social Sec. #	By whom issued and signed: Social Security Administration		Date Issued: Sept13,1983	Date Orig. Entry: Dec.4,1936
	Date of Birth: July8, 1910	Birth Place: Stites, Idaho	Full Name of Mother: Lois Louise Lohrey	Name of Father: Frederick Winfield Carr	
SUPPORTING RECORD 3.	Type of Document: Census record	By whom issued and signed: Bureau of Census		Date Issued: Aug.29,1983	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: age 9yrs	Birth Place: Idaho	Full Name of Mother: Lois L. Carr	Name of Father: Fredrick W. Carr	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R,N,	Teresa L. Cleverly	SEP 28 1983

FORM BH 56067 5-12 83 [illegible]

SEP 2 8 1983

963-2080 22-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-261

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Meriam Zollinger
2. Date Of Birth (month) (day) (year): August 8, 1910
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Marysville (Ashton)

FATHER

6. Full Name of Father: Herman Henry Zollinger
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Lora Crouch
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Meriam Zollinger
11. Present Address of Registrant: 248 South Third East Rexburg, ID 83440

NOTARY (Seal)

Subscribed and sworn to before me on: September 10, 19 82
12. Signature of Notary: Kay W. Ligby
13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend & neighbor age 94yrs	Elizabeth S. Stowell	Sept.10,1982	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 8, 1910	Marysville, Idaho	Lora Crouch	Herman Henry Zollinger

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census record	U. S. Census Bureau	Aug.23, 1983	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 9yrs.	Idaho	Laura Zollinger	Henry H. Zollinger

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Patriarchal Blessing	Andrew J. Hansen	Dec.17,1925	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.8,1910	Idaho	Lora Crouch Zollinger	Hermon Henry Zollinger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	OCT 19 1983

FORM BH 56067

9-9-82 1 cc pd. rec # 22519

OCT 19 1983

Walters

152-207-037-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-274

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Jessee			2. Date Of Birth (month) Febr (day) 7 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Homedale Idaho	
FATHER	6. Full Name of Father: William Homer Jessee			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Lena Sarah Schenck			9. State or Country of Mother's Birth: West Virginia	
AFEIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia J. Card		11. Present Address of Registrant: 2719 N. Kimball Boise	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 29th 1983	12. Signature of Notary: Linda Hickman		13. Notary Commission expires: April 3rd 1985	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Insurance	By whom issued and signed: Northern Life Ins. Co.		Date Issued: ----	Date Orig. Entry: May 12, 1955
	Date of Birth: Feb. 7,1910	Birth Place: Homedale, Idaho	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Birth certificate of child	By whom issued and signed: State of Idaho #302382		Date Issued: ----	Date Orig. Entry: child born Sept.23,1940
	Date of Birth: Age: 30	Birth Place: Homedale, Idaho	Full Name of Mother: -------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Census record	By whom issued and signed: U. S. Census Bureau		Date Issued: Oct.24,1983	Date Orig. Entry: Apr. 15,1910
	Date of Birth: 2 Mos. Old	Birth Place: Idaho	Full Name of Mother: Lena Jessee	Name of Father: Homer Jessee	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	lh Teresa L. Cleverly	NOV 1 1983

K FORM BH 56067 recpl 6193

NOV 1 1983

DECEASED

295-212-042-967

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-078

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vilate King		2. Date Of Birth (month) 8 (day) 12 (year) 1910
	3. Color or Race	4. Sex: Female	5. Place of Birth a. County: Twin Falls Co. b. City or Town of Birth: Kimberly
FATHER	6. Full Name of Father: Thomas Clark King		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ruella Pearl Rogers		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vilate Gummersall	11. Present Address of Registrant: 652 North 14th Pocatello
NOTARY (Seal)	Subscribed and sworn to before me on: 3/30/ 1984	12. Signature of Notary: Marion Munsee	13. Notary Commission expires: 4/ 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for insurance		By whom issued and signed: Beneficial Life Ins.	Date issued: July23,1956	Date Orig. Entry: July 23, 1956
	Date of Birth: Aug.12,1910	Birth Place: Kimberly, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church membership record		By whom issued and signed: LDS Church,	Date issued: Oct.20,1910	Date Orig. Entry: Oct. 20, 1910
	Date of Birth: Aug.12,1910	Birth Place: Kimberly, Idaho	Full Name of Mother: Ruella Pearl Rogers	Name of Father: Thomas C. King	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older sister 84yrs.		By whom issued and signed: Rowean King Hess	Date issued: Feb.8,1984	Date Orig. Entry: -----
	Date of Birth: Aug.12, 1910	Birth Place: in Kimberly, Idaho	Full Name of Mother: Ruella Pearl Rogers	Name of Father: Thomas Clark King	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 16 1984

FORM BH 56067 $4 pd # 20360 3-1-84

Summerson

APR 16 1984

389-202-022-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-124

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Loretta Christensen			2. Date Of Birth (month) May (day) 2 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Driggs Fremont	b. City or Town of Birth: Driggs Idaho	
FATHER	6. Full Name of Father: Orsen William Christensen			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Alice Loretta Hochstrasser			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alice Murdock	11. Present Address of Registrant: 1007 E. Sublette	
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1984		12. Signature of Notary: Lois Holt	13. Notary Commission expires: June 18 1987	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church Driggs Ward. ID	Date Issued: July23,1950	Date Orig. Entry: Aug. 4,1918
	Date of Birth: May 2,1910	Birth Place: Idaho	Full Name of Mother: Alice L. Hochstrasser	Name of Father: O. W. Christensen	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #351405	Date Issued: Jan.13,1976	Date Orig. Entry: child born June 23,1942
	Date of Birth: age 32yrs	Birth Place: Driggs, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt age 93yrs		By whom issued and signed: Media C. Hochstrasser	Date Issued: Apr.9,1984	Date Orig. Entry: -----
	Date of Birth: May 2, 1910	Birth Place: Driggs, Idaho	Full Name of Mother: Alice Hochstrasser	Name of Father: Orsen William Christensen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs	tc Teresa Cleverly	MAY 23 1984

FORM BH 56067 #17156 84 09 0

2-15-64

Murdock

MAY 23 1984

793-109-016-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 84-158

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Royal Elmo Pickett
2. Date Of Birth: (month) January (day) 9, (year) 1910
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Burley,

FATHER

6. Full Name of Father: Mannie Pickett
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Dora Leona Briggs
9. State or Country of Mother's Birth: Tennessee

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Royal Elmo Pickett
11. Present Address of Registrant: 1810 Oakley Ave. Burley, ID

NOTARY (Seal)

Subscribed and sworn to before me on June 25 19 84

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: April 20, 19 86

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L.D.S.Church	June 18,1984	Blessed Feb.6,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan 9,1910	Burley, Idaho	Dora L. Briggs	Mannie Pickett

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
County Record of birth #366 Page 17	Frank B. Kearns, Recorder	1984	Recorded 1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.9,1910	Burley, Idaho	Dora L. Pickett	Mannie Pickett

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible	Family	----	Obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.9,1910	Burley, Idaho	Dora Leona Briggs	Mannie Pickett

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	Florence Curtright	June 25,1984

FORM BH 56067

JUN 25 1984

314-203-001-392

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-187

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marian Edith Campbell
2. Date Of Birth (month) Feb (day) 3 (year) 1910
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Boise
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Allan Walter Campbell
7. State or Country of Father's Birth: Illenois

MOTHER

8. Full Maiden Name of Mother: Edith M Libbey
9. State or Country of Mother's Birth: Mass.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marian C Gibbs
11. Present Address of Registrant: 2403 Country Club Dr Prescott Ariz 86301

NOTARY (Seal)

Subscribed and sworn to before me on June 22 1984

12. Signature of Notary: Patricia N. Sherman
13. Notary Commission expires: My Commission Expires Dec. 17 1986 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
US Passport	US. Dept of State Washington, D.C.	Jan.13, 1972	- -----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.3,1910	Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for Social sec. number	Social Security administration	Dec.18,1962	Dec.18, 1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.3,1910	Boise, Idaho	Edith Libby	Allan Walter Campbell

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	Berrien Co., Michigan	Feb.28,1972	Sept.4,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25yrs.	Boise, Idaho		Allen W. Campbell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

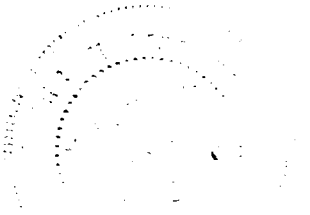
State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	AUG 20 1984

FORM BH 56067 / copy PHID # 3061

6-15-84

LIBRARY

AUG 2 0 1984



~~465-022~~ - 465-217-022 - 214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-260

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fay Malinda Moon			2. Date Of Birth (month) 12 (day) 17 (year) 1910
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Sarilda(home) Fremont	b. City or Town of Birth: Sarilda
FATHER	6. Full Name of Father: 6 Jon Moon			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Sarilda Sadorus			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fay M. Henderson		11. Present Address of Registrant: 100 Soouhhidaho Ave.
NOTARY (Seal)	Subscribed and sworn to before me on 12-12 1984	12. Signature of Notary: Rondo Barnes		13. Notary Commission expires: Life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #423995	Date Issued: child born Aug.4,1946	Date Orig. Entry: child born Aug.4, 1946
	Date of Birth: age 35yrs	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: church membership record	By whom issued and signed: LDS Church	Date Issued: Aug.1940	Date Orig. Entry: July 3,1919
	Date of Birth: Dec.17,1910	Birth Place: Sarilda, Idhao	Full Name of Mother: Mary Sadorus	Name of Father: Jno S. Moon
SUPPORTING RECORD 3.	Type of Document: Census record	By whom issued and signed: U.S. Census Record	Date Issued: Sept.10,1971	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 9yrs	Birth Place: Idaho	Full Name of Mother: Mary S. Moon	Name of Father: ----
QUALIFYING INFORMATION				

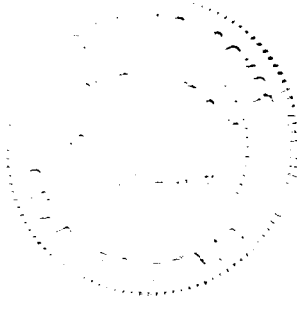
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: DEC 20 1984

FORM BH 56067 (Rev. [illegible])

4-22-14

Enclosure

DEC 2 0 1984



819-216-035-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-033

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ESTHER JANE HARRIS
2. Date Of Birth: (month) APRIL (day) 16 (year) 1910
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County
b. City or Town of Birth: Nez Perce County (Rural)

FATHER

6. Full Name of Father: CARL EDWARD HARRIS
7. State or Country of Father's Birth: Washington

MOTHER

8. Full Maiden Name of Mother: GEORGIA RITTER aka CORA MILLER
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Esther Marguerite Mann
11. Present Address of Registrant: Winchester, Idaho 83555

NOTARY (Seal)

Subscribed and sworn to before me on December 17 1984

12. Signature of Notary: [signature]
13. Notary Commission expires: April 19 1988

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affadavit by mother	Georgia Ritter aka Cora Miller	17 Dec 84	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 16, 10	Nez Perce Co ID	Georgia Ritter aka Cora Miller	Carl Edward Harris

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application	Reliance National Life	Feb 20, 57	Feb 20, 57

Date of Birth	Birth Place	Full Name of Mother	Name of Father
4-16-10	Winchester ID	----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census of the United States	Bureau of the Census	May 12, 1910	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 4 weeks	Idaho	Cora Harris	---

QUALIFYING INFORMATION

Certificate of Baptism, Father, Carl Harris Birth date April 16, 1910

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature], R.N.	JS James J. Stewart	2-5-85

FORM BH 56067

11-9-84

Sharp (atty)
Esther Jane Harris Magallon

FEB 5 1985

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho 381-213-025-689

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frankie Audrey Odessa Chase		2. Date Of Birth (month) (day) (year): October 13, 1910
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Clearwater
FATHER	6. Full Name of Father: Albert Daniel Chase		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Lillie Martha Whitcomb		9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Frankie A Schwartz	11. Present Address of Registrant: 1220 Jacobs Dr #83 Eugene Co. 97402
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 2 19 87	12. Signature of Notary: Nzella J. Wright	13. Notary Commission expires: 8-22 19 87

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family record	By whom issued and signed: family member	Date Issued: Feb.20,1943	Date Orig. Entry: ----
	Date of Birth: Oct.13,1910 / Birth Place: Idaho	Full Name of Mother: Lillie Martha Whitcomb	Name of Father: Albert Daniel Chase	
SUPPORTING RECORD 2.	Type of Document: Marriage return	By whom issued and signed: Washington, Asotin County.	Date Issued: July29,1959	Date Orig. Entry: Jan. 16, 1932
	Date of Birth: age: 21yrs / Birth Place: Clearwater, Idaho	Full Name of Mother: Lillie Chase	Name of Father: Albert Chase	
SUPPORTING RECORD 3.	Type of Document: Internment Agreement	By whom issued and signed: Lewis-Clark Memorial Gardens, Inc. Lewiston, Idaho	Date issued: Feb.10,1968	Date Orig. Entry: Feb.10, 1968
	Date of Birth: Oct.13,1910 / Birth Place: Clearwater, Idaho	Full Name of Mother: ---	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal) Bee

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Biggs, R.N.	tc Teresa L. Cleverly	FEB 9 1987

FORM BH 56067 86 pd # 34364 / $1 pd # 35306 (Def file) 1-28-87

FEB 9 1987

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho 296-22-022-5766

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-034

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: BELVA BROWNING			2. Date Of Birth (month) (day) (year): OCTOBER 22, 1910
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: ~~ANNIS~~ FREMONT	b. City or Town of Birth: ANNIS
FATHER	6. Full Name of Father: JAMES G BROWNING			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ADA C. POOLE			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Belva Day		11. Present Address of Registrant: 460 E 24th St Idaho Falls, ID 83401
NOTARY (Seal)	Subscribed and sworn to before me on: February 24 1987	12. Signature of Notary: Elaine C Harris		13. Notary Commission expires: April 01 1990

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certif. of Baptism	By whom issued and signed: LDS Church, Wm. Aaron Judy, Bishop		Date Issued: Sept.27,1919	Date Orig. Entry: Baptized July 5, 1919
	Date of Birth: Oct.23,1910	Birth Place: Annis, Idaho	Full Name of Mother: Ada C. Poole	Name of Father: James B. Browning	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle age 89yrs.	By whom issued and signed: Guy W. Poole		Date Issued: Feb.20,1987	Date Orig. Entry: ------
	Date of Birth: Oct.22,1910	Birth Place: Annis, Idaho	Full Name of Mother: Ada C. Poole	Name of Father: James G. Browning	
SUPPORTING RECORD 3.	Type of Document: Own son's birth certificate	By whom issued and signed: State of Idaho #300476		Date Issued: child born Sept.24,1940	Date Orig. Entry: child born Sept. 24, 1940
	Date of Birth: age 29yrs.	Birth Place: Annis, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature], R.N.	Teresa L. Cleverly	APR 1 1987

FORM BH 56067 64 34868

12-17-86

Day

APR 1 1987

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE87-082

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wanda Owens
2. Date Of Birth (month) (day) (year): January 11 1910
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Fairview, Franklin
b. City or Town of Birth: FAIRVIEW

FATHER

6. Full Name of Father: William Owens
7. State or Country of Father's Birth: Salt Lake City, Utah

MOTHER

8. Full Maiden Name of Mother: Etta Nelson
9. State or Country of Mother's Birth: Grantsville, Tooele County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda O. Cole
11. Present Address of Registrant: 46 South 2 East, Preston Ida

NOTARY (Seal)

Subscribed and sworn to before me on: April 27th 1979
12. Signature of Notary: Rheta C. Giffette
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Jan.28,1979	blessed Mar.6,1910

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.11,1910	Fairview, ID	Etta Nelson	William Owens

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Age: 82yrs Affidavit by friend of family	Eleanor B. Ransom	Apr.6,1981	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.11,1910	Fairview, Idaho	Etta Nelson	William Owens

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own son's birth certificate	State of Idaho #414290	child born Dec.18,1945	child born Dec.18,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age: 35yrs	Fairview, Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Bee Driggs, R.N.
Evidence reviewed by: cc Teresa L. Cleverly
Date Filed: AUG 3 1987

FORM BH 56067

OCT 24 1988

State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE % VITAL STATISTICS % STATEHOUSE % BOISE, IDAHO 83720

State File No. DE89-012

TYPE/PRINT IN PERMANENT BLACK INK

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last): EDNA AFTON BECKSTEAD
2. DATE OF BIRTH (Month, Day, Year): 4-11-1910
3. TIME OF BIRTH: —
4. SEX: F
5. CITY, TOWN, OR LOCATION OF BIRTH: PRESTON
6. COUNTY OF BIRTH: ONEIDA
7. BIRTHPLACE (Enter Name of Place, Street and Number): RURAL FARM

MOTHER

8. MOTHER'S MAIDEN NAME (First, Middle, Last): EDNA MURDOCK
9. DATE OF BIRTH (Month, Day, Year): 8-29-86
10. BIRTHPLACE (State or Foreign Country): LOGAN UTAH

FATHER

11. FATHER'S NAME (First, Middle, Last): ROY HUBERT BECKSTEAD
12. DATE OF BIRTH (Month, Day, Year): 4-4-86
13. BIRTHPLACE (State or Foreign Country): IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

14. SIGNATURE OF REGISTRANT: Afton Harrison
15a. RESIDENCE — STATE: IDAHO
15b. COUNTY: ONEIDA
15c. CITY, TOWN, OR LOCATION: MALAD
15d. STREET AND NUMBER: 141 NORTH MAIN
15e. MAILING ADDRESS (If same as residence, enter Zip Code only): 83252

NOTARY (PLACE SEAL HERE)

16. SUBSCRIBED AND SWORN TO BEFORE ME ON: January 30 19 89
17. SIGNATURE OF NOTARY: E L Scott
18. NOTARY COMMISSION EXPIRES: Lifetime 19 ____

APPLICANT — DO NOT WRITE IN THIS AREA

SUPPORTING RECORD 1

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Certificate of Blessing	LDS Elder Martin H. Campbell Preston 1st Ward	Aug.14,1910	Blessed Aug.14,1910

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Apr.11,1910	Preston, Idaho	Edna Murdock	Roy Beckstead

SUPPORTING RECORD 2

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Own son's birth certificate	State of Idaho #195022	Jan.24,1989	child born Sept.20,1931

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
age: 21yrs	Preston,Idaho	---	-----

SUPPORTING RECORD 3

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Certificate of Baptism	LDS Church, St.John Ward Malad, Idaho	Apr.4,1926	Baptized Apr.4,1926

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Apr.11,1910	Preston, Idaho	Edna Murdock	Roy Beckstead

QUALIFYING INFORMATION

REGISTRAR'S CERTIF. (SEAL)

I hereby certify that no prior birth certificate has been found in the Vital Statistics Unit for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
Richard W. Blair	Teresa L. Cleverly	FEB 15 1989

APPLICANT — GO TO PAGE TWO

HWH-0610B (1-89)

34496

$6

1-12-89

K

Harrison

DECEASED

State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • STATEHOUSE • BOISE, IDAHO 83720

TYPE/PRINT IN PERMANENT BLACK INK

(PAGE TWO)

State File No. DE89-022

REGISTRANT

(PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)			2. DATE OF BIRTH (Month, Day, Year)
EDNA AFTON BECKSTEAD			4-11-1910
3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
-	F	PRESTON	ONEIDA

7. BIRTHPLACE (Enter Name of Place, Street and Number)

RURAL FARM

APPLICANT — COMPLETE AS MUCH OF PAGE TWO AS POSSIBLE

INFORMATION FOR MEDICAL AND HEALTH USE ONLY (Will Not Appear on Certified Copies)

RACE-MOTHER (White, Black, American Indian, Japanese, etc.) 12.	RACE-FATHER (White, Black, American Indian, Japanese, etc.) 13.	BIRTH WEIGHT 14.	THIS BIRTH - Single, twin, triplet, etc. 15a.	IF NOT SINGLE - Born first, second, third, etc. 15b.	IS MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No) 16.

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

MULTIPLE BIRTHS
Enter State File Number of mate(s)

LIVE BIRTH(S)

FETAL DEATH(S)

PREGNANCY HISTORY (Complete each section)		EDUCATION — MOTHER (Specify only highest grade completed)		EDUCATION — FATHER (Specify only highest grade completed)	
LIVE BIRTHS (Do not include this Child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)	Elementary or Secondary (0-12)	College (1-4 or 5+)	Elementary or Secondary (0-12)	College (1-4 or 5+)
17a. Now living Number	17b. Now dead Number	17d. Before 20 weeks Number	17e. After 20 weeks Number	18.	19.
None ☐	None ☐	None ☐	None ☐		
DATE OF LAST LIVE BIRTH (Month, Year) 17.c		DATE OF LAST OTHER BIRTH OR TERMINATION (Month, Year) 17f.			

DATE LAST NORMAL MENSES BEGAN (Month, Day, Year) 20.	MO. OF PREGNANCY PRE-NATAL CARE BEGAN (1st, 2nd, etc.) 21a.	PRENATAL VISITS Total Number (If none, so state) 21b.	APGAR SCORE 1 min. 22a.	APGAR SCORE 5 min. 22b.

COMPLICATIONS OF PREGNANCY (Describe or write "none") 23.

CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none") 24.

COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none") 25.	CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none") 26.

WAS SAMPLE COLLECTED FOR NEWBORN METABOLIC SCREENING TESTS (Including PKU)? 27. ☐ YES ☐ NO	WAS SYPHILIS SEROLOGY PERFORMED FOR THIS PREGNANCY? 28. ☐ YES ☐ NO	WAS AN APPROVED PROPHYLACTIC AGENT USED IN INFANT'S EYES? 29. ☐ YES ☐ NO ☐ NO (Religious Objection)

HWH-0610B
(1-89)

00034

FEB 16 1989

DECEASED

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De92-039

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Gordon Hutchings Durney
2. Date Of Birth (month) (day) (year): February 19 1910
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Victor

FATHER

6. Full Name of Father: PETER Sutton Durney
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Eliza Minerva Hutchings
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Gordon H Durney
11. Present Address of Registrant: 208 S. 550 W. Blackfoot, Ida 83221

NOTARY (seal)

Subscribed and sworn to before me on: MARCH 16 1992
12. Signature of Notary: Arnold J Dance
13. Notary Commission expires: 14 SEP 1993

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Blessing	Feb.19,1910	Victor, Idaho	LDS Church, Victor Ward Idaho	Manerva Hutchings	Apr.3,1910	Peter S. Durney	Blessed April 3, 1910
SUPPORTING RECORD 2.	Application for Insurance	Feb.19,1910	Victor, Idaho	Bankers Life Company Des Moines, Iowa	------	Apr.3,1944	------	Apr. 3, 1944
SUPPORTING RECORD 3.	Application for Insurance	Feb.19,1910	Victor, Idaho	New York Life Insurance Co	Eliza M. Avery	Oct.25,1928	-----	Oct. 25, 1928

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Richard W. Blair
Evidence reviewed by: tlc Teresa L Cleverly
Date Filed: APR 16 1992

FORM BH 56067 $8 pd #23525

6-14-91

Surrey

APR 16 1992

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE96-0053

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LUCILLE LAURA LEWIS
2. Date Of Birth (month) DECEMBER (day) 29, (year) 1910
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: BANNOCK; b. City or Town of Birth: MCCAMMON

FATHER

6. Full Name of Father: WILFORD ISSAC LEWIS
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: SARAH JANE ROMRIELL
9. State or Country of Mother's Birth: UTAH

GAYLE BOESEN
Notary Public - State of Nevada
Appointment Recorded in Carson City
No:91-0802-3 - EXPIRES DEC. 22, 1999

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joanne Dimmitt
11. Present Address of Registrant: 2901 Cortez, Carson City Nv

NOTARY (Seal)

Subscribed and sworn to before me on: november 5 1996
12. Signature of Notary: Gayle Boesen
13. Notary Commission expires: 12-22 1999

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Certificate of Membership	LDS Church San Bernardino Ward	Mar.11,1929	Blessed March 3, 1911

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.29,1910	McCammon, Idaho	Sarah Jane Romriell	Wilford I. Lewis

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own daughter's birth record	State of California	Feb.9,1972	child born Dec.8,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23yrs	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own death certificate	State of Nevada	Mar.15,1979	Died April 18, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.29,1910	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Jane A. Smith
Evidence reviewed by: tlc Teresa L. Cleverly
Date Filed: NOV 21 1996

FORM HW 0610

$8.00 pd.

del file 10-30-96

NOV 2 1 1996

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-001

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EDNA CAROLINE BROKER			2. Date Of Birth: (month) May (day) 31 (year) 1910	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Cottonwood	
FATHER	6. Full Name of Father: James B. Broker			7. State or Country of Father's Birth: ILLINOIS	
MOTHER	8. Full Maiden Name of Mother: Daisy E. Moberg			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna Goosey	11. Present Address of Registrant: P.O. Box 545 Big Timber, MT 59011	
NOTARY (Seal)	Subscribed and sworn to before me on: December 31 19 96		12. Signature of Notary: John S. Pearce	13. Notary Commission expires: June 22 19 98	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record		By whom issued and signed: St. Mark's Church Big Timber, Montana	Date Issued: Mar.6,1948	Date Orig. Entry: Mar. 6, 1948
	Date of Birth: May 31,1910	Birth Place: Cottonwood, Idaho	Full Name of Mother: Daisy E. (Moberg) Broker	Name of Father: James B. Broker	
SUPPORTING RECORD 2.	Type of Document: Own child's birth record		By whom issued and signed: State of Montana	Date Issued: Dec.10,1996	Date Orig. Entry: child Born Nov.22,1927
	Date of Birth: Age: 17years	Birth Place: Cottonwood, ID	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Record		By whom issued and signed: Kansas City Life Ins. Co. Kansas City, Missouri	Date Issued: Apr.25,1973	Date Orig. Entry: Apr. 25, 1973
	Date of Birth: May31,1910	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION	School Census record from Sweet Grass County, Montana gives name as Edna Broker, Age: 6yrs, born May 31, 1910. Parents' names given as James B. Broker And Daisy Broker. District one, Sweet Grass, Montana for 1916.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Jane S. Smith		Evidence reviewed by: Teresa L. Cleverly	Date Filed: JAN 06 1997	

FORM HW 0610

$24.00 # 280716

11-18-96

Broker

JAN 0 6 1997